



Ohio Great Minds Fellowship Agreement

STUDENT COMMITMENT LETTER FOR COMMUNITY BEHAVIORAL HEALTH CENTER PLACEMENT

I, _____ (Student Name) have been selected by
 _____ (College/University) to receive funding for my participation in and satisfactory completion of the pre- and post-graduation Ohio Great Minds Fellowship program. My field placement will be in a home and community based behavioral healthcare setting, and it will be a prerequisite for graduation with degree. By signing this letter, I herein commit to completing a field placement working directly with home and community-based healthcare providers. My field placement will involve experiential training that offers participation in established interprofessional and integrated health teams.

Eligibility

I attest that I am an Ohio resident who is within two years of graduating with a degree or certificate in Social Work, Marriage and Family Therapy, Mental Health Counseling, Psychiatric/Mental Health Nursing, and Substance Abuse/Addiction Counseling at one of Ohio's two- and four-year colleges and universities.

 Initials

Program details

A student pursuing a degree or certificate in a behavioral health field will be eligible for up to \$10,000 total during their undergraduate and graduate studies and up to an additional \$5,000 post-graduation in recruitment and retention bonuses for obtaining employment in a community behavioral health center (CBHC) in Ohio.

Allowable use of funds:

- Pre-graduation:
 - paid internship(s) at a participating CBHC,
 - cost of license or certification preparation course
 - cost of license or certification examination and fees
 - Other costs related to the degree or certificate _____



In consideration for the receipt of the Ohio Great Minds Fellowship funds, I agree to or attest that the following terms are true:

1. I agree to complete my entire internship(s) at a qualifying CBHC.
2. Upon graduation, (insert specific timeline) I agree to work at a qualifying CBHC for one year.
3. I agree to the allowable use of funds as outlined.
4. I agree that if I fail to complete the internship and or the commitment of post graduate work, I may be required to return the funds to the state.
5. Should I withdraw from the academic program (or if I am involuntarily withdrawn) prior to my projected graduation date, I may forfeit a portion of my funds or I may be required to repay a prorated portion of my fellowship.

Student Name

Signature

Date

Authorized College / University Representative