

University of Illinois at Chicago
 Jane Addams College of Social Work
 1040 W Harrison Street (MC 309)
 Chicago, Illinois 60607-7134

Approved _____
Date _____
Approval sent _____
Send Agreement _____

APPLICATION - FIELD INSTRUCTOR

Personal History and Professional Experience

Name in Full _____

Agency Name _____

Agency Address _____

Agency City, State, Zipcode _____

Home Address _____

Home City, State, Zipcode _____

Email _____

Phones: _____

Office: _____

County: _____

Home: _____

Academic Training: (Name of institutions attended and other information specified)

A. College or University (List Graduate work in (B) below)	Dates Attended (Inclusive)	Major	Minor	Degree	Date of Degree

B. Graduate School and Post Graduate Training

C. Professional Licenses, Certificates

Present position _____

Date of Appointment _____

State of Illinois License Number _____

Practice Expertise
(Where applicable)

_____ Individual _____ Family _____ Group

_____ Children _____ Adolescent _____ Adult

_____ Other

Employment History

Position, Employer and Location of Agency	Dates	Type of work - Administrative or Other Special Responsibilities

Scholarships, Prizes or other Recognition

Publications

(Attach a complete list, with references, if space below is inadequate. If available, submit copies of principal publications.)

Major offices held in honor societies and professional organizations

Foreign languages:

Language other than English spoken readily _____

Read readily _____

Signature _____

Date _____