

**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:

Required Related courses completed/in progress (semester completed/in progress and grade):

Course	Semester Taken	Grade
BIO 204/BIO 1*4		
GOVT 111/112		
PSYCH 100		
SOCY 101, 210, 211		

Office Use Only:

Date Received: _____
Received by: _____

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

CLEARANCE SUBMISSION ATTACHMENT

Last Name (please print)	First Name	M.I.	MU ID #
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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.

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