



Employment-Based Practicum Application

Master of Social Work (MSW) Program
Norfolk State University
The Ethelyn R. Strong School of Social Work

This application must be approved **prior to beginning any practicum hours** at your place of employment. The purpose is to ensure compliance with CSWE accreditation standards and guarantee your practicum is educational and competency based.

Section 1: Student Information

Full Name: _____

Email Address: _____

Phone Number: _____

Program Track: MSW I Advanced Standing MSW II

Section 2: Employment Information

Agency Name: _____

Agency Address: _____

Student Job Title: _____

Department/Program: _____

Supervisor Name & Title: _____

Supervisor Email: _____

Supervisor Phone: _____

Section 3: Field Instructor (Practicum Supervisor) Information

This must be someone with an MSW degree and 2+ years of post-MSW experience.

Supervisors Name: _____ Maiden Name: _____

Title/Position: _____

Email: _____

Phone: _____

MSW from (Institution): _____

Year Awarded: _____

Years Post-MSW Experience: _____



If there is no MSW on site, task coordinator must be assigned. The Task Supervisor serves as the **on-site point of contact** responsible for:

- Assigning and overseeing daily tasks and projects, offering feedback on performance and professional behavior, supporting student learning opportunities tied to CSWE competencies, communicating with the university-assigned Field Instructor as needed

Name: _____
Title/Position: _____
Email: _____
Phone: _____

Section 4: Job Duties vs. Practicum Duties

A. Describe your current employment responsibilities:

(Attach job description or list below)

Section 5: Approvals

A. Student Statement of Understanding:

I understand that practicum activities must meet all CSWE-accredited practicum requirements

Student Signature: _____ **Date:** _____

B. Employment Supervisor:

I support the students' request to use this site for practicum and understand that the student does not have to complete activities outside of current job duties.

Name & Title: _____
Signature: _____ **Date:** _____

C. MSW Field Director/Coordinator Use Only

Approved Denied More Information Needed