

Name (Last, First, MI) _____



Behavioral Health Workforce Education Training (BHWET) Scholars Program

Benefits

- Students accepted into the BHWET scholars program will receive enriched education, training and career development opportunities, focused on Interprofessional development
- Masters-level students receive an annual stipend of \$10,000; doctoral-level students receive an annual stipend of \$28,352.

Who should apply

- Psychiatric Mental Health Nurse Practitioner, Social Work, Mental Health Counseling or Rehabilitation Counseling students interested in clinical practice working with behavioral health and addiction services in an integrated health setting.

Eligibility

- Full-time Psychiatric Mental Health Nurse Practitioner, Social Work, Mental Health Counseling, Rehabilitation Counseling student entering their last year of clinical or field practicum and in good standing (as defined by the respective program)
- U.S. citizen, non-citizen national or foreign national with a visa permitting permanent residence.

Requirements

- Maintain a full-time course load and good academic standing in your appropriate school and fulfill predetermined requirements for your program.
- Complete the enhanced training program on behavioral health.
- Commit to seeking employment related to behavioral health in rural, vulnerable, or underserved communities following graduation.
- Commit to providing contact and employment information following graduation.
- Complete a competitive BHWET scholars' program application process.

Application Process

1. Return this **completed form, required statement** and **one copy of your resume** by the application deadline of December 31st, 2017 to your coordinator (see below) or their designee.
2. The Selection Committee will review applications, select candidates for interviews, and notify all applicants of final decisions.

Contact Information

Counseling Faculty Coordinator

Dr. Tim Janikowski
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Buffalo, NY 14260
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Nursing Faculty Coordinator

Dr. Lorelee Sessanna
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Social Work Faculty Coordinator

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Project Coordinator:

Joshua Altemoos
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Name (Last, First, MI) _____

2017 – 2018 BHWET Scholars Application

Name: _____

UB Person Number _____

Mailing Address _____

City/State/Zip _____

Cell Phone _____ Home Phone _____

Email: _____

Which program are you in?

_____ Psychiatric Mental Health Nurse Practitioner (DNP)

_____ Social Work (MSW)

_____ Mental Health Counseling (MS)

_____ Rehabilitation Counseling (MS)

This program seeks a diversity of participants. Your responses to the questions below are optional. Confidentiality will be maintained, and demographic information will be reported in aggregate only. If selected, any required information will be collected at intake.

What is your biological sex?

Male _____ Female _____ Do Not Wish to Provide _____

What is your gender identity?

Male _____ Female _____ Transgender _____

Other (please specify) _____

What is your date of birth? _____

What is your ethnicity? _____ American Indian or Alaskan Native

_____ Asian specify _____

_____ Black or African American

Name (Last, First, MI) _____

_____ Native Hawaiian or Pacific

_____ White

Are you Hispanic/Latino No _____ Yes _____

What languages other than English do you speak? _____

Do you come from an economically and/or educationally disadvantaged environment?

No _____ Yes _____

Are you from a rural area? No _____ Yes _____

Are you a veteran? No _____ Active Duty _____

Reservist _____ Veteran – Prior Service _____ Veteran - Retired _____

Please provide and attach a succinct statement (approximately 750 words) describing your:

- Career Goals
- The attitudes, experiences, and skills that you will bring to this project
- The desire to develop skills for interprofessional practice in behavioral health
- Interest in working with integrated care, substance abuse and addiction
- Interest in learning evidence-based interventions and culturally sensitive practice
- Any barriers that you may have in participating in project activities

This project is supported by funds from the Health Resources and Services Administration (HRSA), Bureau of Health Workforce (BHW) and Division of Nursing and Public Health (DNPH) under grant number M01HP31333 of the Behavioral Health Workforce and Education Training (BHWET) program.

By submitting this request, I authorize and grant permission to my academic unit or its representatives involved with the fellowship award process, to obtain and examine my academic transcript, letters of recommendation, and resume, for the purpose of applying for fellowship awards, as well ensuring continued eligibility, should I be selected. I understand that not all applicants will be awarded a fellowship, as there are limited fellowship funds available.

Signature _____

Date _____