

Field Educator Profile

Handout #11

The State University of New York at Buffalo - School of Social Work *Field Education Department*

Please mail to: UB SSW – Field, 685 Baldy Hall, Buffalo, New York 14260-1050
Please fax to: Fax (716) 645-3157

Name _____

I would like to be a Field Educator Task Supervisor

Criteria for the selection of Field Educators:	Criteria for the selection of Task Supervisors:
<ol style="list-style-type: none">1. A Master's Degree in social work and NYS License (either LMSW or LCSW, as appropriate to the setting / level of intern's clinical responsibilities)2. Willingness to meet the stated Field Educator Responsibilities3. To be free of any professional sanctions by NASW4. Two years post-master's social work experience (preferred)5. Have worked in the field placement agency for 1 year (preferred)	While a Masters Degree in Social Work is not required for task supervisors, (s)he must work in a related discipline and have an understanding of the social work perspective. The task supervisor typically has expertise in an area that expands a student's learning opportunities.

Reason for completing this profile

- I am assigned to an MSW Student – Student Name (if known) _____
- I am interesting in becoming a Field Educator/Task Supervisor – I have been in contact with _____ from the School of Social Work's Field Department.

CURRENT EMPLOYMENT

Agency _____

Telephone _____

Address _____

Fax _____

E-mail _____

Title _____

Date Employed _____

Responsibilities

We would appreciate it if you would please consider supplying the following alternate contact information. This information would be used in the event that we are unable to reach you at your place of employment (i.e. emergencies, change of employment, leave of absence). The personal information below is solely for the Field Department and will not be shared with students.

Personal Email _____

Personal Phone _____

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Is your current employment agency licensed by any of the following? Check all that apply:

- NYS Office of Mental Health (OMH)
- NYS Office of Children & Family Services (OCFS)
- NYS Office for People With Developmental Disabilities (OPWDD)
- NYS Office of Alcoholism and Substance Abuse (OASAS)

NYS LICENSURE: Please check one:

- I have an LMSW: NYS License # _____
- I have an LCSW: NYS License # _____
- I have applied for license/Application for license pending
- I have not applied for NYS License

ETHNICITY

- African American/Other Black
- Chicano/Mexican American
- Other Latino/Hispanic
- Asian American/Other Asian
- Other
- Unknown
- Caucasian (Non Hispanic)
- Puerto Rican
- American Indian/Native American
- Pacific Islander
- Multiple Race/Ethnicity

EDUCATION

Institution	Degree	Dates
_____	_____	_____
_____	_____	_____

PAST EXPERIENCE (please list most recent first)

Employer	Position	Dates
_____	_____	_____
_____	_____	_____

SUPERVISORY EXPERIENCE

Agency	Dates
_____	_____
_____	_____

Have you ever been sanctioned by NASW for professional misconduct? Yes No

Have you ever been a Field Educator before? Yes No

If yes, for which institution, Year and for how long: _____

Have you attended UB SSW new field educator orientation? Yes No _____ Year

MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS

Organization	Dates	Position
_____	_____	_____