



School of
Social Work

Arizona State
University

INTERNSHIP CONFIRMATION FORM

PROGRAM/INTERNSHIP LEVEL

Downtown Phoenix Campus	Tucson Campus	Online Program
<input type="radio"/> BSW <input type="radio"/> MSW Foundation <input type="radio"/> MSW Concentration Advanced Direct Practice (ADP) <input type="radio"/> Children, Youth & Families <input type="radio"/> Health/Behavioral Health Adults <input type="radio"/> Public Child Welfare <input type="radio"/> MSW Policy, Administration & Community (PAC)	<input type="radio"/> BSW <input type="radio"/> MSW Foundation <input type="radio"/> MSW Concentration Advanced Direct Practice (ADP) <input type="radio"/> Children, Youth & Families <input type="radio"/> Health/Behavioral Health Adults <input type="radio"/> Public Child Welfare <input type="radio"/> MSW Policy, Administration & Community (PAC)	<input type="radio"/> MSW Foundation <input type="radio"/> MSW Concentration Advanced Generalist (AG) <hr/> <p style="text-align: center;">West Phoenix Campus</p> <input type="radio"/> BSW <input type="radio"/> MSW Concentration Advanced Generalist (AG) <hr/> <p style="text-align: center;">Yuma Campus</p> <input type="radio"/> MSW Concentration Advanced Generalist (AG)

Internship Semesters:

1st Semester & Year:	
& 2nd Semester & Year:	
or Semester Block & Year (480 Hours in One Semester):	

Student Name:			
Internship Agency & Department Name:			
Internship Site Address/City/Zip:			
Field Instructor:	<input type="checkbox"/> BSW <input type="checkbox"/> MSW	<input type="checkbox"/> On Site <input type="checkbox"/> Off Site*	
Field Instructor Name:			
Field Instructor Contact Phone:		Field Instructor Email Address:	

IMPORTANT:

As the Field Instructor, I attest the internship is in compliance with CDC and all relevant local laws and regulations regarding social distancing, PPE, and other applicable safety protocols associated with the COVID-19 crisis. I will notify the Field Education Office immediately in regards to any barriers to compliance, as well as any other information regarding COVID-19 relevant to this field placement.

Field Instructor Signature (Required): _____ **Date:** _____

*Task Instructor (Required if Field Instructor Off Site; Optional if Field Instructor is On Site)			
Task Instructor Name:			
Task Instructor Contact Phone:		Task Instructor Email Address:	
Task Instructor Signature:		Date:	

Student Signature (Required): _____ **Date:** _____

Please indicate if participating in:	<input type="checkbox"/> Child Welfare Education Project	<input type="checkbox"/> AmeriCorps	<input type="checkbox"/> Work Variance
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Please submit this form:
 Email your Field Specialist or sswfield@asu.edu
 Tucson & Yuma Students Email to Diana.Jimenez-Young@asu.edu