

TO: SLHS MS-SLP Students  
FROM: Barbara S.W. Solomon, M.A., CCC-SLP  
Externship Coordinator  
[bsolomon@purdue.edu](mailto:bsolomon@purdue.edu)

SUBJECT: Healthcare Externship  
RE: Application for Medical Externship

It is time to take the next step in preparation for your healthcare extern experience. Please return TWO (2) collated and stapled copies of the following information to me within a month of your confirmation of your externship site. **BE SURE TO MAKE A THIRD COPY OF THE APPLICATION FOR YOUR FILES!**

- \_\_\_\_\_ 1. An application form (p.1). **YOU WILL BE REQUIRED TO UPDATE THIS INFORMATION PRIOR TO THE INITIATION OF YOUR HEALTHCARE EXTERNSHIP.**
- \_\_\_\_\_ 2. A signed recommendation from your major professor (p.1). You **DO NOT** need Professor Solomon's signature, I will take care of that after reviewing the application.
- \_\_\_\_\_ 3. Completed Risk Management, HIPAA, Criminal Background check, and Insurance forms (please attach forms) (p. 2).
- \_\_\_\_\_ 4. A resume: at least ONE copy should be on high quality paper (See example, p. 3-4).
- \_\_\_\_\_ 5. List of relevant coursework: Use the sample coursework on page 5.
- \_\_\_\_\_ 6. Photocopies of your ASHA log card page 6 (both Speech-Language and Audiology sides).
- \_\_\_\_\_ 7. Include page 7 in your packet.
- \_\_\_\_\_ 8. A complete Extern Placement Site Preferences form page 8 (include a minimum of 2 choices).

**IMPORTANT ADDITIONAL INFORMATION:**

- Graduate students doing an off-campus, full-time, externship must register for 1 (one) credit of SLHS 649. Register for Pass-No-Pass only.
- You are required to carry liability and health insurance during your externship. Make sure you have an identification card for verification. Your Purdue liability insurance expires at the end of May. You will be billed for the renewal which begins June 1. Please note that your Purdue liability insurance will only cover you while you are a Purdue student.
- Make sure the information is written neatly for a good first impression.

Purdue University  
Department Speech, Language, and Hearing Sciences  
Clinical Externship Application  
Speech-Language Pathology

Name: \_\_\_\_\_ Date Application is Submitted: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Campus Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Undergraduate University: \_\_\_\_\_ Degree Received: \_\_\_\_\_  
Undergraduate Major: \_\_\_\_\_  
Semester started graduate program: \_\_\_\_\_ Anticipated graduation: \_\_\_\_\_  
Extern period desired (indicate year): Summer \_\_\_\_ Fall \_\_\_\_ Spring \_\_\_\_  
Number of weeks available: \_\_\_\_\_ *A minimum of 8 is required; many sites request 10-12.*  
Earliest starting date possible: \_\_\_\_\_ Projected ending date (if known) \_\_\_\_\_

**SPEECH-LANGUAGE PATHOLOGY**

Graduate students applying for Healthcare Externships must have demonstrated satisfactory academic and clinical performance in the Speech, Language, and Hearing Sciences and related assignments, prior to an externship assignment. Your recommendation is requested.

***It is recommended that the above-named graduate student be permitted to participate in the Healthcare Extern Program.***

**Approved: Yes \_\_\_\_ No \_\_\_\_ Comments: \_\_\_\_\_**

\_\_\_\_\_  
Major Professor

\_\_\_\_\_  
Date

**Approved: Yes \_\_\_\_ No \_\_\_\_ Comments: \_\_\_\_\_**

\_\_\_\_\_  
Barbara S. W. Solomon, M.A., CCC-SLP  
Healthcare Externship Coordinator

\_\_\_\_\_  
Date

**SPEECH, LANGUAGE, AND HEARING SCIENCES**

**RISK MANAGEMENT AND INSURANCE INFORMATION**

I have completed Risk Management/Universal Precautions and TB Training within the last 12 months. Yes/Date \_\_\_\_\_ No \_\_\_\_\_

I have completed HIPAA training within the last 12 months Yes/Date \_\_\_\_\_ No \_\_\_\_\_

I (will) have completed the series of Hepatitis B Vaccinations. Yes/Date \_\_\_\_\_ No \_\_\_\_\_

I have signed a declination to have the Hepatitis B Vaccinations Series. Yes/Date \_\_\_\_\_ No \_\_\_\_\_

I (will) have completed the TB skin test. Yes/Date \_\_\_\_\_ No \_\_\_\_\_

I have signed a declination to have the TB skin test. Yes/Date \_\_\_\_\_ No \_\_\_\_\_

I have had immunization for rubella and rubeola. Yes/Date \_\_\_\_\_ No \_\_\_\_\_

I have had CPR training. Yes/Date \_\_\_\_\_ No \_\_\_\_\_

I have had a criminal background check Yes/Date \_\_\_\_\_ No \_\_\_\_\_

I have Professional Liability Insurance: Yes \_\_\_\_\_ No \_\_\_\_\_

Name of carrier \_\_\_\_\_

**Please attach a photocopy of your liability Insurance card.** Expiration Date: \_\_\_\_\_

I have Medical Insurance: Yes \_\_\_\_\_ No \_\_\_\_\_

Name of carrier: \_\_\_\_\_

**Please attach a photocopy of proof of insurance** Expiration Date: \_\_\_\_\_

\_\_\_\_\_  
SIGNED: Graduate Student Externship Applicant

\_\_\_\_\_  
Date

This form is for information only. Specific requirements beyond departmental regulations shall be determined by the externship facility. Each Healthcare Externship will require additional Risk Management information before the practicum begins.

**First name Last name**  
**E-mail Address**  
**Address**  
**Address**  
**Phone Number**

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**OBJECTIVE** Clinical Fellowship position at XXX: Speech-Language Pathology.

**EDUCATION** **Purdue University**, West Lafayette, IN Anticipated Graduation: August 2009  
Candidate for Masters degree, Speech-Language Pathology GPS 4.0/4.0

**The University of Michigan**, Ann Arbor, MI May 2007  
Bachelor of Arts, Dual Concentration Overall GPA 3.73/4.0

**Eastern Michigan University**, Ypsilanti, MI Jan-Dec 2006  
Overall GPA 4.0/4.0

**CLINICAL  
EXPERIENCE**

*Medical Externships*

**Pediatric Neurorehabilitation Program** May-July 2009  
**University of Michigan Health Systems, Ann Arbor, Michigan**  
Will complete an 8-week externship at this outpatient clinic working with children with brain injuries resulting from various etiologies. Interdisciplinary rehabilitation plans will be implemented.

**Henry Ford Hospital, Detroit, Michigan** March-May 2009  
Completing an 8-week healthcare externship with inpatient department. Gaining experience independently performing clinical bedside language and dysphagia evaluations, videofluoroscopic swallow studies, conducting FEES exams, working with patients with tracheostomies and ventilation, Passy-Muir valves, dysarthrias and aphasias, and exposed to various medical populations including stroke, TBI, cancer, ALS, and various neurological impairments.

*Clinical Practicum at Purdue University* September 2008-March 2009

**M.D. Steer Audiology & Speech-Language Clinic**  
Purdue's on-campus clinic. Provided diagnostic and therapy services in the areas of aural rehabilitation, language and cognition, stuttering, brain injury, pragmatics.

**Birth-to-Three Program**

Provided therapy services for children from birth-3 years who displayed a variety of disorders and developmental delays. Individualized and group parent-training sessions focused on indirect language stimulation within a naturalistic, play-based setting.

**Brainbuilders Men's Group**

Provided cognitive therapy in a social setting for a group of five men with dementia and attended caregiver meetings.

**Clarian Arnett Health**

Provided dysphagia and voice diagnostics and therapy in an outpatient clinical setting. Experience with videofluoroscopy, videostroboscopy, and both adults and children.

**Indiana Veterans Home**

Participated in language and dysphagia rotations completing diagnostics and therapy at this 350-bed skilled nursing facility. Worked with a diverse caseload of patients with aphasia, dysarthria, dementia, TBI, dysphagia. Exposure to medical charts, paperwork, clinical dysphagia evaluations, and state guidelines. Collaborated with interdisciplinary staff.

**Lafayette Otolaryngology Associates**

Conducted voice diagnostics and therapy with both children and adults in a medical private practice setting.

**Purdue Preschool Language Program**

Worked with team of speech-language pathologists, an early childhood educator, and family members to plan and implement communication intervention for a child with a cleft palate while providing therapy in group settings to the 15 other children ranging from 3-5 years of age. Various etiologies and communication problems were addressed in group and experiential situations.

**RELATIVE  
WORK  
EXPERIENCE**

**Purdue University**, West Lafayette, IN Fall 2007-Fall 2008  
Administrative/Clinical Assistant for clinic director, Barbara S.W. Solomon, M.A., CCC-SLP.

**University Center for the Development of Language & Literacy,**

Assistant in Research Ann Arbor, MI May 2005-June 2007  
Participated in research for the University of Michigan Aphasia Program and in the area of language and literacy of children who speak non-standard dialects.

**SCAMP: Summer Camp for People with Disabilities**, Bloomfield Hills, MI

Senior Counselor. Summer 2005 & 2006  
Worked with children, teenagers, and adults with both mental and physical disabilities: ages 12-23. Campers' disabilities ranged from speech-delay, emotional impairment, cerebral palsy, Down syndrome, ADHD, broad range of autism spectrum.

**RELATED  
EXPERIENCES**

**Music Therapy Course**, Purdue University July 2008  
Attended workshop led by a music therapist from an IN school district.

**ASHA Convention**, Chicago, IL November 2008  
Attended lectures on dysphagia, motor learning, pediatric dysphagia, voice disorders.

**Indiana Voice and Dysphagia network Symposium**, Indianapolis, IN

October 2008  
Swallow Assessment Scales: Review and Discussion; Presentation by Dandeept Gupta, M.D., Pediatric Gastroenterologist titled "Eosinophilic Esophagitis in Children."

**Crossroads Conference on Communication Disorders**      October 2007, 2008  
2-day conference at Purdue University. Attended lectures on dysphagia, treatment of aphasia, stuttering therapy for school-aged children, TBI/blast injuries, and trachs/vents.

**Craniofacial Workshop, Purdue University**      November 2007  
Workshop during which a certified SLP presented on the topics of craniofacial anomalies, working in a multi-disciplinary team, and diagnosis and treatment of craniofacial anomalies.

**PRESENTATIONS**    **Pragmatic Language Presentation**      June 2008  
Presented a course titled “Pragmatic Language Development: An informational session for parents of children with Autism Spectrum Disorders or other associated disorders.”

**PROFESSIONAL AFFILIATIONS**    **National Student Speech Language Hearing Association**      2005-present  
Member

References available upon request

**FirstName LastName**

E-mail: [student@purdue.edu](mailto:student@purdue.edu)

Phone: (123) 456-0000

**Present Address**

111 State St.  
West Lafayette, IN 47906

**Home Address**

1234 Main St.  
Hometown, WI 12345

**POSITION DESIRED:** Healthcare Externship, Speech-Language Pathology

**EDUCATION:**

M.S., Anticipated Graduation, August 2008, Purdue University, Speech, Language, and Hearing Sciences  
B.A., May 2005, St. Olaf College, Major: Biology, graduated Cum Laude

**CLINICAL PRACTICUM:**

200 supervised student clinical clock hours in Speech-Language Pathology and Audiology  
University of Minnesota Children's Hospital-Fairview, Minneapolis, MN, May-July 2008

Will participate in the treatment of inpatients and outpatients

Union Elementary School and Zionsville and West Middle School, Zionsville, IN, March-May 2008

Will manage a caseload of K-4<sup>th</sup> graders and 5-7 graders

Will evaluate and provide treatment for children with various speech and/or language disorders  
including autism spectrum disorders, articulation disorders, and phonological disorders

Lafayette Otolaryngology and Associates, Lafayette, IN, January-March 2008

Evaluated and provided voice therapy to a variety of adults ages 45-65 with a variety of voice  
disorders including paralyzed vocal folds, bowed vocal folds, vocal nodules, and laryngectomy  
rehabilitation as well as individuals with voice problems due to Parkinson's disease

Indiana Veteran's Home Dysphagia Rotation, West Lafayette, IN, October-December 2007

Administered bedside swallow assessments and made recommendations for adults ages 60-95 with  
swallowing disorders

Glen Acres Elementary School, Lafayette, IN, September-December 2007

Evaluated and provided treatment for children ages 6-11 with a variety of speech and/or language  
disorders including autism spectrum disorders, articulation disorder, and phonological  
disorder

Purdue's Birth-to-Three Early Intervention Program, Purdue University, West Lafayette, IN,  
August-December 2007

Provided early intervention to a 2.5 yr old with Down syndrome and other children ages 1-3 yr.  
with speech and language delays

Provided education and home programming for caregivers

M.D. Steer Speech-Language Clinics, Purdue University, West Lafayette, IN, January-August 2007, August  
2007-May 2008

Assessment and treatment for a 42 yr. old adult with Aphasia

Treatment of articulation disorder for a 7 year old female, 3 year old female with Cerebral Palsy,  
2.5 year old female with Down syndrome, two 13 year old females with hearing impairment,  
5 year old female with Specific Language Impairment, and 4 year old male with cleft lip and  
palate

Indiana Veteran's Home, West Lafayette, IN, January-May 2007

Administered screenings/diagnostics to adults, provided group and individual treatment for adults ages 60-85 with dysphagia, speech-language, and/or cognitive impairments

Purdue Preschool Language Program, Purdue University, West Lafayette, IN, August-December 2006

Observed and provided treatment for children 3-5 years of age with a variety of speech and/or language disorders including autism spectrum disorders, hearing impairment, cognitive impairments, articulation and phonological disorders, and specific language impairment

**WORK EXPERIENCE:**

Research Assistant, Purdue University, West Lafayette, IN, June-August 2007

Research clinician under direction of Lisa Goffman, PhD, CCC-SLP for her NIH grant to examine the relationship between motor abilities and language skills in children with Specific Language Impairment (SLI)

English as a second language instructor, Korean male, 2006-2007 academic year

Tennis Instructor/Counselor, Tennis and Life Camps, Adelphi College, summers 2002-2006

Nanny, 2 yr. old and 4 yr. old, 2005-2006 academic year

**VOLUNTEER EXPERIENCE:**

Stuttering workshop sponsored by non-profit organization *Friends*, West Lafayette, IN, Spring 2007

University of Minnesota Fairview Medical Center Speech-Pathology Department, Minneapolis, MN, 2005-2006 academic year

ESL program, Faribault, MN, 2004 academic year

**PROFESSIONAL AFFILIATIONS/CONFERENCES ATTENDED:**

National Student Speech, Language and Hearing Association

Managing Cleft Lip/Palate and Pierre Robin Sequence: Fundamentals for Parents and Therapists, presented by Riley Children's Hospital Craniofacial team, March 2008

Crossroads Conference, Purdue University, West Lafayette, IN, Fall 2006 and Fall 2007

Craniofacial workshop, presented by professionals from Riley Children's Hospital, November 2007

**SCHOLARSHIP or Honors/Awards:**

Frances P. Memorial Graduate Scholarship in Department of Speech and Hearing Sciences. Purdue University, 2007-2008

Dean's List Fall and Spring semesters 2004-2005 academic year

Dean's List Spring semester 2003-2004 academic year

References available upon request

## Sample Coursework

### Relevant Undergraduate courses:

- Cellular Biology
- Genetics
- Introduction to Neuroscience
- Developmental Psychology
- Abnormal Psychology
- Language Acquisition
- Introduction to Communication Disorders
- Acoustics
- Speech Science
- Anatomy/Physiology speech and hearing
- Phonetics
- Autism Spectrum Disorders

### Graduate Courses:

- Introduction to Clinical Practicum
- Fundamentals of Speech Production and Perception
- The Neural Bases of Speech and Hearing
- Phonetic and Phonological Disorders
- Language Disorders in Children
- Introduction to Aural Rehabilitation Across the Lifespan
- Language Disorders in Adults
- Stuttering: Nature and Diagnosis
- Infant Communication Disorders
- Counseling in SLP/AUD
- School Clinical Methods
- Voice Disorders
- Language Acquisition
- Dysphagia
- Developmental Motor Speech and Feeding Disorders
- Traumatic Brain Injury
- Medical Speech-Language Pathology



**Purdue University**  
**Department of Speech, Language, and Hearing Sciences**

The objectives for the Healthcare Extern Experience are:

- To provide the student with a full-time transition experience between the university environment and professional employment.
- To provide the student an opportunity to experience varied approaches and philosophies relating to the professional practice of Speech-Language Pathology and/or Audiology, including diagnostic and rehabilitation clinical practices.
- To provide the student direct clinical experience in providing evaluation and treatment services.
- To provide the student the opportunity for professional interaction with speech-language pathologist, audiologists, and other professionals in related disciplines.
- To provide the student the opportunity to experience the administrative structure and operations of either a speech-language, or audiology program in which patient service delivery is the primary mission, which may include aspects of the following:
  - Roles and Responsibilities of members of a Rehabilitation Team,
  - Procedures for documentation of services, such as: chart notes and/or service delivery reports,
  - Introduction to the financial structure of health-related service delivery, such as: billing and reimbursement issues,
  - Total Quality Management, Outcome Measurement, and/or Consumer Satisfaction.

\*\*\* INTERNAL DOCUMENT ONLY \*\*\*

**PURDUE UNIVERSITY DEPT. OF SPEECH, LANGUAGE, AND HEARING SCIENCES**

To: Healthcare Externship Candidates  
From: Barbara Solomon, M.A., CCC-SLP  
Speech-Language Externship Coordinator  
Re: **Externship Placement Site Preferences**

Please complete the following information and return it with the complete packet.

You are REQUIRED to provide complete and current contact information:

Name: \_\_\_\_\_ Anticipated Date of Graduation: \_\_\_\_\_

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**First Choice:**

Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Program Director: \_\_\_\_\_

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**Second Choice:**

Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Program Director: \_\_\_\_\_

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