

### Supervisor Support Letter

Both the applicant and the applicant's supervisor must initial each requirement and sign at the bottom of this letter to indicate that they understand and agree to the Adolescent Sexual Health Quality Improvement Fellowship participation requirements.

I, \_\_\_\_\_ (supervisor), support \_\_\_\_\_ (applicant) in pursuing the Adolescent Sexual Health Quality Improvement Fellowship and understand and agree to the following program requirements:

1. The fellow will attend all webinar-based and in-person trainings in their entirety and will actively participate in training discussions.

**Applicant initials** \_\_\_\_\_ **Supervisor Initials** \_\_\_\_\_

2. The fellow will dedicate approximately 12-16 hours per month of staff time to participating in fellowship activities, including attending all web-based and in-person training workshops, completing homework/prep-work, participating on regular QI coaching calls, and implementing all activities required for the planning and executing of their Final QI Project.

**Applicant initials** \_\_\_\_\_ **Supervisor Initials** \_\_\_\_\_

3. The fellow will complete a final clinical QI project where each fellow (or fellow team, if two or more fellows are participating from the same project area) will co-facilitate an adolescent sexual health-focused onsite QI event within a clinical setting in their local area, ideally a primary care clinic site (e.g., pediatric clinic, family practice clinic, community clinic, federally-qualified health center, etc.).

**Applicant initials** \_\_\_\_\_ **Supervisor Initials** \_\_\_\_\_

4. The fellow will work actively on planning their final project (with one-on-one coaching from the fellowship training team) between web-based and in-person training workshops.

**Applicant initials** \_\_\_\_\_ **Supervisor Initials** \_\_\_\_\_

5. The fellow will share what s/he has learned in the fellowship with leadership and colleagues at their home organization, such as via the provision of a training or presentation at a staff meeting.

**Applicant initials** \_\_\_\_\_ **Supervisor Initials** \_\_\_\_\_

In the space provided below, please briefly describe the qualities that this applicant possesses that make him/her a good fit for this fellowship training opportunity. Please include in your answer: (1) the applicant's position within your organizational structure, (2) his/her experience with clinical partnerships, (3) his/her experience providing training or technical assistance, (4) his/her current and future-projected scope of work that would support the dissemination of quality improvement methods both within your organization and among clinical settings across your project area, and (5) any other qualities that you would like to highlight to support his/her application. (Please attach an additional page if necessary.)

[Enter text]

Supervisor Signature and Date

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Please submit this form to Lindsey Clopp at [lindsey.clopp@cdph.ca.gov](mailto:lindsey.clopp@cdph.ca.gov) no later than **July 14<sup>th</sup>, 2017.**