

BSW Student Practicum Information
Spring 2025
Complete and return to the SW Field Office – swfield@fhsu.edu

Student Name: _____

Student Email: _____

Student Phone: _____

Practicum Type (Mark Only One):

Employment-Based: Yes

Paid: Yes

Regular (Non-Paid): Yes

Agency offered a practicum: Yes No

Student accepted practicum: Yes No

Field Practicum Agency Name: _____

Primary contact Name: _____

Position: _____

Address: _____

Email Address: _____

Phone: _____

On-Site Field Instructor Name: _____

Credentials: BSW/MSW LBSW/LMSW LCSW / LCSW

Agency Position: _____

Email Address: _____

Phone: _____

Off-site Field Instructor Needed: Yes No

Other important information for Field office to know:

- _____
- _____
- _____