



**HOWARD  
UNIVERSITY**

HOWARD UNIVERSITY  
SCHOOL OF SOCIAL WORK  
**Agency Based Supervisor's PROFILE**

**NOTE:** Please complete and return this form to the Director of Clinical Education. If additional space is required, attach supplemental sheets. Please attach a copy of a current resume'.

NAME : \_\_\_\_\_ HOME TELE. NO.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
CITY STATE ZIP CODE

AGENCY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
CITY STATE ZIP CODE

TELE. NO.: \_\_\_\_\_ FAX NO.: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ WEB SITE: \_\_\_\_\_

POSITION: \_\_\_\_\_

IMMEDIATE SUPERVISOR: \_\_\_\_\_

**EMPLOYMENT HISTORY**

	<b><u>Agency</u></b>	<b><u>Position</u></b>	<b><u>From/To</u></b>
1.			
2.			
3.			
4.			
5.			

**EDUCATION**

	<b><u>College(s)</u></b>	<b><u>Major</u></b>	<b><u>Date</u></b>	<b><u>Degree/Year</u></b>
1.				
2.				
3.				

Special Training:



1. Have you instructed or supervised social work students in the past? \_\_\_\_\_ BSW \_\_\_\_\_ MSW

(Check one) Yes \_\_\_\_\_ No \_\_\_\_\_

2. If yes, please complete the following:

Agency \_\_\_\_\_ Dates \_\_\_\_\_ No. of Students \_\_\_\_\_

3. Have you supervised staff? Yes \_\_\_\_\_ No \_\_\_\_\_

4. If yes, who have you supervised?

\_\_\_\_\_ Social Work Professionals \_\_\_\_\_ Interns  
\_\_\_\_\_ Support Staff \_\_\_\_\_ Trainees  
\_\_\_\_\_ Other Professionals

5. Have you had training as an educator or supervisor (e.g. formal courses in supervision or field education)?

6. If yes, please complete the following:

Course Name \_\_\_\_\_ Where \_\_\_\_\_ Length \_\_\_\_\_

Are you licensed as required by your state? Yes \_\_\_\_\_ No \_\_\_\_\_

At what level are you licensed? \_\_\_\_\_ State \_\_\_\_\_

When is your license due to be renewed? \_\_\_\_\_

Have you ever been sanctioned or has your license ever been revoked? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes please provide an explanation \_\_\_\_\_

**Please provide additional information of a separate sheet if you feel it is relevant to your role as a supervisor:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Submitted

**PLEASE ATTACH A BROCHURE OR TYPED DESCRIPTION OF YOUR PROGRAM, INDICATING THE SERVICES THAT YOU PROVIDE AND THE TYPE OF CLIENTS YOU SERVE. THANK YOU FOR YOUR INTEREST IN OUR PROGRAM.**

**JMD  
REVISED 10/22**