

**Initial Practicum Contact
FHSU BSW Program
Academic Year 2024-2025**

*Type the information into this document, save as a PDF.
No other formats will be accepted*

Save file name as: **Last name, First name, BSW initial contact form**

Student Name: _____

Email: _____

Phone: _____

Preferred Client Population(s): Please prioritize the populations you prefer to work with, within a generalist capacity i.e. children, adults, geriatric, addiction, etc. (up to 3)

1. _____
2. _____
3. _____

Identify the community where you plan to complete your practicum

Town / City: _____

State: _____

If you have a preferred agencies in mind, please list them here along with contact information:

Agency Names: List up to three

1. _____
2. _____
3. _____

Agency Contact Information (*if known*):

Primary Contact Name: _____

Primary Contact Position: _____

Primary Contact Email: _____

Primary Contact Phone: _____