



UNO GRACE ABBOTT SCHOOL OF SOCIAL WORK REQUEST FOR APPROVAL OF PRACTICUM IN PLACE OF EMPLOYMENT

In order to remain in compliance with the Council on Social Work Education (CSWE) our accrediting body, we must meet their criteria for approval of practicum at a place of employment or other practicum requests requiring special consideration. The UNO Grace Abbott School of Social Work (GASSW) encourages students to maximize learning experiences by completing practicum at sites outside of their place of employment, however exceptions can be made by special request. Requests may be considered provided the following:

- The student has not received academic credit for another practicum in the same setting
- The site has been or has the potential to be approved as a practicum placement site by the GASSW
- The site follow the standards of the Council on Social Work Education and the UNO GASSW

Submission of all requested material does not automatically qualify the student for placement; additional materials may be requested or the request may be denied. If such denial occurs, the student will be fully informed of the reason(s). All special requests or requests for practicum-in-place of employment must be approved by the Practicum Committee and the Practicum Office. The Practicum Committee meets monthly from September through April excluding December and January.

Submit all information to the Practicum Office at least 2 weeks prior to the monthly practicum committee meeting. You will be informed by phone or in writing of the decision regarding your request as soon as possible after the Practicum Committee has met and reviewed it.

Request for Practicum-In-Place-of-Employment requires a voice-over PowerPoint outlining the following information. Please be as specific as possible in all sections. This presentation should be no longer than 5 minutes. If assistance is required to create a voice-over PowerPoint, the [UNO Criss Library](#) has resources to assist you:

- 1. The reason for your special request
- 2. A statement of your long-range professional and practice goals
- 3. A chart outlining current job description with specifics of actual assignments and your role
 - If a student has been employed **9 months or less** and their current responsibilities meet the requirements of the Practicum, no change in responsibilities is needed
 - If the student has been employed for **more than 9 months**, practicum assignments must be different from current responsibilities. Therefore, a chart of both the current and proposed practicum descriptions are needed. The student must also have a different practicum supervisor from the current position
- 4. Identify your Educational/Task supervisor(s), whether or not they have completed the Practicum Supervisor Training, and the date of training (contact practicum office if

unknown) Along with your voice-over PowerPoint, please submit the following documents:

- 1. A current resume
- 2. A copy of the [Agency Profile](#) if requesting a new practicum agency
- 3. A completed [Practicum Supervisor Application](#) from Educational and Task supervisor(s) if not ready on file with the practicum office
- 4. A completed [Practicum Learning Contract](#)
- 5. A completed [Practicum Agreement Form](#)

**UNO GRACE ABBOTT SCHOOL OF SOCIAL WORK
REQUEST FOR APPROVAL OF PRACTICUM IN PLACE OF EMPLOYMENT**

Student Name _____
Address _____
Phone _____
UNO Email _____

Proposed Practicum Start Date Semester _____ Year _____
Block Concurrent

Proposed Practicum Agency _____
Address _____
Phone _____
Current position and start date at agency _____
Past position(s) including start/end date(s) at agency, if applicable _____

Proposed Educational Supervisor and Credentials _____
Agency _____
Address _____
Phone _____
Email _____

Has the person complete the PI Training? _____ Date of Training _____
Has this person supervised you before? _____ (Contact Practicum Office if Unknown)

Proposed Task Supervisor _____
Program Name/Title of Position _____
Address _____
Phone _____
Email _____

Has this person supervised you before? _____
Has this person completed the PI Training? _____ Date of training _____
(Contact Practicum Office if Unknown)

Practicum Office Use Only

Date received by Practicum Office _____
Date reviewed by Practicum Committee _____
Date approved _____ Not Approved _____
Date student notified by _____ phone e-mail letter
Comments: _____