**Mount Sinai Beth Israel Social Work Fellowship Application**

1. Attach current curriculum vitae
2. If currently licensed, attach a copy of your state license to practice social work
3. Submit three letters of reference, preferably from a social worker, nurse and physician with whom you have worked.
4. Enclose a professional statement (one page or less) describing your current involvement with palliative and end-of-life care, and your plan for integrating the knowledge and experience from the fellowship training into your future work.
5. Submit completed application by **Friday, March 13, 2020.**

Name (Last) First

Address Telephone number

Fax number Email address

Institution Title

Please list any palliative, pain or end-of-life programs attended or given in the past 5 years.

Program Year

Honors, Awards, Honorary Societies (if not included in CV)

Publications (if not included in CV)

Participation in social work research (if not included in CV)

Social Work Licensure (if acquired)

State License number

Date of Issue Date of Expiration

Please answer yes/no to the following questions:

Are there currently any pending investigations into, or have you ever voluntarily relinquished your clinical license?

Are you currently 18 years of age or older?

Are you currently employed with an affiliated entity or site within the Mount Sinai Health System? (Mount Sinai Brooklyn, Mount Sinai Downtown-Beth Israel, Mount Sinai Downtown-Chelsea Center, Mount Sinai-New York Eye & Ear Infirmary, Mount Sinai-Stuyvesant Town, Mount Sinai Downtown-Union Square, Mount Sinai Health Partners, Mount Sinai Hospital, Mount Sinai St. Luke's, Mount Sinai Queens, Mount Sinai West (formerly Mount Sinai Roosevelt), and Icahn School of Medicine)

Are you legally authorized to work in the United States?

*I declare that the information contained in this application is correct and complete to the best of my knowledge and belief. I understand that Mt Sinai Beth Israel may request additional information from the above-named institutions regarding my candidacy. I understand that misrepresentation of facts called for on this application will be cause for rejection of the application or dismissal after training commences.*

Signature Date

**Applications, letters of reference, and all correspondence should be emailed to:**

Jennifer DiBiase, LCSW-R

Palliative Care Social Work Manager

Mount Sinai Beth Israel  
Jennifer.DiBiase@mountsinai.org

Office: 212-844-1777  
Fax: 212-844-1503