



PART 5: Signature

I agree to the terms and conditions of the Mayor's Office Health Literacy Fellowship. If accepted into the program, I agree to be host-teacher to a medical student for a period of 8-weeks. I agree to mentoring and coaching the medical student in communication skills and adult education teaching methodologies. I agree to involve the medical student in all aspects of the classroom experience from developing lessons to co-teaching.

Teacher Signature_____

Date_____

I agree to the terms and conditions of the Mayor's Office Health Literacy Fellowship. If accepted into the program, I agree to be host-program to a medical student for a period of 8-weeks. I agree to involve the medical student in all aspects of the literacy program's operations from staff development to student intake and testing. I agree to provide the host-teacher with all necessary resources to make the summer successful for all involved.

Program Manager/Director Signature_____

Date_____

Please fax or mail this form to:

Fatima Ashraf

Office Of The Mayor

100 Gold Street, 2nd Floor

NY NY 10038

121-788-3224 (fax)

***MUST BE FAXED OR POST-MARKED BY April 1, 2009.**