

**Texas A&M University - Commerce**  
**Field Instructors Data Form**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Agency Name: \_\_\_\_\_  
Agency Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Educational Background**

College Attended: \_\_\_\_\_  
Degree Received: \_\_\_\_\_  
Major: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

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Degree Received: \_\_\_\_\_  
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**Employment Background**

**Please list employment history in social work, beginning with most recent:**

Agency: \_\_\_\_\_ Position: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Agency: \_\_\_\_\_ Position: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Agency: \_\_\_\_\_ Position: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Agency: \_\_\_\_\_ Position: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

**Professional Licenses & Memberships**

**Please indicate your professional license & number and other professional credentials:**

\_\_\_\_ LSW: # \_\_\_\_\_ LMSW-ACP: # \_\_\_\_\_

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\_\_\_\_ Member of NASW Other: Identify: \_\_\_\_\_

**Please describe your qualifications and commitment to providing social work educational supervision, including what support will be provided by the agency:**

**I verify that the stated information is accurate and complete.**

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Field Instructor Signature

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Date

## **Privacy Policy**

State law requires that you be informed of the following:

- (1) You are entitled to request to be informed about the information about yourself collected by use of this form (with a few exceptions as provided by law);
- (2) You are entitled to receive and review that information; and
- (3) You are entitled to have the information corrected at no charge to you