



Department of Speech-
Language Pathology

Master of Science Program in Speech-Language Pathology
 Department of Speech-Language Pathology
 Dr. Pallavi Patel College of Health Care Sciences
 Health Professions Division
 Nova Southeastern University
 6100 Griffin Road
 Fort Lauderdale, FL 33314

Application for Clinical Placement

Application Deadline:

Your application for Clinical Placement is due 2 semesters prior to taking SLP 6015 Clinical Processes. SLP 6015 must be completed before taking Clinic I (SLP 6101).

Schedule of Due Dates:

Semester Scheduled to take Clinical Processes, SLP 6015	Application must be submitted on or before the last day of finals, at least 2 semesters prior to the semester you plan to take SLP 6015. The last day of the finals can be located on the Academic Calendar.
Winter semester	Summer semester
Summer semester	Fall semester
Fall semester	Winter semester

Example: If you expect to take SLP 6015 in the Summer 2019 semester, then the application is due no later than the last day of finals during the Fall 2018 semester.

Submitting forms: The complete application must be scanned as one document and submitted as an attachment to [Mrs. Zucker](#).

Date: _____

Use your Plan of Study to complete the following:

SLP 6015 Clinical Processes _____ SLP 6102 Clinic II Practicum _____
SLP 6005 DX II Practicum _____ SLP Externship I _____
SLP 6101 Clinical I Practicum _____ SLP Externship II _____

Name _____ N# _____

Home Address _____
Street, apt # City State Zip

Home phone # _____ Cell # _____ Work # _____

NSU e-mail address: _____

Check your NSU site/cohort:

- Online Fort Lauderdale/Davie Palm Beach Jacksonville Miami
 Orlando Tampa Fort Myers NY cohort Oregon cohort California cohort
 Washington cohort

List classes in which you are enrolled for the current semester and classes you have completed:

The following courses are prerequisite course requirements for Clinical Processes and must be successfully completed at least one semester prior to taking the Clinical Processes.

Prerequisite Courses for Clinical Practicum	Semester course completed or expected to be completed
SLP 6011 Language and Learning Disorders in School-Age Children and Adolescents	
SLP 6012 Communication Disorders: Infancy-Preschool	
SLP 6020 Language Disorders in Adults	
SLP 6060 Articulation and Phonological Disorders	
SLP 6070 Research Methods	
Completion of 25 hours of clinical observation logged and approved in CALIPSO	

Acknowledgement and Commitment Form for Clinical Practicums

READ THE FOLLOWING STATEMENTS, SIGN THE FORM, AND SEND. KEEP A COPY FOR YOURSELF.

I understand I must submit this application by the due date listed above in order to receive a placement prior to the start of Clinical Lab I Practicum (SLP 6101). If a placement is not secured by the fourth week of the semester, I will drop the course and reregister for it once a placement has been secured.

I understand if I relocate, I must notify the person who secures my placement at least 2 semesters prior, in order to receive a placement for my next clinical practicum.

I understand I may not contact any potential placement sites myself, under any circumstances. Doing so may result in disciplinary sanctions for unprofessional behavior.

I understand I will read and follow the [Policies and Procedures Manual for Clinical Practicums](#).

I understand Clinical Lab I Practicum (SLP 6101), Clinic II Practicum (SLP 6102), and Diagnostics II Practicum (SLP 6005) are part-time experiences for which I must be at the site for a minimum of ten hours per week for each week of the semester. I commit to being flexible in my schedule to accommodate the schedule of the supervisor and the site.

In addition, I understand each externship is a *full-time* experience during which I will be at the site for the same hours each week as the SLP site supervisor. I understand this will equate to approximately 40 hours per week and, therefore, I will not be able to maintain employment during a typical work day for the duration of both externships.

I understand I must attend my clinical placement for Clinical Lab I Practicum, Clinic II Practicum, Diagnostics II Practicum, Externship I, and Externship II each and every week of the semester.

I understand I am not allowed to alter clinical placement arrangements.

I understand a request for a particular placement site may not be possible. I will accept the placement arrangements made by the designated faculty member.

I acknowledge and agree to the terms for Clinical Practicum Placements as listed above for Clinical I Practicum, Clinic II Practicum, Diagnostics II Practicum, Externship I, and Externship II.

Signature

Print name (legibly)

This page must bear your original signature. Do not type your name on the signature line. Include the Acknowledgement and Commitment Form along with the signature page with the scanned application pages.

***Send to Mrs. Zucker at zuckerb@nova.edu**