

**COLUMBIA UNIVERSITY SCHOOL OF SOCIAL WORK
FIELD INSTRUCTOR'S EXPERIENCE OUTLINE**

Please complete this form if you are taking the Seminar in Field Instruction (SIFI) or confirming that you have already completed a SIFI course.

NAME: _____

DATE: _____

POSITION: _____

AGENCY _____

AGENCY TELEPHONE NO.: _____

EMAIL: _____

HOME TELEPHONE NO.: _____

The policy of the School requires new field instructors to complete a 12-session Seminar in Field Instruction. Courses in supervision do not meet the School's requirement.

I have have not taken a Seminar in Field Instruction.

If you **have** satisfactorily completed a recent Seminar in Field Instruction at a Graduate School of Social Work, this may meet the School's requirement. Please complete the following information:

SCHOOL OF SOCIAL WORK WHICH SPONSORED SEMINAR: _____

INSTRUCTOR: _____ ACADEMIC YEAR: _____

NUMBER OF SESSIONS ATTENDED: _____

If you have a copy of your certificate of satisfactory completion of the Seminar, attach it to this form.

If you **have not** completed a Seminar in Field Instruction at a Graduate School of Social Work please indicate the following information:

I will be supervising an AGP&P student in September. You will automatically be placed in the AGP&P SIFI that meets on **Thursdays from 9:00 - 11:00AM.**

I will be supervising a Policy or Social Enterprise Administration student in September. You will automatically be placed in the Policy/SEA SIFI that meets on **Fridays from 9:00-11:00AM.**

I will be supervising a Direct Practice or a Clinical Student in September. Specify all the days you are available to take the Seminar, and **number them in order of preference.** You will be scheduled for a Seminar on one of these days.

9-11AM Tue. 2-4PM Tue. 2-4PM Wed. 9-11AM Thur. 9-11AM Fri.

I will be supervising a Direct Practice or a Clinical Student in January. You will automatically be placed in the January SIFI on **Wednesdays from 9:30-11:30AM** starting on January 30th at 9AM.

Attach a resume and a copy of your SIFI certificate (if you have one) and return to **Michael Fitzpatrick** to the address below or fax (212-851-2330).