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| new_logo_email_signature  Practicum Learning  2180 Third Avenue (at 119th Street)  New York, NY 10035 | **Practicum Learning**  **Request for MSW Students**  **2024-2025**  **\*As of Fall 2024, students complete 450 hours per academic year: 14 hours, 2 days per week.** |

**COMPLETE INFORMATION, SAVE, THEN UPLOAD FORM HERE** [**ONLINE**](https://ww3.hunter.cuny.edu/sssw-fieldeducation/view.php?id=14347)

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**Date:**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Main Agency Name:** | | |  |  | | | | | |
| **Placement Site Name(s):** | | |  |  | | | | | |
| **Placement Site Address:** | | |  | **City:** |  | **State:** |  | **Zip:** |  |
| **Multiple sites?** | **Yes\*** | **no** | **\*if yes, other location(s):** |  | | | | | |
| **Agency/Placement Website:** | | |  |  | | | | | |
| **Agency Educational Coordinator:** | | |  |  | | | | | |
| **Phone:** | | |  |  | | | | | |
| **E-mail:** | | |  |  | | | | | |

**AN AFFILIATION AGREEMENT WILL NEED TO BE EXECUTED BEFORE STUDENTS CAN BEGIN**

**Our agency has a fully executed Affiliation Agreement on file that expires on:**

**Check here if your agency has a fully executed Affiliation Agreement on file with us that has no expiration date:**

|  |  |
| --- | --- |
| **Agency Legal Representative (or person designated to sign Affiliation Agreement):** | |
| **Name:** |  |
| **Title:** |  |
| **E-mail:** |  |
| **Phone:** |  |

**PRACTICE METHOD**: **Please indicate the NUMBER of First Year & Second Year students in EACH Practice method**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Practice Method:** | **Clinical Practice #** | **Community Organizing & Development (COP&D)\*** | | **Organizational Management and Leadership (OML)** | |
| **First Year** |  |  | |  | |
| **Second Year** |  |  | |  | |
| **\*Is there an opportunity for Social Policy analysis and development work? \_\_Yes \_\_No**  **SUMMER SEMESTER: YES\_\_\_\_\_\_\_ NO\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | **TOTAL**  **Total Number of Students your requested: \_\_\_\_** | |

**LANGUAGE REQUIREMENTS: - Please indicate language(s) preferred or required, if any**:

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| --- | --- | --- | --- | --- | --- |
| **Language** | **Preferred** | **Required** | **Language** | **Preferred** | **Required** |
| **Spanish** |  |  | **Other:** |  |  |
| **Russian** |  |  | **Other:** |  |  |

**BRIEF DESCRIPTION OF AGENCY** (**Agency focus, population served, etc.**)

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**DOES YOUR AGENCY PROVIDE STIPEDS FOR STUDENTS:** Yes □ No □

DETAILS:

**DETAILED DESCRIPTION OF ASSIGNMENTS/OPPORTUNITIES If you are requesting students from each of the methods (Clinical, COPD, OML) please give details of the assignments accordingly**. **Please indicate special circumstances: home-visits (agency is expected to reimburse student for travel); hybrid options, multidisciplinary team, etc.**

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**PROPOSED FIELD INSTRUCTOR(S) (MSW students must be supervised by social workers with SIFI eligibility; for clinical method, supervisors must have LMSW or LCSW.**

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| **Field Instructor** | **E-mail** | **Phone** | **Completed Required Seminar (SIFI)?\*** | **New to Supervising Hunter students?** |
|  |  |  | **Yes □ No □\*\*** | **Yes □ No □** |
|  |  |  | **Yes □ No □\*\*** | **Yes □ No □** |

**STUDENT CLEARANCE REQUIREMENTS**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Do you require students to have a physical examination prior to placement? | | | | | | | | | Yes □ No □ | | | | | | |
| **Do you require evidence of immunization against the following? *(check all that apply)*** | | | | | | | | | | |  | | | | |
| (a) Tuberculosis |  | (b) Rubella |  | (c) Measles |  | (d) Varicella Titer |  | (e) DPT | |  | | COVID-19 |  | Influenza |  |
| Do you provide the resources for these tests/physical examination requirements? | | | | | | | | | Yes □ No □ | | | | | | |
| Does your agency expect students to show proof of these tests prior to the start of the practicum? | | | | | | | | | Yes □ No □ | | | | | | |
| Does your agency require a background check? | | | | | | | | | Yes □ No □ | | | | | | |
| Does your agency require a drug screen? | | | | | | | | | Yes □ No □ | | | | | | |
| Does your agency require fingerprinting of students? | | | | | | | | | Yes □ No □ | | | | | | |
| If yes, does your agency pay for these fingerprinting and background checks? | | | | | | | | | Yes □ No □ If yes, costs? | | | | | | |
| Name/phone of person to contact for further information about the clearance requirements: | | | | | | | | | | | | | | | |

Rev 1/8/24 AKH