

Reset Form Selections

Request to Utilize Employment for Practicum Education

(Work Variance)

Student:		Date:		
Agency:				
Agency Ad	ddress:			
Current En	mployment Supervisor Name:			
Practicum	n Supervisor/Field Instructor Name:			
Academic	c Level: BSW MSW-GEN MSW-ADP MSW-AG	MSW-PAC Internship		
Start Date	e (Semester/Year):			
Internship	End Date (Semester/Year):			
Paguired	l Materials:			
required	i materials.			
2.	=-			
	student's employment and following prompts listed on s			
3.	From Student: A current job description and current res	sume (6 months of employment required).		
4.	From Practicum Supervisor: The resume of the professionally trained social worker who will serve as the Practicum Supervisor. Please note: The Practicum Supervisor must be different than the current supervisor.			
5.	From Current Employment Supervisor or Agency Director: A letter of support from the current supervisor or agency director ensuring that the Practicum Education requirements will be met on agency letterhead.			
6.	Complete schedule information on the second page of request form detailing both your work and propose internship schedule.			
7.				
Policy				
<u>Audit</u>	Audit: The Field/Practicum Education Office will conduct a minimum of two random audits per internship semester to assure that the integrity of the internship is maintained. Students are required to maintain weekly attendance and supervision records in Sonia.			
	en by Reviewers (check one):			
	Request Approved.			
	Request Denied.			
□ De	ecision Delayed Pending Further Information.			
Reviewed	l by: Date	ə:		
Reviewed	by:Date	e:		



Request to Utilize Employment for Practicum Education Schedule Information

<u>Work</u>	<u> Schedule</u>		Internship Schedule		
Tuesday Wednesday Thursday Friday Saturday		Monday Tuesday Wednesday Thursday Friday Saturday Sunday			
Date of hire:					
Prompts for student letter:					
A brief description of the agency's primary mission and population served.					
Current employment responsibilities- clearly specify roles, tasks and activities.					
 Please identify the current employment supervisor and separately identify the internship practicum supervisor/field instructor - social worker (BSW, MSW, LMSW, LCSW) that will be providing supervision. 					
Proposed internship roles and responsibilities- specify activities that will produce new learning.					
Discussion on how you plan to keep the proposed internship separate from your position as an					
employee to avoid dual relationships.					
Please review the learning contract and detail how you plan to complete the activities outlined.					
 Any additional information you feel will help the Practicum Committee make a decision. 					
Student Signature:Date:					
			Date:		
Practicum Supervisor/Field Instructor Signature:			Date:		

Submission Instructions:

Please submit the completed form and all required documents to the Practicum Education Office at least eight (8) weeks prior to the semester for which the request is being made. All documentation must be submitted together for consideration.

Approval Process:

The Practicum Committee has the authority to approve or deny Work Variance requests. All seven pieces of documentation must be submitted simultaneously for consideration.

Thank you for your attention to these requirements. If you have any questions, please contact the Practicum Education Office.