**UM-HEALS Student Application**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Student @ ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please identify your status: \_\_\_\_\_\_\_\_BSW student \_\_\_\_\_\_\_\_\_MSW advanced student

2. Have you been accepted into another training program such as BHWISE Scholars?

🞎 Yes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please name)

🞎 No

3. If known, where is your field placement for the 2020-2021 academic year and briefly describe anticipated responsibilities:

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4. Please initial below to signify your permission for use of your personal data as follows:

\_\_\_\_\_ UM-HEALS Faculty can access my field education application and resume to evaluate my HEALS candidacy.

\_\_\_\_\_ My application materials can be included in local and national evaluation efforts to classify and report characteristics of program applicants and enrollees.

\_\_\_\_\_ I am willing to be contacted again for future UM- HEALS evaluation efforts.

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Signature Date

Be sure you have submitted all the required application materials identified below by **May 15, 2020** MSW HEALS applications are to be emailed to Dr. Melissa Bellin ([mbellin@ssw.umaryland.edu](mailto:mbellin@ssw.umaryland.edu)); BSW HEALS applications are to be emailed to Dr. Carolyn Tice (tice@umbc.edu).

* This one-page HEALS Student Application
* HEALS Commitment Letter
* Field Instructor Reference (MSW HEALS applicants only)
  + MSW field Instructor should email this reference form directly to Dr. Melissa Bellin at mbellin@ssw.umaryland.edu;
* 2-3 page letter describing your interest and experience in healthcare including interprofessional team practice, care/transition coordination, family-centered engagement, and service delivery to vulnerable health populations.