

**AGENCY FIELD PLACEMENT:
FIELD INSTRUCTOR INFORMATION**

***Please complete this form and return it with a copy of your CV
to field.learning@nyu.edu or fax to (212) 995-4533**

Name: _____

Cell Phone: _____ *Social Security: _____ *Date of Birth: _____
(MM/DD/YYYY)

*Male/female: _____ * Ethnicity (optional): _____ * US/Permanent Residence: No Yes

*Information required to process faculty appointments as Adjunct Assistant Professor in the fourth year and
Adjunct Associate Professor in the eighth year of service as NYU field instructor.

Have you completed the Seminar for Field Instructors (SIFI)? No Yes

If Yes, School: _____ Year Completed: _____

If No, are you enrolled? No Yes, School: _____ Start Date: _____

Year Started Providing Field Instruction for NYU Students: _____

Total Number of Years Providing Field Instruction for NYU Students: _____

Current Agency Information

Agency: _____

Division/Department/Program: _____

Title: _____ Email: _____

Agency Phone: _____ Fax: _____

Agency Address: _____
Number & Street City State Zip Code

FIELD INSTRUCTOR INFORMATION

Name: _____ Home Phone: _____

Home Address: _____
Number & Street City State Zip Code

Education

School

Degree

Year

Undergraduate:

Graduate:

Other:

License (check type):

LMSW # _____

LCSW # _____

Please attach a copy of your license.

Social Work Experience:

(Begin with present position. Use additional sheets if necessary).

Dates

Agency

Title and Duties

(Specify instruction experience. If it includes social work students, list the school and year).

Professional Affiliations:

Publications/Awards: