

Social Work Fellowship in Palliative and End-of-Life Care

We offer a one year postgraduate Social Work Fellowship in palliative and end-of-life care at Mount Sinai Beth Israel through the Department of Geriatrics and Palliative Medicine. The training program provides experience in multidimensional assessment and interventions with patients and families, in multiple practice sites (an inpatient palliative care and hospice unit, inpatient consultation service and an ambulatory practice) along the continuum of serious illness. A focus on policy and education will be complemented by site visits to the Center for the Advancement of Palliative Care (CAPC). Supervision and consultation is provided by Jennifer Di Biase LCSW-R an experienced palliative social worker in collaboration with Terry Altilio LCSW.

Fellows participate in interdisciplinary rounds, case discussions, journal clubs, didactic conferences and departmental meetings with the focus on the multidimensional nature of palliative and end-of-life care integrating psychosocial, spiritual, cultural and ethical aspects, team and institutional dynamics. Fellows are expected to submit abstracts with the goal of presenting their work at a national conference. Learning is complemented by access to interdisciplinary experts and resources and quarterly didactic sessions led by Terry Altilio.

Designed to develop specialist clinicians, leaders, and mentors, the social work fellowship was established with a grant from the Open Society Institute Project on Death in America (PDIA) through their Social Work Leadership Award and receives ongoing generous support through the Barbara Zirinsky Fund. The program is offered on a full-time basis for one year and includes stipend and benefits.

Deadline for completed applications is **March 15, 2019** with fellowship year to begin July 1, 2019.
Please refer to attachment for the application.

For more information about the clinical goals, focus and details of the fellowship, please contact Jennifer DiBiase, LCSW-R.

Jennifer DiBiase, LCSW-R
Social Work Manager, Palliative Care
Mount Sinai Beth Israel
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New York, NY 10003
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Jennifer.DiBiase@mountsinai.org



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 15, 2019.**

Name (Last)	First
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Address	Telephone number
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Fax number	Email address
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Institution	Title
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Please list any palliative, pain or end-of-life programs attended or given in the past 5 years.

Program	Year
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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 addressed to:

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