**UNIVERSITY OF NORTH ALABAMA**

**SOCIAL WORK DEPARTMENT**

**MSW Confirmation of Field Placement**

***Instructions: This form is to be completed by the student after the placement interview. It is the student’s responsibility to obtain the signature of the field instructor and to submit the completed and signed form to the field director for final approval of the placement plan.***

**Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**UNA Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Level/Year: (Check Box) 2 Year Program: Advanced Standing:**

**Do you work at the agency where you will complete your field placement? Yes \_\_\_ No \_\_\_**

**Agency Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Agency Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Agency Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. Please provide a minimum of one potential activity that you will participate in that will provide you with opportunity to demonstrate each of the ten competencies. *You may attach this information on a separate page if needed.*
	1. Competency 1: Demonstrate Ethical and Professional Behavior

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Competency 2: Engage Diversity and Difference in Practice

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* 1. Competency 3: Advance Human Rights and Social, Economic, and Environmental Justice

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* 1. Competency 4: Engage in Practice-Informed Research and Research-Informed Practice

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* 1. Competency 5: Engage in Policy Practice

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* 1. Competency 6: Engage with Individuals, Families, Groups, Organizations, and Communities

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* 1. Competency 7: Assess with Individuals, Families, Groups, Organizations, and Communities

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* 1. Competency 8: Intervene with individuals, Families, Groups, Organizations, and Communities

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* 1. Competency 9: Evaluate Practice with Individuals, Families, Groups, Organizations, and Communities

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* 1. Competency 10: Engages in Community Engagement and Service Learning.

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This Section to be Completed By Student

I have met with the above-named person and agree to this Field Placement.

Placement Interview Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This Section to be Completed By Agency Field Supervisor

Agency Supervisor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency Supervisor Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency Supervisor Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a new Field Supervisor: Yes \_\_\_\_ No \_\_\_\_\_

Have you completed UNA Field Instructor Training? \_\_\_\_\_\_\_\_\_

I have a BSW degree and at least 2 years of post-Bachelor’s experience.

I have a MSW degree and at least 2 years of post-Master’s experience.

I do not have a BSW/ MSW Degree; however, I do have a related degree. List degree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have met with the student and agree to provide field instruction, including weekly supervision.

Agency Field Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This Section to be Completed By UNA Director of Field

 Approved

 Not Approved

UNA Director of Field Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_