



Dr. Pallavi Patel College  
of Health Care Sciences  
**NOVA SOUTHEASTERN  
UNIVERSITY**

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  
3300 South University Drive  
Fort Lauderdale, FL 33328-2004

**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 successfully before taking Clinic I (SLP 6101).

**Schedule of Due Dates:**

<b>Semester Scheduled to take <u>SLP 6015 Clinical Processes</u></b>	<b>Application must be submitted on or before the last day of the term, at least 2 semesters prior to the semester you plan to take SLP 6015. The last day of each term can be located on the <a href="#">Academic Calendar</a>.</b>
<b>Winter semester</b>	<b>Summer semester</b>
<b>Summer semester</b>	<b>Fall semester</b>
<b>Fall semester</b>	<b>Winter semester</b>

**Example:** If you expect to take SLP 6015 in the Fall 2025 semester, then the application is due no later than the last day of the term during the Winter 2025 semester.

**Submitting forms:** The complete application must be uploaded into the **Practicum Documentation Folder in your CALIPSO account**. Directions for this process are shared in a separate document.

**Date:** \_\_\_\_\_

Use your Plan of Study to complete the following:

<b>Course</b>	<b>Term Scheduled</b>	<b>Course</b>	<b>Term Scheduled</b>
<u>SLP 6015 Clinical Processes</u>		<u>SLP 6101 Clinical I Practicum</u>	
<u>SLP 6005 Diagnostics II Practicum</u>		<u>SLP 6102 Clinic II Practicum</u>	
<u>SLP Externship I</u>		<u>SLP Externship II</u>	

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  Other

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

\_\_\_\_\_  
\_\_\_\_\_

The following courses are prerequisite course requirements for SLP 6015 Clinical Processes and must be successfully completed at least one semester prior to taking SLP 6015 Clinical Processes.

Prerequisite Courses for <u>SLP 6015 Clinical Practicum</u>	Semester course completed or expected to be completed
<u>SLP 6011 Language and Learning Disorders in School-Age Children and Adolescents</u>	
<u>SLP 6012 Communication Disorders: Infancy-Preschool</u>	
<u>SLP 6020 Language Disorders in Adults</u>	
<u>SLP 6060 Speech Sound Disorders</u>	
<u>SLP 6070 Research Methods</u>	
Completion of 25 hours of <i>guided</i> clinical observation logged and approved in CALIPSO	

**Acknowledgement and Commitment Form for Clinical Practicums**

**READ THE FOLLOWING STATEMENTS, SIGN THE FORM, AND UPLOAD into CALIPSO. KEEP A COPY FOR YOURSELF.**

**I understand I must submit this application by the due date listed above to receive a placement prior to the start of SLP 6101 Clinical Lab I Practicum. 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, 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 SLP 6101 Clinical Lab I Practicum, SLP 6102 Clinic II Practicum, and SLP 6005 Diagnostics II Practicum are part-time experiences for which I must be at the site for 10-15 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 workday for the duration of both externships.**

**I understand I must attend my clinical placement for SLP 6101 Clinical Lab I Practicum, SLP 6102 Clinic II Practicum, SLP 6005 Diagnostics II Practicum, Externship I, and Externship II every week of the semester.**

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

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

**Entering your name on this form serves as an electronic signature to indicate you understand and agree to the terms for clinical practicum placements as listed above.**

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**Enter name on the line above**

**Include the Acknowledgement and Commitment Form along with the page with the scanned application pages.**

**\*Should you have questions or concerns please contact Mrs. Samantha Vixama at [svixama@nova.edu](mailto:svixama@nova.edu)**