UNIVERSITØF NEVADA, LAS VEGAS, SCIØØSOCIAL WORK MASTER OF SOCIAL/ORKPROGRAM

Integrated Behavioral Healthcare Scholarship Program Application

The purpose of the Integrated Behavioral Healthcare Scholarship Program is to expand and enhance the education and training of master of social work students enrolled in their final year of practicum. Applicantsmust have an interest in working in an integrated behavioral healthcare setting with populations who are at risk for or who have developed a recognized behavioral or mental health disorder as well as presents with primary healthcarefneeds. selected, applicants will receive a scholarship of \$4,000 for their final fall and spring semesters, and be required to excel in an advanced year practicum in an integrated behavioral healthcare setting the invarious required workshops, activities, and fall and spring courses that will support their clinical experiential learning. d }apply for the scholarship, applicants must have completed and or enrolled in their foundation or setting.

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Integrated Behavioral Healthcare

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Integrated BehavioraHealthcare ScholarshipProgramApplication

STUDENCOMMITMENTETTERORFIELDPLACEMEN(Continued)

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UNIVERSITØFNEVADALASVEGASSCHOOOFSOCIAWORK MASTER OF SOCIAL WORK PROGRAM Integrated Behavioral Healthcare ScholarshipProgramReferenceForm

REFEREN MEDISTBEFROM BSWSENIOR EARORMSWFOUNDATIONEAR PRACTICUM GENCHFIELDINSTRUCTOR	
Name of Student: Phone E Practicum Site:	mail:
Dates of Practicum Placement:	
Name of Agency Field Instructor: Phone: E Dates of Practicum Placement:	mail:
I hereby waive my right of access to the information in this recommendation.	I do not waive my right of access to tméormation in this recommendation.
Signature of Applicant Date	Signature of Applicant Date
We appreciateyour assistancen helpingus determinethe • š µ healthcareservices Acces sto this reference form is	vsšvitability for a practicum focused on integrated behavioral

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Integrated Behavioral Healthcare ScholarshipProgramReferenceForm(continued)

- II. Pleaserespondto the following questions:
 - A. What is your opinion/assessment the ‰‰ o] skillsšą́nd ability to work with populations facing behavioral or mental health challenges?
 - B. What is your opinion/assessment of the ‰‰ o]skillsån dability to work with diverse populations and/or in crossultural settings?
- III. Would you recommend this applicant for a practicum in arintegrated behavioral health care setting working with at-risk populations who are at risk for or who haved eveloped behavioral or mental health disorder? Please circle either:

Yes or No

If you circledno, pleaseexplainyour answer.

Pleasættachanyadditionalinformationthat youbelievewould help in determining the ‰‰ o]abilitý [• to be an active participant in this program.

Thankyou for taking the time to complete this reference form. Pleases ignand date this form and return to the student or deliver it to the School of Social Work per instructionso

UNIVERSITØFNEVADALASVEGASSCHOODFSOCIALWORK MASTER OF SOCIAL WORK PROGRAM Integrated Behavioral Healthcare ScholarshipProgramReferenceForm

REFEREN ®E JSTBEFROMASOCIAWORKFACULTMEMBEN Name of Student: Phone: Email: Social Work Faculty: Course Enrolled:	RATUNLVORANYOTHERSCHOODFSOCIALVORK
I hereby waive my right of access to the information in this recommendation.	I do not waive my right of access to the information in this recommendation.
Signature of Applicant Date	Signature of Applicant Date
We appreciate your assistance in helping us determine the $ \bullet \check{s} \mu$	vsšuitabilityfor a practicumfocusedon integrated behavioral

healthcareservicesAccesto this referenceform is restricted to appropriate faculty and to the student unless he/hehas waived š Z 0E] P Z š • •] v] š } À X W o • •••• š Z ‰ ‰ o] v š [• ‰ prāģtāce p schoļa cashipš Z u •š 0E

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IntegratedBehavioralHealthcare ScholarshipProgramReferenceForm(continuedfor SocialWork

BY : h E I U PLEASELIVEROR MAIL THE COMPLETED APPLICATION TO:

Universityof Nevada, Las Vegas Schoolof Social Work 4505 Maryland Parkway, Box 455032 LasVegas,Nevada 89154-5032 Attn: Natasha Mosby, Project Coordinator vš•ZXu}•Ç~µvoÀXµ

If you have any questionor concerns, please contact:

Natasha Mosby, LCSW Project Coordinator Behavioral Health Workforce Education and Training Project <u>Natasha.mosby@unlv.e</u>du Phone: (702) 895-3312 Fax: (702) 895-0100