

Field Practicum Student Agreement

Please read the following statements carefully, initial each section, and sign at the bottom.

_____ *initials*
I hereby certify that the statements contained in this completed Field Practicum Application and any other information included as a 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 field practicum, and/or initiate immediate disciplinary action.

_____ *initials*
I hereby give permission to the University of Nevada, Reno, School of Social Work and its faculty members and any of the approved field practicum agencies or field instructors to verify any and all information contained within this application. This may include contacting former employers, field practicum agencies and/or field instructors, reviewing school records, etc. Please be advised that if any information should come to our attention, which may affect your professional student status, and / or internship role and thus the field practicum experience, the School of Social Work shall be authorized to assess and discuss the significant information with the appropriate parties.

_____ *initials*
I understand that the field practicum agency may request criminal background checks, fingerprint checks, drug screens, physical examinations, TB tests, immunization verification, valid Nevada Driver's license, etc. as requirements for acceptance at their site. Agencies may also require random drug screening(s) at any time during the year. I am willing to participate in these screens/evaluations and give permission for the results to be shared with the School of Social Work when requested. I also understand that if I fail any of these screens, I may not be accepted at the specific agency, may become ineligible for field practicum, and therefore may not be placed for an entire academic year. I also understand that if during the year I fail a screening, I will be removed from the agency and not placed in another agency for the remainder of the academic year. The Field Education Program Coordinator will review my case to determine whether I am eligible to continue the program, and if so, the timeline for returning to field experience. I understand that failing a drug screen(s) or other agency screening may be grounds for disqualification from the program.

_____ *initials*
At all times, I shall maintain professional conduct in accordance with the University of Nevada, Reno, School of Social Work's academic standards, the NASW Code of Ethics, and professional social work values. Code of Ethics is available at the following website <http://www.socialworkers.org/pubs/code/code.asp>

_____ *initials*
If the situation arises and I need to terminate the internship before fulfilling my internship commitment, I shall terminate in an appropriate, professional manner as designated by the School of Social Work and the assigned agency, and provide **written** and **verbal notice**.

I have reviewed and understand all of the above statements and have agreed to be in compliance with all of the above. If I am not in compliance with the School of Social Work's policies and procedures, I understand that I may be considered ineligible for Field Practicum.

Initials

Print Full Name

Date

Signature