

**Idaho State University Social Work Program
Field Instructor Background Form**

CURRENT INFORMATION			
NAME		DATE	
EMAIL		TELEPHONE	
AGENCY NAME		TITLE AT AGENCY	
AGENCY ADDRESS		DATE EMPLOYMENT BEGAN AT THIS AGENCY	
JOB DESCRIPTION AND ROLE AT THIS AGENCY			
SOCIAL WORK LICENSE NUMBER AND CERTIFICATION		TOTAL YEARS POST SOCIAL WORK DEGREE EXPERIENCE	

EDUCATION					
FIRST DEGREE		FIRST COLLEGE/ UNIVERSITY		FIRST GRADUATION YEAR	
SECOND DEGREE		SECOND COLLEGE/ UNIVERSITY		SECOND GRADUATION YEAR	

SOCIAL WORK EMPLOYMENT HISTORY			
FIRST AGENCY			
TITLE AT FIRST AGENCY		YEARS WITH FIRST AGENCY	
SECOND AGENCY			
TITLE AT SECOND AGENCY		YEARS WITH SECOND AGENCY	
THIRD AGENCY			
TITLE AT THIRD AGENCY		YEARS WITH THIRD AGENCY	

EXPERIENCE AS A PRACTICUM FIELD INSTRUCTOR

Submit Form to:

Field Director at swfield@isu.edu