**APPENDIX F**

**FIELD PRACTICUM APPLICATION - CONCENTRATION**

**(Advanced Standing/Second Year Students)**

**APPENDIX F: Gold**

**GRADUATE SOCIAL WORK PROGRAM**

**ALABAMA A&M UNIVERSITY**

**FIELD PRACTICUM APPLICATION**

CONCENTRATION (Advanced Standing/Second Year Students)

(SWK 680 & SWK 681) Regular Two-Year Full & Part-Time students must submitt applications by the 1st of February, prior to the planned field practicum.

**Newly admitted Advanced Standing students must submitt applications, by June 5th,** prior to the planned Fall field practicum. **(This Application Must Be Completed In Its Entirety, Inclusive of All Required Signatures. Please Type Or Print Legibly In Black or Blue Ink).** If the 5th of June falls on a weekend, the application is due on the next business day.

Date­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ A# Number

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age

Mailing

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (City) (State) (Zip Code)

Home Telephone Work Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Area Code) (Number) (Area Code) (Number)

Cell Number E-Mail Address

College(s) Attended

Degree \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Major

**Program Plan: Placement Plan:**

\_\_\_Advanced Standing \_\_\_\_ Fall \_\_\_\_\_ Spring

\_\_\_Full Time (60 hrs.) \_\_\_\_Summer Block

\_\_\_Part Time (3 year)

\_\_\_Part Time (4 year)

**Concentration:**  **Location:**

\_\_\_Family/Child Welfare \_\_\_\_ Alabama A&M Univeristy

\_\_\_Community Mental Health \_\_\_\_Lawson State Campus –Birmingham, AL

***Note: Transportation for field is required***

A. Is your NASW Membership current \_\_\_Yes \_\_\_No

 **(Required to secure Professional Liability Insurance)**

 If no, have you applied? \_\_\_Yes \_\_\_No

B. Is your Professional Liability current? (required) \_\_\_Yes \_\_\_No

 **(attach copy of insurance first page)**

 If no, have you applied? \_\_\_Yes \_\_\_No

C. Do you plan to be employed doing your placement? \_\_\_Yes \_\_\_No

 If yes, how many hours per week *\_\_\_\_(Please be advised*

 *that summer block requires 38-40 hours of field)*

1. Do you have a valid driver’s license? \_\_\_Yes \_\_\_ No

 **(attach copy of license)**

1. Do you have automobile insurance? \_\_\_Yes \_\_\_No

 **(attach copy of insurance card)**

Do you have a disability or medical condition which should be considered in arranging a placement for you? If yes, please elaborate.

Have you ever been convicted or arrested of anything other than a minor traffic violation?

\_\_\_\_ Yes \_\_\_\_ No (DUI is not considered minor). If yes, please explain **(attach additional page, if necessary).**

Please briefly describe your primary areas of interest for your concentration field placement:

|  |
| --- |
|  |

Have you met all Program requirements to be eligible to enter SWK 680? Yes \_\_\_ No If No, please explain.

Please identify three client groups you would like to have considered for your concentration Field Practicum, in order of preference:

|  |
| --- |
| 1. |
| 2. |
| 3. |

**ATTACH A COPY OF YOUR CURRENT RESUME & UNOFFICIAL TRANSCRIPT TO THIS APPLICATION.**

**My signature authorizes release of information to potential field practicum agency or agencies to facilitate placement.**

Student Signature (required) Date Advisor Signature (required) Date

Director of Field Education Date