**Equitable Care Collaborative:**

***Behavioral Health Internship Pipeline Program (BHIPP)***

**Cover Sheet**

*Please submit all completed Cover Sheets to* [*eprice@massleague.org*](mailto:eprice@massleague.org) *by May 24, 2024, at 5:00pm EST.*

**Date of Submission**

## Name of Organization

Organization Address

**Primary Application Contact**

E-Mail Address

**Selected Student Intern**

E-Mail Address

**Organization CEO/Equivalent**

E-Mail Address

**Organization CFO/Equivalent**

E-Mail Address

**Behavioral Health Director**

E-Mail Address

**Student Type**

Social Work

Mental Health Counselor

Marriage and Family Therapist

Doctoral Psychology Student

Internship Start Date

Internship End Date

|  |
| --- |
| **LETTER OF SUPPORT (limit to 500 words)****: Please provide a brief summary of the selected student’s strengths and how they will support behavioral health care delivery for the diverse population of patients at your health center and/or help create a more diverse behavioral health workforce. Please include any intention that will be made to hire your identified intern post the completion of their internship.** |

**CEO/Executive Director**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Behavioral Health Director**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_**

***By signing this Cover Sheet, you agree to release the intern, if awarded, from any clinical duties in order to attend the Learning Community Sessions provided through this program.***