

INTERNSHIP CONFIRMATION FORM

PROGRAM/INTERNSHIP LEVEL

Students: indicate your program/internship level below, complete all areas marked with an X, sign, and date

Downtown Phoenix Campus	Tucson Campus	Online Program
<input type="radio"/> BSW <input type="radio"/> MSW Generalist <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 Concentration Policy, Administration & Community (PAC)	<input type="radio"/> BSW <input type="radio"/> MSW Generalist <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 Generalist <input type="radio"/> MSW Concentration Advanced Generalist (AG)
		West Phoenix Campus
		<input type="radio"/> BSW <input type="radio"/> MSW Concentration Advanced Generalist (AG)
		Yuma Campus
		<input type="radio"/> MSW Concentration Advanced Generalist (AG)

Internship Semesters:

1st Semester & Year:	X	
& 2nd Semester & Year:	X	

Please indicate if participating in:	<input type="checkbox"/> Child Welfare Education Project	<input type="checkbox"/> Behavioral Health HRSA Grant	<input type="checkbox"/> Work Variance
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Student Name:	X	
Internship Agency & Department Name:	X	
Internship Site Address/City/Zip:	X	
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:	

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

Please submit this form:
 Email your Field Specialist or sswfield@asu.edu
 Tucson & Yuma Students Email to Diana.Jimenez-Young@asu.edu