**Medical Externship Application**

The University of Akron

School of Speech-Language Pathology and Audiology

The Polsky Building room 181

Akron, OH 44325-3001

Medical Externship Coordinator Campus program–

Denise Simcox: [dsimcox@uakron.edu](mailto:dsimcox@uakron.edu)

**IMPORTANT DOCUMENT -** Prepare with care.

All applications must be typed, signed, and returned via email to the Medical Externship Coordinator.

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|  | Mr. |  | Ms. |  | Mrs. |  |  |  |  |  |

(Last) (First) (M.I.) (Maiden) Stud. ID#

Current Address

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(Street) (City & State) (Zip) (area code) Phone

Planned Address During Externship (If different from permanent address)

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(Street) (City & State) (Zip) (area code) Phone

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| Email: |

Have you received the COVID vaccination?  yes  no

What population are you interested in working after graduation?  adults  pediatric  undecided

What setting are you interested in working after graduation (check all that apply)?

hospital  skilled nursing facility  outpatient  schools  other:

**The objective of the School of Speech-Language Pathology and Audiology is to place each student in settings that will provide a successful and beneficial experience in the speech-language pathology program. In addition, The University of Akron believes, and medical placements generally agree, that it is not in the best interest of the student to extern in a setting where a close family relative has a position of responsibility. The university refrains from placing students in settings in which the objectivity of the evaluation may be compromised.**

***To that end, please provide the following information:***

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| Do you have relatives affiliated with any medical settings near where you are seeking placement?  yes  no |
| If yes, please list the names of the institutions. |

**The next form may be provided to a clinical site in the process of requesting a placement, or after the placement is confirmed for the for the CI to get to know you. Please keep this in mind when filling out the information. You may be asked to update it later in the program since you may gain additional adult experience prior to your placement being arranged.**

**The University of Akron**

**Department of Speech-Language Pathology and Audiology**

**Graduate Student Information Sheet**

Student Name:

Email:

Phone number:

Address:

Please list all in person and teletherapy adult clinical experience that you have gained to this point.

List the location and number of hours earned. Simucase/simulated experiences should be omitted.

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| Location: | Hours earned: |
| Location: | Hours earned: |
| Location: | Hours earned: |

In narrative form describe your academic background, clinical experiences, graduate assistantship/community internship experiences, leadership, military service, honors, awards, skills, interests: (This box will expand as you type)

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**Placements for medical externships are made by the School of Speech-Language Pathology and Audiology through a systematic process that includes all stakeholders. We are committed to providing a diverse array of experiences in a variety of settings to all our candidates. The sites that you list below are considered as one part of this process, *not as a guarantee for placement.***

1.) Please identify five ADULT acute care settings (hospitals) or long-term acute care (LTAC/LTACH) within a 50-mile radius of your planned address. You MUST include the phone number or email for the student coordinator, SLP, or therapy department or the site will not be contacted.

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| **Completed by the student** | | | **Completed by Medical Externship Coordinator** | | |
| **Facility Name** | **Contact Name** | **Contact phone or email** | **Date(s) of contact** | **Notes** | **Outcome** |
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2.) Please identify five skilled nursing facilities (nursing homes) within a 50-mile radius of your planned address. You MUST include the phone number or email for the student coordinator, SLP, or therapy department or the site will not be contacted.

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| **Completed by the student** | | | **Completed by Medical Externship Coordinator** | | |
| **Facility Name** | **Contact Name** | **Contact phone or email** | **Date(s) of contact** | **Notes** | **Outcome** |
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3.) Please identify five additional adult medical settings of your choice (outpatient settings, home health agencies with a full time SLP, private practice, etc.). Specialized areas (such as a voice center) do not qualify for this externship.

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| **Completed by the student** | | | **Completed by Medical Externship Coordinator** | | |
| **Facility Name** | **Contact Name** | **Contact phone or email** | **Date(s) of contact** | **Notes** | **Outcome** |
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**Medical Externship Signature**

I declare that I have examined this Medical Externship Application and, to the best of my knowledge and belief, this information is true, correct, and complete.

I give permission to The University of Akron School of Speech-Language Pathology and Audiology to release Medical Externship Application to appropriate personnel to aid in my placement at an externship site. This release is valid for 18 months from the date of the signature. I understand that I may withdraw permission at any time by notifying the Medical Externship Coordinator in the School of Speech-Language Pathology and Audiology in writing.

I give permission to The University of Akron School of Speech-Language Pathology and Audiology to release my cumulative clinical evaluation to appropriate personnel for assistance in placing me at an externship site. This release is valid for 18 months from the date of the signature. I understand that I may withdraw permission at any time by notifying the Medical Externship Coordinator in the School of Speech-Language Pathology and Audiology in writing.

I understand that I may be required to identify additional possible medical sites for placement by contacting medical personnel and/or supervisors. However, I am not permitted to secure my own medical externship placement. The Medical Externship Coordinator in the School of Speech-Language Pathology and Audiology is responsible for finalizing my medical externship placement.

I understand that my medical externship placement will be 5 (8-hour) days per week or 4 (10-hour) days per week unless alternative arrangements are necessary. Alternative arrangements must be coordinated and confirmed by the Medical Externship Coordinator. I cannot refuse a placement due to the required number of days per week.

I understand that I may be required to drive up to 50 miles one-way to complete my medical externship. If I decline to accept this placement, I understand my graduation will be delayed.

I understand that I may not modify my schedule, regardless of hours earned, or take a vacation during the scheduled externship. If I choose to do so, I understand my graduation will be delayed.

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| Signature of Student |  | Date |