SHIPPENSBURG UNIVERSITY DEPARTMENT OF SOCIAL WORK & GERONTOLOGY
EMERGENCY CONTACT INFORMATION

Instructions: The PRACTICUM STUDENT should complete this form, keep one copy and then distribute a copy to the Field Instructor and Faculty Liaison.

Name: ___________________________________________ Location in Placement: ___________________________

Primary Work Phone: _________________ ext. _____ Secondary Work Phone: _________________ ext. ____

Primary Home/Cell Phone: _________________ ext. _____ Email Address: _____________________________

FIELD INSTRUCTOR

Name: ___________________________________________ Location in Placement: ___________________________

Primary Work Phone: _________________ ext. _____ Secondary Work Phone: _________________ ext. ____

Primary Home/Cell Phone: _________________ ext. _____ Email Address: _____________________________

ALTERNATIVE CONTACT PERSON AT PLACEMENT

Name: ___________________________________________ Location in Placement: ___________________________

Primary Work Phone: _________________ ext. _____ Secondary Work Phone: _________________ ext. ____

Primary Home/Cell Phone: _________________ ext. _____ Email Address: _____________________________

FACULTY LIAISON

Name: ___________________________________________ Office Location: _____________________________

Primary Work Phone: _________________ ext. _____ Secondary Work Phone: _717-477-1717___ ext. _____

Primary Home/Cell Phone: _________________ ext. _____ Email Address: _____________________________

BSW FIELD EDUCATION DIRECTOR

Name: ___________________________________________ Office Location: _____________________________

Primary Work Phone: _________________ ext. _____ Secondary Work Phone: _717-477-1717___ ext. _____

Primary Home/Cell Phone: _________________ ext. _____ Email Address: _____________________________

DEPARTMENT CHAIRPERSON

Name: ___________________________________________ Office Location: _____________________________

Primary Work Phone: _________________ ext. _____ Secondary Work Phone: _717-477-1717___ ext. _____

Primary Home/Cell Phone: _________________ ext. _____ Email Address: _____________________________

S.U. Campus Police 717-477-1444