MILLERSVILLE UNIVERSITY SCHOOL OF SOCIAL WORK
PROFESSIONAL READINESS ASSESSMENT PROCESS INFORMATION FORM

This is a multi-purpose form for use the Professional Readiness Assessment process for Social Work majors.

Name: ____________________________________________

Last                      First                      M.I.

MU Student Identification Number: ______________________________

Name of Adviser: ________________________________

Address while attending college (including zip code): ______________________________

Phone number/s (home and cell if applicable): ______________________________

Millersville Email Address: ______________________________

Date most that clearances were completed (date on each document):

Be sure to keep a folder of your original clearances in your possession. You will need these for future community service/field experiences and for the Professional Readiness Assessment process.

FBI          PA Criminal          Child Abuse

For submission of clearances, you must provide all three documents (Child Abuse, FBI, and PA Criminal) to the School of Social Work, Graduate Assistant, Stayer Hall. Only complete submissions will be accepted. Failure to submit by these documents may result in a delay of the Professional Readiness Assessment process and determinations of professional readiness for field placements. Clearances must be submitted during the Professional Readiness Assessment process and every year subsequently until field placement is complete.

Number of total credits earned to date (include winter class credits if applicable): __________________

Current Semester Schedule of Classes:

<table>
<thead>
<tr>
<th>Course</th>
<th>Semester Taken</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>BIO 204/BIO 1*4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GOVT 111/112</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PSYCH 100</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SOCY 101, 210, 211</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Office Use Only: __________________Date Received: _______

Received by: __________
Professional Readiness Information Form (Rev 1/5/17)

**PA Criminal Record Check**  
**Child Abuse History Clearance**  
**FBI Fingerprinting Clearance**

**CLEARANCE SUBMISSION ATTACHMENT**

<table>
<thead>
<tr>
<th>Last Name (please print)</th>
<th>First Name</th>
<th>M.I.</th>
<th>MU ID #</th>
</tr>
</thead>
</table>

[ ] By checking this box, I confirm that I **have not been** involved in any situations/circumstances that may adversely affect the information on the FBI, PA Criminal, or Child Abuse History Clearances. I agree to immediately inform the BSW Coordinator, Department Chairperson or the Field Coordinator if any changes do occur.

[ ] By checking this box, I report that I **have been** convicted of an offense or have a Child Abuse history on my clearance sheets. For such offenses, specify in the space below the crime for which you have been convicted:

________________________________________________________________________________

________________________________________________________________________________

(Optional) Please share any other applicable information below. You will have the opportunity to discuss this further in your Professional Readiness Assessment interview.

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

[ ] I understand that failure to notify Department Chairperson, BSW Coordinator, or the Field Coordinator of any changes that may adversely affect my clearances may impact my Professional Readiness Assessment application and acceptance in Social Work program for field placement.

_________________________  ____________________________  ____________________________
Signature of Applicant      Date

(*) Please note that this form must be attached to the Child Abuse, FBI and PA Criminal Clearance forms and will be kept in your departmental file.

Office Use Only:  
Date Received:    
Received by:  