

KENTUCKY STATE UNIVERSITY
SOCIAL WORK PROGRAM
APPLICATION FOR FIELD PLACEMENT

Field Practicum is a supervised work experience in a community social services agency. Students will work under the supervision of a professional social worker (BSW/MSW). Exceptions for related degrees (psychology, sociology, nursing, child development, marriage and family relations, etc) will require on-going faculty oversight that ensures students maintain a social work focus.

Students are required to purchase liability insurance. Students must be approved for field education one semester before the semester in which field practicum is requested. Practicums are scheduled for fall and spring semesters; there are no summer field practicums.

This application must be completed in its entirety unless otherwise directed. Leave no blanks. Please print legibly.

Please attach a copy of your unofficial transcript to this application.

Personal information

Student Name: _____ Student ID #: _____

Local Address:

Permanent Address:

City: _____ State: _____ Zip code: _____

Home Phone: _____ Cell Phone: _____

Email Address:

Will you have a car for field placement? Yes____ No____

Do you have a valid driver's license? Yes____ No____

Do you have medical insurance? Yes____ No____

Person to notify in case of emergency

Name: _____ Relationship _____

Address _____

Telephone () _____ Alternate Telephone () _____

Are you employed? () Yes Please complete the following section. () No. Proceed to the "Second language" section question.

Name of Employer:

Work Schedule: (days and Hours)

Work address:

City: _____ State: _____ Zip Code: _____

Work Phone () _____

Second Language

In addition to English, do you speak another language (including American Sign Language)?

() Yes () No

If yes, please list.

Educational and Career Goals

Will you be involved in any extracurricular activities during field practicum? () Yes () No

If yes, describe the activities in which you will be involved, the time you will need to commit to each activity, and the specific schedule of activities (if known). Please note that students are encouraged to limit extracurricular activities during the field experience.

Please indicate the social work experience you would like to explore and skills you would like to develop during the practicum:

If you have been accepted into the PCWCP Program, list 3 counties in order of preference that you are interested in working with the Cabinet for Health and Family Services?

Aging/Gerontology _____	Family and Children Services/ Child Welfare _____
Chemical Dependency _____	Health _____
Community Organization _____	Mental Health _____
Corrections _____	Developmental Disabilities _____
Crisis Services _____	

Please indicate if you have a specific preference of where would like to do your Practicum Placement. If you do not have one, please leave blank.

Geographic Preferences

Please indicate the geographic region you prefer for your practicum:

_____ Metro Louisville Area	_____ Anderson County
_____ Northern Kentucky/Cincinnati Area	_____ Frankfort
_____ Shelby County/Shelbyville	_____ Fayette County/Lexington
_____ Richmond	_____ Scott County/Georgetown
_____ other: _____	

Do you have a personal relationship with anyone at your requested Practicum site?

() Yes () No

If you indicated yes, please describe the nature of the relationship.

Alternate Practicum Assignment

Please indicate if you are requesting an On the Job practicum placement. This option is available only if employed by the agency for a minimum of six months prior to the start of the practicum semester.

() Yes () No

The following criteria must be met if you are requesting an On the Job practicum.

1. The student's time must be spent learning experiences other than those required for employment.
2. An on the job practicum must include a change within the agency where students are currently working. Assignment to a different unit and/or a significant change in the roles and functions of the students are essential, to meet the educational requirements.
3. To protect clients and to further protect the boundaries between employee and student roles, it is expected that clients served by students when in the employee role will not be the same clients served by students when in the student role.
4. The employing agency must be willing to provide supervision of those learning experiences needed to fulfill the requirement of field
5. The student must present a written proposal to the social work faculty for approval. The proposal must include plans for and verifications of how the four criteria above will be met.

Academic Concerns

I am currently on academic probation and/or have existing grades of "Fail and/or "Incomplete" from courses taken toward my BSW? () Yes () No

If yes, please list the course(s), the semester year and the professor's name:

Special Concerns

Collaborating on potential concerns will help with selecting the appropriate practicum site and planning for support and needs during the practicum to increase your success. Please be aware that many practicum sites require background checks and periodic drug screenings. Any negative findings may affect agency placement which may preclude successful completion of the requirements of the degree. Please indicate any relevant issues which may impact your work during the practicum (prior experience with an agency, prior arrest record, chemical dependency

or other addictive behavior, pregnancy, pending marriage or divorce, planned surgery, physical or learning disability, mental health issues, prior sexual abuse, special transportation needs).

NOTE: Release of information

By signing my name, I grant permission to the Field Director of Kentucky State University Social Work Department to release information from my practicum application for the purpose of arranging and maintaining my practicum placement.

By signing my name, I understand that making false statements and providing incomplete information may result in the cancellation of my practicum application. I certify that the information provided in the application is true and correct.

Student Signature

Date

After completing the application attach a copy of your unofficial transcript and e-mail it to Director of Field Education, Kentucky State University, 404 Hathaway Hall, Frankfort, KY 40601. An email confirming receipt of your application and unofficial transcript will be sent to you within 48 hours, excluding weekends and holidays. If you do not receive a confirmation email within 3 days, contact the Director of Field Education at 502-597-5919 to make an inquiry.

Please note: Incomplete applications will not be processed and will be returned to students.

For Office Use Only

Date application received _____

Application completed in its entirety YES NO

Action Taken:

Confirmation email sent to student YES NO

Application returned to student YES N/A

Director of Field Education

Comments:

Student Agreement and Liability Waiver

Kentucky State University social work major students who wish to participate in a practicum for which they will receive academic credit or which is associated in any way with Kentucky State University must read, understand, and sign the following. Please contact the Director of Field Education with any questions.

This is a release of legal rights. Read and understand before signing.

"Kentucky State University" is understood to refer to the President and Trustees of Kentucky State University and its officers, employees, agents, and instructors.

I have been offered the opportunity to participate in two semesters of the social work field education program (also referred to as social work practicum) affiliated with Kentucky State University. I accept my admission to the program and agree to the following:

1. Community Standards. I must abide by the Kentucky State University Standards as well as all applicable Kentucky State University policies, rules, and regulations while participating in the program and I may be subject to disciplinary action for violations of those policies.
2. Facility Procedures. I will abide by the policies and procedures of the facility that is providing my social work practicum opportunity. I understand that I must act in a professional manner at all times. I am also, if applicable, subject to the disciplinary processes of the facility.
3. Withdrawal. If I withdraw from the practicum placement after accepting admission, I understand that I must do so in a manner that is professionally responsible and considerate of the operations of the facility. I also understand that I will forfeit any credit hours that I would have earned if I had not withdrawn from the program, and, if withdraw after the refund deadline, I will also forfeit any tuition cost associated with the practicum.
4. Dismissal. If my behavior gives my supervisor or sponsoring faculty member reasonable cause to believe that my continued participation in the practicum poses a danger to the health or safety of persons or property, or impedes, disrupts, or obstructs the school's operations in any way, I will be immediately dismissed. I will forfeit any course credit hours I would have earned if I had not been dismissed from the practicum, and, if I am dismissed after the refund deadline, I will also forfeit any associated tuition costs.
5. Background Check. I understand that I must cooperate with the internship facility if it requires a background check on practicum students. I understand that the facility will use the results of such check to determine my eligibility for the program. Kentucky State University is not responsible for performing background checks.

6. Liability Insurance. I certify that I have current, valid student liability insurance coverage that begins on or prior to the first day of my practicum. Upon request by the facility or by Kentucky State University, I will submit to the facility written evidence of such coverage.
7. Immunization Records. If my practicum is at a medical facility that requires interns to have received certain immunizations and/or exposure tests before the beginning of my internship, I will forward written evidence of such immunizations and/or exposure tests upon the request of the facility or the University.
8. Patient Privacy. If my practicum is at a medical or mental health facility, I will comply with the privacy provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and with the facility's related policies and procedures. I will safeguard "protected health information" by not repeating, relaying, or otherwise sharing any information about any patient I encounter, except as it may be necessary to share such information with other professionals at the facility or with sponsoring faculty members. I understand that it is never appropriate to share such information with individuals who are not directly involved in my internship program; this includes not revealing a patient's name or other identifying information. If I violate patient privacy in any way, even by accident, I will immediately notify my supervisor.
9. Health and Safety. I will abide by the health and safety guidelines issued by federal, state, and local authorities, as well as any requirements of the facility. I have read the guidance from the CDC and the Commonwealth of Kentucky (or the state in which the practicum is located) pertaining to COVID-19 and will exercise great care to protect myself and the people around me. Such protective measures include: wearing a face mask or other personal protective equipment, maintaining at least six feet (or other required minimum) from other people, washing or sanitizing my hands often, and ensuring the cleanliness of my immediate work space. I will immediately notify my supervisor of any concerns I have regarding the health and safety of my workspace.
10. Risks. I understand that participation in social work field education may subject me to risks not found in study at Kentucky State University that could result in illness, injury, and even death. Such risks include, but are not limited to, those associated with traveling to and from the facility; different standards of health, safety, maintenance of buildings, public places and conveyances; and increased crime and pollution. Kentucky State University's evaluation of the practicum is based solely on its experiential and mission-related merits; Kentucky State University does not represent or act as an agent for, and cannot control the acts or omissions of, anyone associated with the practicum. Kentucky State University is not responsible for matters that are beyond its control, and cannot warrant the safety or convenience of the circumstances under which I will be working or traveling. I understand that I must independently evaluate whether the practicum will take place in a safe and secure environment by my own personal standards. It is my responsibility to take every precaution to safeguard my health and personal belongings from damage or theft. At no time should I enter or remain in a space that does not meet my standards of safety and security.
11. Liability Waiver. Having made my own investigation into and assessment of the risks described above, I agree, on behalf of my family, heirs and personal representative(s), to

knowingly and willingly assume all the risks and responsibilities associated with my participation in the social work practicum. To the maximum extent permitted by law, I release, hold harmless and agree to indemnify Kentucky State University and its officers, directors, faculty, staff, representatives, employees and agents, from and against any present or future claim, loss or liability for injury to person or property which I may suffer, or for which I may be liable to any other person, related to my participation in the practicum (including periods in transit to or from my destination), resulting from any cause, including but not limited to ordinary negligence, gross negligence, or willful acts.

12. Voluntary participation. I have chosen to undertake the Social Work Field Education Program voluntarily. Although participation in the practicum may be required in order to obtain a professional license or meet the requirements of an academic program, I was not required to participate in the internship as a condition of receiving a degree from Kentucky State University.
13. Governing Law. Any dispute arising from this Agreement will be determined according to Kentucky law.

I acknowledge that I have had an opportunity to ask questions about the terms of this agreement. I have read and understand the document, I accept its terms, and I sign it knowingly and voluntarily. I also understand that if I am a financial dependent for financial aid purposes, Kentucky State University may provide a copy of this form to the parent(s) or guardian(s) claiming me as such. I understand and agree that this document reflects the entire understanding of the parties and that no oral or written representations can or will alter the contents of this document.

In signing this document, I certify that I am at least 18 years old. If I am under the age of 18, my parent or guardian will sign on my behalf.

Student Signature

Date

KENTUCKY STATE UNIVERSITY

SOCIAL WORK PROGRAM

STUDENT CONTRACT FOR FIELD PLACEMENT

1. I agree to spend a minimum of 16 hours weekly at _____ beginning _____.
(Agency name)
2. I understand that in the course of my work I have access to confidential information and that I am required to keep this information confidential and will not disclose any such information unless authorized to do so by the Agency Field supervisor.
3. I agree to contact my Agency supervisor to discuss any absences and to make up those hours, if necessary, in order to complete the 200 hours per semester.
4. I agree to attend and participate in all Seminars and turn in written assignments timely.
5. I agree to treat my field placement in a responsible manner and be open to supervision.
6. I agree to participate during the mid-term and final agency evaluation. I understand that the University field education director will assign my final grade. The grade will be determined with input from the agency field supervisor regarding agency work, evaluation of course assignments, adherence to NASW *Code of Ethics*, and my demonstrated ability to work within the role of a student intern in field placement.
7. Other agreements: _____

The following is my weekly schedule of hours example: Monday 9:00 am-2:00 pm

MONDAY _____ TUESDAY _____ WEDNESDAY _____
THURSDAY _____ FRIDAY _____ SATURDAY _____
SUNDAY _____

Student Signature

Date

Agency Supervisor Signature

Date