

**Equitable Care Collaborative:
Behavioral Health Internship Pipeline Program (BHIPP)
Cover Sheet**

Please submit all completed Cover Sheets to 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.