

**THE UNIVERSITY OF CHICAGO
THE SCHOOL OF SOCIAL SERVICE ADMINISTRATION
Personal Data Form - Field Work Instructors**

Name:

Title:

Agency Name:

Program or Dept.:

Business Address:

City, State, Zip:

E-mail Address:

Phone No.:

Please check all that apply to your role:

Field Instructor (Supervisor)

Field Placement Coordinator

EDUCATION: (Including Undergraduate, Graduate, and Professional Schools)

Name of Institution

Degree

Year Earned

Area Of Concentration

LICENSES AND CERTIFICATIONS:

Please check all that apply:

LCSW

LSW

TYPE 73

LCPC

LFMT

CADC

Other: Please specify:

