

APPENDIX B

MORAVIAN SEMINARY • MAPC PROGRAM
CLINICAL PLACEMENT DATA SHEET

Name of Student _____

Telephone Number _____

Degree _____

Dual Degree: Social Work _____ MDiv _____ MATS _____

SITE OF CLINICAL PLACEMENT

Agency _____

Street Address _____

_____ Zip _____

Supervisor's Name _____

Supervisor's Title _____

Supervisor's Licensing body and/or professional affiliation(s) _____

Supervisor's Phone: () _____ Email: _____ Fax: _____

Description of Clinical Placement Student Activities/Tasks (attach a job description if available):