



Internship Confirmation Form

Please submit this form once the placement is mutually agreed upon by the student and the Practicum Supervisor. After submission to the Practicum Education Office, the placement will be reviewed, and if approved, an internship confirmation email will be sent. It is the student's responsibility to complete all pre-placement requirements, costs, training, and documentation.

Important Notes:

- BSW students must secure an internship and submit the internship confirmation form to their assigned Coordinator to enroll in Practicum Course 412.
- New and current agencies will need to be vetted by the practicum office to ensure they have the appropriate learning opportunities for the program and academic level of the student.
- Private practices agencies will be vetted by the Practicum Office and may or may not be approved.
 - MSW Students must be in their specialization year (E.g., Advanced Direct Practice Practicum or Advanced Generalist Practicum) to be considered for private practice placements.
- Only ONE virtual/remote/hybrid placement per student.
- Only ONE work variance placement per student.

Student Check to Acknowledge

Internship Information

Agency Information	
Agency Name:	
Site Address, City, State, Zip:	
Type of internship:	<input type="checkbox"/> In-person <input type="checkbox"/> Hybrid <input type="checkbox"/> Remote/Virtual Placement
Please indicate if participating in:	<input type="checkbox"/> Child Welfare Education (CWEP) <input type="checkbox"/> Medical/Pre-Placemen <input type="checkbox"/> Work Variance

Practicum Supervisor Information			
Practicum Supervisor:	<input type="checkbox"/> BSW <input type="checkbox"/> MSW	<input type="checkbox"/> On Site <input type="checkbox"/> Off Site	
Practicum Supervisor Name:			
Contact Phone:		Contact Email:	
Practicum Supervisor Signature (Required): _____ Date: _____			

Task Instructor Information <i>(Required if Practicum Supervisor is Off Site; Optional if On Site)</i>			
Task Instructor Name:			
Contact Phone:		Email address:	
Task Instructor Signature (Required): _____ Date: _____			

Student Information	
Student Name:	
Student ID:	
Academic Program and Level:	
Internship 1 st semester – 2 nd semester and year: Example: Fall 2030 – Spring 2031	

Student Signature (Required): _____ Date: _____

Please submit this form:

Email your assigned Practicum Education Coordinator or sswfield@asu.edu

Tucson & Yuma Students Email to Diana.Jimenez-Young@asu.edu