

LOMA LINDA UNIVERSITY
Department of Social Work
FIELD PLACEMENT STATEMENT

Please read the following statements carefully, initial each item in the box provided, and sign at the bottom of the page:

❖ I hereby certify that the statements contained in this completed Field Practicum application (including face sheet), and any other information as part of this application and attachments are true and correct. I agree and understand that any misrepresentation or omission of any material facts on my part may be cause for delay in field placement, separation from the field practicum, and/or immediate review by the Field Committee, Academic Standards Committee and potentially the Graduate School.

❖ I hereby give permission to the Loma Linda University Department of Social Work, Office of Field Education and any of the approved field practicum agencies, field instructors to verify any and all information contained within this application by contacting former employers, contacting former field practicum sites, former field instructors or by reviewing graduate school records, etc.

❖ I understand that some field practicum agencies will request a security background investigation, a fingerprint check, and/or a physical examination as requirements for the placement interview, student intern acceptance and confirmation. I am willing to participate in the background checks/examinations, and give my permission for the results to be provided to the Department of Social Work if requested.

❖ I will fulfill the responsibilities of the student intern role and follow all field policies and procedures that govern student performance and behavior as outlined in the MSW Field Practicum Manual (e.g., schedule internship hours, learning plans, evaluations, etc.), in the MSW Program Handbook, and University Student Handbook.

❖ I will follow and uphold the NASW Code of Ethics and make the commitment to uphold the values of the social work profession.

❖ If the situation arises and I need to terminate the field practicum before fulfilling all requirements, I will act in a professional manner and provide notice as required by the Department of Social Work and the field practicum agency in which I am placed. I understand that any such termination will be done only with the approval (in writing) of the Department of Social Work, the field practicum agency, and appropriate completion of my responsibilities to each.

❖ I acknowledge I am responsible for providing my own transportation to and from the field practicum site.

I have read and understand all of the above statements. I certify that the information contained in this field application is true and correct to my knowledge.

Signature of Student

Date