

## Commitment Letter

Date: \_\_\_\_\_

I, \_\_\_\_\_ (print name), am eager to gain skills in healthcare service delivery for children, adolescents, adults and their families and to join the social work healthcare workforce upon graduation. If I am accepted into the University of Maryland Social Work Healthcare Education and Leadership Scholars (UM-HEALS) program, I commit to the following actions:

### Initials    Commitment:

- \_\_\_\_\_
- (1) I will **accept a Field Placement assignment with an approved HEALS Field Agency** where I will be providing healthcare service delivery to children, adolescents, and/or adults and their families within an interprofessional team environment.
- \_\_\_\_\_
- (2) I will (a) **complete the required coursework** for the Health specialization to build my practice skills (MSW students only), (b) **participate in the monthly mentor sessions** with Dr. Bellin and with my UM-HEALS colleagues, (c) **complete a minimum of one interprofessional education (IPE) opportunity,\*\*** (d) **attend a semi-annual seminar** with an invited speaker and roundtable discussion on an emerging topic in health social work practice, and (e) **attend a 1.5 day health care social work education and policy event** in Washington, DC.
- \_\_\_\_\_
- (3) Upon graduation and completion of the HEALS programs, I will **pursue employment opportunities that allow me to deliver healthcare services to children, adolescents, and/or adults and their families.**

\*\*IPE opportunities include: (1) President's Clinic, (2) Interprofessional Patient Management Competition, (3) 1-credit Interprofessional Approaches to Healthcare course, (4) 3-credit Interprofessional Approaches to the Critical Ill Patient, or (5) annual campus IPE Day.

I understand that in exchange for participating in the UM-HEALS program, I will receive \$5,500, with \$4,000 of that amount in stipend funds and \$1,500 of it in travel support to attend the policy and education event.

My signature below confirms that I understand and am committed to full participation in the UM HEALS program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date