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