CalSWEC
California Social Work Education Center

INTEGRATED BEHAVIORAL HEALTH PROGRAM
STUDENT PLACEMENT VERIFICATION FORM

Please complete and submit this form to the CalSWEC Integrated Behavioral Health Program as soon as you have confirmed your field placement for the academic year during which you will receive the MHSA stipend with both your school and your placement agency. If your placement site changes after you have submitted this form, you will need to submit a new form documenting the new placement site.

Please scan and email the completed, signed form to calswec_ibh@berkeley.edu. To capture the form image with a mobile device, use CamScanner or a similar application to ensure readability. Questions? Email the IBH Program at calswec_ibh@berkeley.edu.

STUDENT INFORMATION

Name _____
First **Last** **Previous (if any)**

School _____

PLACEMENT INFORMATION

Agency Name _____

County in which Agency is Located _____

Type of Agency:

County-Operated Mental Health/Behavioral Health Agency _____

Community-Based Organization Contracted with a County Mental Health/Behavioral Health Agency _____

Other _____

Placement Start Date ____/____/____

_____
Field Placement Supervisor's Name, License and Job Title

_____
Field Placement Supervisor's Email Address **Supervisor's Phone Number**

_____
Student's Signature **Date**

_____
Campus Stipend Program Coordinator's Signature **Date**

Revised May 2017