ASU HEALS Commitment Letter

Date: ______________________

I, ___________________________, (print name), am eager to gain skills in healthcare service delivery across the life span and to join the social work healthcare workforce upon graduation. If I am accepted into the Arizona State University Social Work Healthcare Education and Leadership Scholars (ASU 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 within an interprofessional team environment.

2. **For both BSW and MSW students:** I will: a) participate in a special project as arranged by the HEALS Program Coordinator that focuses on community engagement related to health, b) participate in monthly HEALS program gatherings, c) attend a minimum of two interprofessional education (IPE) activities, d) complete 40 hours of volunteer work at the Westward Ho (Phoenix students) or St. Luke’s Home (Tucson students), and e) participate in a 1.5-day health care social work education and policy event in Washington, DC.

3. **For MSW students only:** I will a) complete the required coursework for the Health specialization (i.e. SWG 603, SWG 606, SWG 604…etc.), and b) complete the required Capstone presentation and paper in SWG 621 using a health care client example and a health-related social work intervention.

4. **For BSW students only:** I will complete SWU 498 *Introduction to Health Care Practice*.

5. 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.

I understand that in exchange for participating in the ASU 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 ASU HEALS program.

_________________________________   _____________________
Signature       Date