

Pupil Personnel Services Credential IN SCHOOL SOCIAL WORK PROGRAM



Declaration of Intent for Current Master in Social Work Students

Current Master in Social Work (MSW) students interested in earning the Pupil Personnel Services Credential must successfully complete the degree requirements for the MSW and the Pupil Personnel Services Credential in School Social Work program (PPSC in SSW program) concurrently. This includes Advanced Standing student applicants to the MSW degree program.

The MSW degree program at Sacramento State is fully accredited by the Council on Social Work Education and the PPSC in SSW program is fully accredited under the California Commission on Teacher Credentialing, therefore, are subject to the rights and responsibilities of programs so accredited.

MSW students and Advanced Standing applicants to the PPSC in SSW program must successfully complete all of the following requirements in order to be approved as eligible to apply for the PPSC in SSW program certification.

PPSC in SSW Program Requirements

- SWRK 238A: Issues & Practice in Schools
- SWRK 238B: Issues & Practice in Schools
- SWRK 295C: Field Instruction for MSW and Advanced Standing MSW students
- SWRK 295D: Field Instruction for MSW and Advanced Standing MSW students
- Meet the Basic Skills Requirement (such as passing the California Basic Education Services Test or CBEST)
- Certificate of Clearance – Criminal Background Check (required prior to beginning PPSC in SSW program field instruction)

Application Instructions

All current MSW students interested in the PPSC in SSW program must complete this form, write a Personal Statement of Interest and contact Dr. Dale Russell, MSW Coordinator, to schedule an advising appointment at 916.278.7170 or drussell@csus.edu. Please email this form and Personal Statement of Interest to drussell@csus.edu. Once you have been approved to participate in the PPSC in SSW program, you will receive an email from Suzi Byrd, program coordinator at the College of Continuing Education, with further information including registration.

Applicant Information

Name: (Last) (First) (Middle)

(Other Names) Student ID Date of Birth

Home Address: (Street) (City) (State) (Zip)

Home Phone Work Phone Cell Phone

E-mail:

Questions should be directed to Dr. Dale Russell at:
Phone: 916.278.7170 **E-mail:** drussell@csus.edu