Johns Hopkins Hospital

Outpatient Speech-Language Pathology Clinical Fellowship Application

CFY Applicant:

Date:

We are excited that you are interested in applying for the Johns Hopkins Speech-Language Pathology Outpatient Clinical Fellowship Program. The goal of program is to provide a supportive and challenging learning environment to foster the growth of clinical fellows to become experts in the field of medical speech pathology.

It is designed to be an intensive 13-month program where clinical education is viewed as a dynamic process. Clinical fellows participate actively in learning to apply didactic information to clinical practice with patients who have a wide range of disorders, in the outpatient medical setting.

The goal is to prepare clinicians who demonstrate strengths in the following:

1. The ability to analyze and synthesize information from a broad-based fund of knowledge in medical communication and swallowing science and disorders
2. A problem-solving attitude of inquiry and decision making based on evidence-based practice
3. Motivation to achieve an advanced level of clinical competency in prevention, screening, evaluation, diagnosis, and treatment of patients with medical communication and swallowing disorders
4. The ability to communicate effectively and professionally in a multidisciplinary health setting
5. Self-evaluation resulting in active steps to develop new skills & acquire knowledge
6. Ethical, responsible, and professional conduct

Please include the following in your application:

1. A cover page with your name and date of application submission
2. A one page statement (12 point font) of purpose describing: your interest in the position, previous experience in medical speech pathology, goals for your career, and the qualities that make you a good candidate for the fellowship
3. Resume with 3-4 references, please provide contact information
4. Two letters of recommendation with at least one from a clinical supervisor/mentor
5. A completed supplemental application form (see below)
6. A $50 application fee. Please submit your payment online through the link on the [fellowship’s web page](https://www.hopkinsmedicine.org/physical_medicine_rehabilitation/education_training/therapy-residency/speech-therapy/outpatient-slp-fellowship.html).

Please send all of the above information in one PDF file via email, subject CFY application and your name, to Erin Jedlanek at [ejedlan1@jhmi.edu](mailto:ejedlan1@jhmi.edu), please submit payment online.

**Johns Hopkins Clinical Fellowship Program**

**Outpatient Supplemental Application**

What is your graduate program GPA as of 1/1/2024? \_\_\_\_\_\_\_\_\_\_\_

Date of anticipated graduate graduation: \_\_\_\_\_\_\_\_\_\_\_

How many of the following have you earned as of 1/1/2024?

|  |  |
| --- | --- |
| Undergraduate academic/service scholarships |  |
| Undergraduate academic/ service awards |  |
| Graduate level academic/service scholarships |  |
| Graduate level academic/service awards |  |

Have you already obtained your ASHA Certification of Clinical Competence (CCC-SLP)? \_\_\_\_\_\_\_\_\_

Are you certified in any of the following programs (check all that apply)?

\_\_\_\_\_ LSVT LOUD \_\_\_\_\_ MBSImP \_\_\_\_\_\_ Electrical Stimulation \_\_\_\_\_ Interactive Metronome \_\_\_\_\_ Other(s) *please specify*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Clinical Practicum Experience:**

Please indicate the number of **graduate level** clinical hours that you have completed in each type of practicum below.

* The total hours should reflect time spent in each setting, not the number of hours of patient care that were provided. For example, if completed an externship at an acute care hospital with a schedule of 8 hours per day, 3 times per week for 8 weeks, that would be equivalent to 192 hours.
* If an externship included multiple patient populations, please divide the hours based on the approximate caseload mix. For example, if you saw pediatrics 25% of the time and adults 75% of the time you should divide your total hours to reflect this.
* “University based” means an on-campus clinic operated by your graduate program/department.
* Hours can count toward more than one category. For example, adult outpatient rehabilitation setting hours can apply to both neurological population and adult population totals as appropriate.
* Please DO NOT include hours gained through working in a research lab, or gained through undergraduate observation requirements.

|  |  |  |
| --- | --- | --- |
|  | **Number of hours** | **Comments:** |
| Neurological Population (all age groups are included) |  |  |
| Adult Population |  |  |
| University Based |  |  |
| Non-University Based |  |  |
| Total practicum hours |  |  |

Approximately how many modified barium swallow studies have you participated in through preparation, examination and/or documentation? \_\_\_\_\_\_\_

**Research Experience:**

Please complete the following table based on both your graduate and undergraduate experience. Do not leave any boxes blank. Please indicated “N/A” if the question does not apply to you.

|  |  |
| --- | --- |
|  | **Please indicate how many of each experience:** |
| Primary author of a completed research paper (submitted and/or published; abstract does not apply) |  |
| Co-author on a completed research paper (submitted and/or published; abstract does not apply) |  |
| Primary presenter of a talk at an SLP related conference (local or national) |  |
| Co-presenter of a talk at an SLP related conference (local or national) |  |
| Presented poster at SLP related conference (local or national) |  |
| Research assistant in a lab |  |

**Leadership experience (Please check all that apply):**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Graduate** | **Undergraduate** | **Position(s) held?** |
| NSSHLA Office |  |  |  |
| NSSHLA Member |  |  |  |
| Class Officer |  |  |  |
| Member of academic or service related group |  |  |  |
| Officer of academic or service related club/group |  |  |  |

Have you ever shadowed or volunteered for any Johns Hopkins entity? \_\_\_\_\_\_\_\_

If so, please provide date(s) and department(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What has been your proudest accomplishment in life? This can be academic or otherwise: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_