SAMHSA MINORITY FELLOWSHIP PROGRAM
AMERICAN NURSES ASSOCIATION

ACADEMIC STATUS AND EMPLOYMENT DISCLOSURE FORM

SAMHSA MFP Fellows who work or plan to work while participating in the Clinical Training Program must complete, sign, and date this *Academic Status and Employment Disclosure form.* All Fellows are expected to be enrolled as full-time graduate students at respective academic institutions while receiving funding through the MFP. All graduate course work will be related to your field of study and relevant to your clinical training research. Please be aware that your MFP Fellowship award cannot be deferred for any reason.

1. Fellow's Name(*please print or type):*_____
2. Advisor's Name/Title: _____
3. Name of Academic Institution: _____
4. Advisor's Departmental Affiliation: _____
5. Please indicate the Basis upon which your University/College Functions:
   Semesters ☐ Trimesters ☐ Quarters ☐ Other ☐ *(specify):*_____

6. Please Indicate How your University/College Classifies Full-Time Graduate Course Load Requirements:

   Total Hours of Course Work_____
   Hours of Course Work Per Term (e.g. 9 hrs, 12 hrs, etc) _____
   Total Hours of Dissertation _____ Hours of Summer School _____

7. Please indicate the Number of Graduate Hours you are Enrolled this Semester
   Trimester ☐ Quarter ☐ Other *(specify):* _____

8. Please Indicate Intended Doctorate Degree: PhD ___ DNSc ☐ Other *(specify)*____

It is important that you understand that Fellows ***<u>can only work on a limited part time basis.</u>*** Fellows who plan to work part time must obtain written endorsement from his/her faculty advisor and final approval by the Executive Program Consultant at the SAMHSA MFP, American Nurses Association.

9. Name/Address of Employer: _____
   _____
   Office Phone Number: _____ E-mail:_____

10. When you Plan to Work: Day_____ Hours:_____

Signature of Fellow:_____ Date:_____

Signature of Advisor: _____ Date: _____

Signature of MFP Executive Consultant_____ Date: _____