

ODHS MANAGEMENT TEAM PSU/CWEP APPLICANT APPROVAL FORM

This form must be completed for any applicant who is a current employee of ODHS and wishes to participate in the Child Welfare Education Program (CWEP).

Applicant Name OR Number Date

Applicant is applying for (check one): BSW MSW MSW and CRL program

**Applicants employed by ODHS Self Sufficiency are considered a recruit, and, upon graduation, the applicant must obtain an eligible position with the Child Welfare Program in order to use work as a payback option.

Supervisor

The above-named applicant is applying for participation in the Child Welfare Partnership's Child Welfare Education Program. The applicant has discussed the individual application process, their readiness for balancing school and work, and the need for their supervisor's support for up to 3 years to accomplish this goal of furthering their education.

As the assigned supervisor of this individual, I confirm that the applicant's employment status is in good- standing and the applicant has worked for ODHS for a minimum of two years at the time of application.

Supervisor's Signature Date

Management Team

We are aware that participation in the PSU CWEP requires the applicant to complete the following:

- Field Placement – Sixteen (16) hours per week for eighteen (18) months (MSW)
- Internship – varies per program (BSW and MSW)
- 8 to 12 hours of class per week
- Assigned supervisors and management team acknowledge their responsibility to be informed of the student’s responsibilities, if accepted into the program.
- Upon the acceptance of the employee into the CWEP, the management team understands that it is its responsibility to work directly with the employee to support her/his efforts in school and in the BSW/MSW practicum requirements as outlined in the student agreement (contact [Laurie Leasure](#) for a copy).

Program Manager	Printed Name	Program Manager's Signature	Date
-----------------	--------------	-----------------------------	------

District Manager-Printed Name	District Manager's Signature	Date
-------------------------------	------------------------------	------

Branch/Office	Phone Number
---------------	--------------