**Baylor University Primary Care Clinical Social Work Fellowship Program Application**

Included in the fellowship:

* Two years of funded clinical supervision provided by a clinical social worker (LCSW-S) with extensive practice experience in primary care behavioral health
* Access to clinical supervision curriculum developed over the past 5 years by Baylor faculty, focused on clinical practice in interprofessional healthcare teams
* Supervision hosted in groups of 2-4, virtually, permitting fellows to attend from their current location
* One-on-one supervision via online meeting one time per quarter
* Consultation with Baylor School of Social Work faculty, Becky Bell Scott, Ph.D., on how to maximize the role of the LMSW in primary care while in clinical supervision
* Evaluation plan of the clinical skill development of the fellow, created by Baylor faculty, Sungseek Moon, Ph.D. and Becky Bell Scott, Ph.D.
* On-going feedback and customized learning plan for the clinical fellow, supporting the career development for the role of behavioral health professional in primary care
* **Stipend paid to the clinical fellow, as compensation for participating in all evaluation sessions and surveys**

Qualification and Requirements of the Fellow:

* Currently licensed as LMSW in the state of Texas
* Currently employed in a social work role and/or behavioral health role in a primary care organization in Texas
* Ability to participate in two web-based, 2-hour supervision sessions per month (time TBD)
* Ability to participate in a 30-to-60-minute one-on-one supervision session per quarter
* Ability to participate in 4-hour evaluation sessions, 3 times per year (to be scheduled in consultation with the participants)
* Written acknowledgement from current employer that you are permitted to participate in clinical supervision
* Completion of occasional surveys and or feedback opportunities for program evaluation
* Maintain employment with a primary care providing organization in Texas
* Maintain requirements of clinical supervision as outlined in the Texas Code and as “contracted” with your clinical supervisor

We will give priority to organizations who have more than one LMSW eligible for participation. In that case the ideal organizational participant is:

* Primary care organization that currently employs LMSWs with the hope or intent of training them to become billable behavioral health providers in the clinic
* Primary care organizations that support the career development of their social work staff through the development of their clinical knowledge and skill
* Primary care organizations in one of the following:
  + medically underserved or rural area
  + in the Dallas metropolitan area
  + and/or a federally qualified health center
* Organizational willingness to provide current job description to the Fellowship program
* Organizational willingness to provide written permission for supervisee to participate in clinical supervision with Baylor University Primary Care Clinical Social Work Fellowship Program

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list what your current licensure is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date you obtained your current license:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State of licensure:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ License number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of current employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title of current job:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please describe your current social work role. Please include to what degree you work with medical professionals, other healthcare disciplines and if this is collocated work or team-based work. Please describe to what degree you engage in mental and/or behavioral health related tasks:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Are you currently or have you ever been in clinical supervision (the answer “yes” does not disqualify you from the fellowship)? If so, please list the name of supervisor and the dates during which you received supervision. Please explain if you hope to complete two total years of clinical supervision in this fellowship and if not, how many total months of supervision you are hoping to receive.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If invited into the clinical fellowship will you be able to secure a letter from your HR department that indicates you have “permission” to participate in clinical supervision with Baylor? \_\_\_\_\_\_\_\_

If you are invited into the clinical fellowship will you be able to do the following:

* Attend 2-hour clinical supervision sessions per month: **yes/no**
* Prepare for those clinical supervision sessions as needed: **yes/no**
* Meet with the clinical supervision for 30-45 minutes one time every 3 months for a one-on-one check-in: **yes/no**
* Attend a 3-4 hour evaluation session every 4 months (in addition to the clinical supervision sessions. During this session, you will complete skills demonstration activities to allow us to further customize our teaching and training for you in the clinical supervision group): **yes/no**
* Prepare for the evaluation session to complete tasks such as: list diagnostic criteria of specific diagnostic classifications (will be told which ones ahead of time): complete case studies; practice briefing a doctor about a patient in a role play (all evaluation activities will be outlined ahead of time – no surprises): **Yes/no**