



CENTER FOR  
**HEALTHY COMMUNITIES**

at Salisbury University

## SUDWE Commitment Letter

I, \_\_\_\_\_ (print name), am eager to gain skills in substance use treatment and integrated behavioral health practice and to join the behavioral health workforce, providing care to vulnerable and underserved populations upon graduation. If I am accepted into the SUDWE Fellowship program, I commit to the following actions:

- | Initials | Commitment:  |
|----------|--|
| _____    | (1) I will complete my <b>assigned advance field placement at an approved field agency</b> , where I am providing clinical behavioral health services which must include work with individuals receiving treatment for substance use disorders.  |
| _____    | (2) I will <b>complete all required coursework and training requirements</b> for SUDWE trainees, including monthly field seminars. I will also receive opportunities for additional training in integrated behavioral health and interprofessional practice through SUDWE program.         |
| _____    | (3) Upon graduation from SU Master of Social Work program and completion of the SUDWE Fellowship, <b>I will pursue employment opportunities in the State of Maryland</b> practicing integrated behavioral health, especially in settings providing evidence-based substance use treatment. |
| _____    | (4) During my time in the program as well as a SUDWE graduate, <b>I will participate in any data collection or evaluation efforts</b> to provide input on the program's impact, <b>including demographic information</b> . This may include surveys and/or focus groups.                   |
| _____    | (5) I also agree to have my course grades, course evaluations, field evaluations, and other academic records shared with the SUDWE evaluation team.  |

I understand that in exchange for participating in the SUDWE program, I will receive a \$15,000 stipend during my advanced year placement, in two disbursements. I also recognize that the stipend may impact my financial aid award and that the stipend is contingent upon adequate grant funding. Failure to adhere to the commitments above could result in partial or full stipend loss.

I will also receive opportunities for additional training in integrated behavioral health and interprofessional practice through the SUDWE program.

My signature below confirms that I understand and am committed to full participation in the SUDWE program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date