

Student Steps of Responsibility for admission to the Wichita State University BSW Program and Practicum Program	Description of Steps
Attend a BSW Program Orientatic as early into your major as you ca	These are heldwice a year, as part of the Social Work Friday ever the WSU School of Social WorkStudents are required to attend corientation before they can be admitted into the social work program
Meet withthe BSW Program Director as early into your majo as you can.	Call 316978-7250 to schedule a meeting time to discuss your proginto the Social Work programn this meeting, a class plan for yo future semesters will be discussed.
Apply to the BSW Program and Practicum when youave met the minimum criteria.	Complete the attached application and formsere are two deadlin dates per year-October 15 and March 15 applications are reviewed be the BSW Admissions Committee, and students are notified of entrance status into program. Forms are also available online <a href="https://www.wichita.edu/socialwor.k">www.wichita.edu/socialwor.k</a>
Attend a practicum program orientation in the fall of your junior year.	These are held in the fall semester, as part of the aSWork Friday event at the WSU School of Social Wo8tudents are required to atte orientation as part of their practicum process.
Complete your Senior Form/Application for Graduation with your social work faculty advisor.	Meet with your assiged social work advisor to complete this form in the fall semester of your junior year, I \RX¶UH XQVXUH Z advisor is, please cathle WSU School of Social Work office 978-7250 or an email tosocialwork@wichita.edu
Complete your Senior Form/Application for Graduation with LAS Advising.	Schedule a time to meet with an advisor in the LAS Advising Cenwww.wichita.edu/lasadvising
Complete a pacticum inventory and submit your resume the fall of your junior year.	The practicum inventory provides therector of Field Practicum and the Associate Director of Field Practice information your interests and availability for practicum. This form is available at the practicum orientation. The form is also available online <a href="https://www.wichita.edu/socialwor.kth">www.wichita.edu/socialwor.kth</a> due date for this form and resume ver be announced at the mandatory Orientalion the Practicum Program.
Schedule your campus interview for practicum in December of your junior year.	Call our office 316-978-725@r stopby the School officein



# BACHELOR OF SOCIAL WORK PROGRAM Application for Admission

The follow	The following documents are necessary to complete the program application				
	Application (incompleteapplicationswill not be considered)				
│	Personal Narrative				
🗆 ד	Two References (forms a	available <u>v<b>at</b>vw.wichit</u>	a.edu/BSWapp	<u>licatio</u> n	
	Copy of transcriptor Degree Works±unofficial (WSU students can get a copy from MyW Self ServiceGo to Student Records, then Academic Trans¢ript.				copy from MyW
	☐ WSU Model (photo) Release Form				
	☐ If you are also applying for the Undergraduate Certificate in Social Work and Addictional complete page, and answer additional personal narrative questions applicable to the certificate.				· •
	are also applying for lete pag <b>e</b> , and answer a	_			· •
(Please print or type) Date					
		Program Info	rmation		
Are you a	`	2 hours or more)	Anticipated g	raduation date?	Fall 20
student?		ess than 12 hours)			Spring20
				;	Summer20
		Personal Info	rmation		
Name				MyWSU ID#	
	Last	First	Middle	<u> </u>	
Address	Other Last Name(s)			Preferred Name	
Telephone			City	State	Zip Code
Email(s)	Home	Work		Mobile @sho	e ckerswichita.edu
Other					

Person	al	Narrativ	o

Attach a personal narrative (

Demographic Information (optional)
Demographic information is optional and is for statistical purposes only. It will in no way affect the consideration of your application.
Date of birth: Gender: Male Female Veteran: Yes No
Race / Ethnicity: Are you Hispanic or Latino? Yes No
Please select one more of he following racial groups:  Asian American Indian or Alaskan Native Black or African American  White Native Hawaiian or other Pacific Islander
Background Information
Have you ever been convicted of a felony or misdemeanor as an add thes ☐ No
Has any governmental agency ever substantiated allegations made against you for physical, mental or emoti abuse or neglet, sexual buse, or exploitation of (1) a child, (2) a resident of an adult care home, medical car facility, psychiatric hospital or state institution for the mentally retarded, or (3) an adultes \sum No
If you answeredyes to eiher of the above, please attach an explanation.
\$QVZHULQJ 3\HV GRHV QRW DXWRPDWLFDOO\ GLVTXDOLI\ \RX Program or the UCSWC Program-lowever, depending on circumstances, it may affect your ability to be placed in a field practicum, which is necessary to complete the BSW program or certificate requirements. Please contact the BSW Program Director CSWA Program Coordinator UCSWC Program Coordinator under the place of th
I understand that priorognictions, diversions or pending charges may affect my ability to be placed in a field practicum, which is necessary to complete the BSW program, UCSWA, or UCSWC. This means that while y may be admitted to the program, you may not be able to complete the there is something in your background that would prevent you from being placed in a field practicum. Many agencies requibackground checks. Some criminal charges may affect your ability to be licensed in the State of Kansas.
Ethical Agreement

I have read and understand the SW Code of Ethics

#### Practicum Insurance

I understand that I may be placed with an agency that requires one or more of the following types of insural coverage: (a) professional liability, (b) automobile liability, and(c) heath/medical. By signing this application, I hereby acknowledge that, if placed with an agency that requires such coverage, I am obligated to obtain, at my sole cost and expensesuch insurance and maintain the requisite coverage during the duration of my practicum. I further understand and acknowledge that Wichita State is under no obligation to provide such insurance coverage on my behalf and indeedes not and will not provide such insurance coverage on my behalf.may request a practicum planent withan agency that does not require some or all of the above insurance requirements. While Wichita State University will make a reasona attempt to accommodate this request, I understand and acknowledge that such accommodation is guaranteed.

I hereby request to be placed in a practicum that degrees equire the following deck all that are applicable):			
	Professional liability insurance in the amount of \$1,000,000 in each instance/\$3,000,000 in taggregate.		
	Automobile (including liability) insurance		
	Health/medical insurance (including hospitalization coverage)		

#### NOTE:

The NASW Social Work Student Professional Liability Insurance can be obtained by members of NASW. Tapply for membeshiQ q 0 04(li)-3 ne

#### Practicum Statement

I understand that I wilbe required to attend practicum orientation as part of the placement process for the practicum program. I also will be required to complete a practicum inventory, along with a resume. These m be completed during the fall semester of my junior yead expember 1st. After this point, I will be required to schedule a practicum interview to help determine my practicum placement.

#### Disabilities / Modifications

Wichita State University is committed to providing equal access to employment, educational program activities for students with disabilities. The University recognizes that students with disabilities may nee accommodations to have equally effective opportunities to participate in or benefit from University education program, services and actives and will make reasonable modifications to the environment, policy and practice and/or provide auxiliary aids and services when the Office of Disability Services determines such modificatio are needed for equal access.

Reasonable accommodation with considered and may be made to qualified students who disclose a disability, so long as such accommodation does not significantly alter the essential requirements of the curriculum and training program, or significantly affect the safety of others.

I also understand, and acknowledge that it is my responsibility to notify Wichita State University if I am in need of an accommodation. I further understand and acknowledge that it is my responsibility to notify Wichita State University if there is any eason I cannot meet the expectations of the Social Work Programment, or without reasonable accommodations.

### BSW Certificate Program in Social Work and Addiction

Yes, I want to apply for the BSW Certificate Program in Social Work and Addiction
I understandtat I mustcomplete the online Application for Degree indicating that applying for this certificate. (Available on the myWSU Portal, myClasses tab, under Graduation Links.)
$\square$ 1R ,¶P QRW LQWHUHVWHG LQ DSSO\LQJ IRU WKH FHUWLILF
Rank: Freshman Sophomore Junior Senior
Current WSU Student? Yes No, current colleg/university:
☐,¶YH DOlduHatDoGwithJaLdDgree in social work,in (year)
If you are not a current student, please attach transcripts from all universities attended.
Be sure to address the questions in your naative, as stated on page 3 of this application packet.

## BSW Certificate Program in Social Work and Child Welfare

☐ Yes, I want to apply for the BSW Certificate Program in Social Work and Child V	Velfare
☐ I understand that must complete the online Application foregree indicating	that I am applying for

#### Office of University Relations • Wichita State University



I hereby grant and/or parties designated by Wichita State University (including clients, purchas ers, agencies and periodicals or other printed matter and their editors the right to reproduce, use, exhibit, display, broadcast, distribute and create derivative works from

of the undersigned person. This grant includes, without limitation, the right to publish such images and/or audio, with or without my name or with a fictitious name, in the University newspaper, alumni magazine, and/or public relations / promotional materials, and any other marketing and admissions publications, advertisements, fund-raising materials, and any other University -related publication. The images and/or audio may appear in any of the wide variety of formats and media now available to the University and that may be available in the future, including but not limited to print, broadcast, videotape, CD -ROM, and electronic / online media.

Signature		Date
Printed name		
Witnessed by		Date
I am the parent or legal gua	ardian of	
I hereby approve the foregomentioned above. I affirm the		e University's use subject to terms ue consent.
Signature		Date
Printed name		
Witnessed by		Date
OCATION:	DESCRIPTION:	