****

**Psychiatric-Mental Health Nurse Practitioner**

 **Student Stipend**

**Due May 31, 2019**

**Purpose**

The ***Psychiatric-Mental Health Nurse Practitioner Student Stipend* i**s financial assistance that is provided to students pursuing their MS degree or post-master’s certificate as a Psychiatric-Mental Health Nurse Practitioner (PMHNP). Stipend recipients agree to work as a PMHNPin publicly funded community mental health services in California after graduation. Stipend recipients sign an agreement requiring them to be employed upon graduation in the public mental health system for a period of one calendar year for each academic year they receive a stipend. Graduates who do not meet these terms will be required to pay back the stipend.

Funding for the stipends is provided through the Mental Health Services Act, which was approved by California voters as Proposition 63. This act promotes the development and implementation of client- and family-driven, integrated, culturally competent, and recovery/resiliency-oriented mental health services. More information about the MHSA, including the text of the Act, can be found at [MHSA website](http://mentalhealthsf.org/about-us/mhsa/).

**Support**

The ***Psychiatric-Mental Health Nurse Practitioner Student Stipend*** provides a maximum award of $18,500 for an academic year, which will be received in the form of a fee offset. Awardees will receive stipend payments that are applied to their student fees each quarter. The stipend can be received for only one year.

**Eligibility**

People who have been accepted to or are currently enrolled in MS or post-master’s certificate tracks preparing graduates for PMHNP roles are eligible to apply for these stipends. The program has funding for up to 24 stipends this year, and preference will be given to those who:

* Have demonstrated a commitment to working in public mental health;
* Can address the cultural diversity needs of recipients of public mental health, with emphasis on underserved communities;
* Have client and/or personal or family member experience in the public mental health system;
* Will deliver public mental health services that promote wellness, recovery, and resilience; and
* Are currently employed in the public mental health system and provide a statement of support from the agency executive describing plans to employ them after graduation in an appropriate community public mental health position.

**Responsibilities**

If you are granted a Psychiatric-Mental Health Nurse Practitioner Student Stipend, you must:

* Sign a binding agreement to maintain employment as a PMHNP in a qualifying public mental health agency for a minimum of one year ~~the number of~~ ~~years that you have received stipend suppor~~t. If this service requirement is not met, recipients are required to pay back stipend funds;
* Maintain a GPA of at least 3.0 as well as satisfactory progress in the clinical portion of the program. Payment will begin after a minimum of one quarter of demonstrated successful progression; and
* Continue to provide information on employment status after period of payback service ends;

**Application and Submission**

* Download and fill out application from the School of Nursing [financial aid](http://nursing.ucsf.edu/admissions-financial-aid/financial_aid) webpage.

*Submit a hard copy of the completed application to:*

 ***PMHNP Student Stipend***

 *Attn:* Michele Keating

 Dept. of Community Health Systems, Box 0608
 2 Koret Way, San Francisco, CA  94143

*Or submit by e-mail to Michele Keating at* *michele.keating@ucsf.edu*

**Any further questions?**

**Deborah Johnson, DNP, PMHNP-BC** (415) 476-4172

deborah.johnson@ ucsf.edu

University of California, San Francisco
**School of Nursing**

**Psychiatric-Mental Health Nurse Practitioner Student Stipend**

*Application Form*

***(Please Print or Type)***

### ***Section A: Personal Information***

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| --- |
| *1. Full Legal Name* |
| *2. Program:* *□ Masters of Science in Nursing □ Post Masters* |
| *3. Current Mailing Address* |
| *4. Permanent Mailing Address* |
| *5. Permanent E-mail*  *(non-UCSF E-mail)* |
| 1. *Cell Phone*
 |
| 1. *Racial/Ethnic Background; please check:*

□ American Indian/Alaskan Native □ East Indian/Pakistani □ Pilipino/Filipino□ Black/African American □ Japanese/Japanese American □ Pacific Islander□ Chicano/Mexican American □ Korean/Korean American □ Other Asian□ Chinese/Chinese American □ Latino/Other Spanish American □ White/Caucasian□ Other, Please Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. *Are you a citizen of USA? (Please check):* □ Yes □ No

*If “No,” please indicate your Residency status and the length of anticipated stay in USA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| 1. *Are you fluent in languages other than English? If so, please note these languages and rate your level of fluency in each.*

4 = Native Speaker 3 = Excellent 2 = Good 1 = Limited ability |

#### ***Section B: History of experience in public mental health***

*This can include employment or volunteer work with county mental health services or community-based mental health programs. Both nursing and non-nursing experience may be included. Use additional pages if needed.*

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| *Organization/Location* | *Activity/Role* | *Dates/Frequency* |
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| *Organization/Location* | *Activity/Role* | *Dates/Frequency* |
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***Section C: Statement of career objectives. Describe relevant experience, philosophy of care and professional career objectives relevant to this application. Please refer to eligibility criteria on the information page. Priority will be given to applicants who reflect the MHSA values/commitment as outlined at*** [MHSA website](http://mentalhealthsf.org/about-us/mhsa/)***.***

This Office of Statewide Health Planning and Development (OSHPD), who funds your participation in this program, is administering this demographic survey. In efforts to evaluate the program’s effectiveness towards serving diverse populations, this survey aims to collect data on a wide range of demographics of our program participants. This survey is anonymous, and while it is also optional, OSHPD kindly requests your completion.

Before signing and submitting this application, please complete the following anonymous survey:

[County Stipend Demographics Survey 2019-2020](https://ucsf.co1.qualtrics.com/jfe/form/SV_a5UuCmY2iKRXQjz) or <https://ucsf.co1.qualtrics.com/jfe/form/SV_a5UuCmY2iKRXQjz>

|  |  |
| --- | --- |
| *Signature* | *Date* |
| *Print Full Name* |

***Please attach letter of support from qualifying public mental health agency, if applicable. Special consideration will be given to applicants who have secured a promise of employment from a qualifying agency after graduation.*** ***Return both pages of this application form by******Friday, May 31, 2019*** *to:*

**PMHNP Student Stipend**

Attn: Michele Keating, Dept. of Community Health Systems, Box 0608

2 Koret Way, N505, San Francisco, CA 94143-0608

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