



UNIVERSITY OF CENTRAL FLORIDA
School of Social Work

**Certificate of Participation for
Field Instructors and Task Supervisors**

In recognition of the service given by agency supervisors to students under their supervision enrolled in field education, the School of Social Work is authorized to issue a **Certificate of Participation** by the State University System of Florida. The certificate entitles the holder to waive matriculation fees at **any** State university for up to **six** credit hours, but applies for one semester only regardless of the number of credit hours registered for.

- Certificates are not transferable – they can only be used to waive partial costs for the individual named on the Certificate.
- Agency supervisors can only earn one Certificate per academic term regardless of how many students are supervised. The agency supervisor requesting the tuition waiver must have supervised a minimum of 300 hours of the student’s internship.
- Only one Certificate is issued per student placement, regardless if the student’s internship spans one, two, or three semesters. Certificates cannot be processed until the student’s internship has been completed.
- The MSW/BSW Field Instructor has first priority for the Certificate. If this individual does not wish to request the Certificate, she or he may offer the form requesting the Certificate to a task supervisor. The task supervisor, however, must (1) be a supervisor of record, (2) have actively participated in the entirety of the student's internship, and (3) have contributed to the student's evaluations as indicated by their signature on the evaluation forms.
- **Certificates can take up to a semester to process and cannot be used to pay for courses until the Certificate has been issued.**
- **Certificates are valid for 36 months from the date of issue.** The expiration date is indicated on the Certificate itself.
- Recipients are responsible for keeping these Certificates in their possession. **Lost or misplaced Certificates cannot be re-issued.**

REQUEST FOR CERTIFICATE OF PARTICIPATION

Supervisor Name: _____ Title: _____

Agency Name: _____

Social Security # (required): _____ Phone: _____

Mailing Address: _____

Student's Name: _____ Student's Program: [] BSW [] MSW

Dates of Supervision: Start Date: _____ End Date: _____
Month / Day / Year Month / Day / Year

My signature certifies that I actively participated in the above-named student's supervision and contributed to the student's evaluations as indicated by my signature on the student's evaluation forms.

Supervisor Signature: _____

NOTE: *Certificates cannot be processed until the student’s internship has been completed; requests received before the end of the student’s internship will be held until the end of the semester. This form must be returned **no later than two weeks after the last day of field placement.** Requests received after the two week period will be denied.*

Return the completed form to Field Education Office, UCF School of Social Work, PO Box 163358, Orlando, FL 32816-3358 or Fax : 407-823-5697