**Substance Use Disorder Intervention Fellowship (SUDIF)**

**Commitment Letter**

I, Click or tap here to enter text. (print name), am eager to gain skills in behavioral health practice and to join the behavioral health workforce, providing care to vulnerable and underserved populations, particularly individuals impacted by SUDs, upon graduation. If I am accepted into the Behavioral Health Workforce Integration Service and Education (BHWISE)--Substance Use Disorder Interventions Fellowship (SUDIF) program, I commit to the following actions:

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| **Initials** | **Commitment:** |
|  | **I will complete two consecutive years of field experience**. I understand that my foundation year may be a generalist placement and my advanced year will be at an approved SUDIF Field Agency, where I am providing clinical behavioral health services with an emphasis on substance use disorder treatment. |
| **\_\_\_\_\_\_** | I will **complete all required coursework** for SUDIF fellows as well as **actively participate in MANDATORY monthly training sessions and seminars**. |
|  | Upon graduation from UM School of Social Work and completion of the BHWISE-SUDIF Fellowship, I will **pursue employment opportunities** that allow me to practice behavioral health in settings serving individuals impacted by substance use disorders. I understand that if I do not fulfill my two-year employment agreement after graduation, I will owe a portion or the full amount of the stipend received from BHWISE-SUDIF.  Upon graduation, **I will pursue licensure (LMSW)** according to the timeline outlined in the fellowship contract. |
|  | During my time in the program, as well as when I become a SUDIF graduate, I am willing to **participate in any data collection or evaluation efforts** to provide input on the program’s impact. This may include surveys or focus groups. I also agree to have my course grades, course evaluations, field evaluations, and other academic records shared with the BHWISE--SUDIF evaluation team.  **I understand that if I do not fulfill all requirements outlined in the SUDIF contract, I will owe a portion or the full amount of the stipend received from BHWISE-SUDIF** |

I understand that in exchange for participating in the BHWISE--SUDIF program, I will receive a $12,000 stipend during my foundation year placement and a $16,000 stipend during my advanced year placement. I also understand that the stipend may impact my financial aid award.

My signature below confirms that I understand and agree to all of the above and am committed to full participation in the BHWISE--SUDIF program.

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Signature Date