Own Agency Placement (OAP) - Policy

Overview:

Traditionally, Social Work field placements are educationally focused, unpaid training experiences in social work settings which are selected on the basis of the student’s level and/or concentration in their program of studies. There are rare situations, however, where a student may be employed in a social work setting which meets the standards for a field placement, and which can be accepted by the Office of Field Education as an own agency placement for either a BSW or MSW student.

The student cannot utilize his/her current paid employment as the field placement but could possibly complete the field placement in another department or aspect of the agency. The agency must be large enough for the separation of the student’s current job responsibilities and the proposed field placement social work activities. For example, a student who works as a medical clerk in a hospital could potentially complete his/her field placement in the social work department working with oncology patients.

The guiding principle for the decision to accept an Own Agency Placement is that the field placement experience must constitute new learning, appropriate BSW/MSW supervision for student level, and an opportunity to apply theories and knowledge from the classroom in a practice setting. This new learning opportunity must meet our established guidelines for field placements.

An Own Agency Placement may only be utilized as a field placement site when all of the requirements below are met:

Requirements for an Own Agency Placement-OAP

- The proposed agency must meet the same criteria as other approved School of Social Work field agencies as stated in the standards set by the Council on Social Work Education (CSWE).
- The agency must be large enough and sufficiently diversified so that the activities must constitute new learning for the student: i.e., a new population, new treatment modalities/methodologies, new field of practice. It must also be located in a different department/unit, different floor, or different site from current position as employee.
- The activities must be congruent with the student’s concentration or level (undergraduate/graduate) in the program.
- Students are allowed to do only one field placement at their agency of employment.
- Students must submit the attached application for approval of an Own Agency Placement to be reviewed by the Coordinator of Field Education and Director of the School of Social Work.
- All of the required field hours must take place under the supervision of a new (to the student) BSW or MSW qualified field instructor. The field instructor must meet the standards of our program.
- If the field instructor has never supervised a BSW or MSW student before and/or has never taken formal State of Florida field instructor training, the field instructor is required to attend the School of Social Work’s Field Instructors’ Supervisory Training (FIST) for 16 hours.
Own Agency Placement (OAP) - Proposal

Review “Policy for Own Agency Placement” prior to beginning this proposal.

The proposal must be completed and submitted to the Field Faculty at the time of your field interview so that the application can be reviewed, approved or disapproved by the Field Faculty and the Coordinator of Field Education, and the decision communicated to the student in a timely manner.

This proposal must be completed by the student and the proposed field instructor.

Student Name: ___________________________ Date: ___________________________

Student Cell Phone: ___________ Student E-mail: ___________________________

Level of Student/Field Placement:

- [ ] BSW Full-time
- [ ] MSW 1st year/Generalist Full-time
- [ ] MSW 2nd year/Specialist Full-time
- [ ] BSW Part-time
- [ ] MSW 1st year/Generalist Part-time
- [ ] MSW 2nd year/Specialist Part-time

Agency Name: ____________________________________________

Agency Address: ___________________________________________

Agency Phone: ___________________________ Agency Fax: _______________________

Current Agency Supervisor Name: ____________________________

Agency Supervisor Phone: ___________________________ Agency Supervisor E-mail: _______________________

Proposed BSW/MSW Agency Field Instructor Name: ____________________________

Agency Field Instructor Phone: ___________ Agency Field Instructor E-mail: ___________

Proposed Field Instructor Degree: ___________ Date Earned: _______________________

Has the Field Instructor taken the 16-hour Field Instructor Supervisory Training? Yes___ No___

If yes, please provide where and when: ____________________________________________
Your (student) Current Job Title____________________ Length of employment___________

Unit/Program/Department________________________________________________________________

I currently work ___ hours/week at my paid job.

During my internship, I will be working ___ hours/week at my paid job.

*All internship hours are completed in addition to your regular work hours.

THE FOLLOWING SECTION IS TO BE COMPLETED BY THE STUDENT INTERN APPLICANT:

Describe your current employment. Describe the tasks and responsibilities currently involved in your job (Attach a copy of your current job description):
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

How will this proposed internship be different from your paid job? (Be specific).
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
What areas of new and significant learning do you expect to gain as a result of this field placement? *(Be specific).*

________________________________________________________________________________________________________

________________________________________________________________________________________________________

________________________________________________________________________________________________________

________________________________________________________________________________________________________

________________________________________________________________________________________________________

________________________________________________________________________________________________________

________________________________________________________________________________________________________

________________________________________________________________________________________________________

THE FOLLOWING SECTION IS TO BE COMPLETED BY PROPOSED BSW/MSW FIELD INSTRUCTOR:

Proposed Start Date of Field Placement (must be consistent with start of the internship schedule for this level students): ______________________

Title of Proposed Student Field Placement Position____________________________________________________________

Unit/Program/Department_______________________________________________________________

Provide a detailed description of the intern’s proposed responsibilities and assignments:
________________________________________________________________________________________________________

________________________________________________________________________________________________________

________________________________________________________________________________________________________

________________________________________________________________________________________________________

________________________________________________________________________________________________________

________________________________________________________________________________________________________

________________________________________________________________________________________________________

________________________________________________________________________________________________________

Number of cases that would normally be the responsibility of an employee in this capacity, working the same number of hours____________________

Number of cases to be carried by this student intern____________________
Describe how you will assure clear boundaries between the student’s internship and employment, i.e. clarify coverage of student’s regular employment duties during internship days, communicate new role to staff, provide separate work location, etc.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Describe the learning goals/educational outcomes for this field placement:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
SIGNATURES

Print Student’s Name ___________________________ Student’s Signature ___________________________
Date: ___________________________

Print Current Supervisor’s Name ___________________________ Current Supervisor’s Signature ___________________________
Date: ___________________________

Print Proposed Agency ___________________________ Proposed Agency Field Instructor’s Name ___________________________
BSW/MSW Field Instructor’s Name ___________________________ BSW/MSW Field Instructor’s Signature ___________________________
Date: ___________________________

Print Agency Director’s Name ___________________________ Agency Director’s Signature ___________________________
Date: ___________________________

This section to be completed by the Office of Field Education

Proposal Approved: Yes_____ No_______ Date: ___________________________
Field Faculty Signature: ______________________________________

Proposal Approved: Yes_____ No_______ Date: ___________________________
Coordinator for Field Education: ______________________________________