
**Johns Hopkins Hospital
Pediatric Acute Care
Speech-Language Pathology Clinical
Fellowship Application**



JOHNS HOPKINS
M E D I C I N E

CFY Applicant:
Date:

We are excited that you are interested in applying for the Johns Hopkins Speech Language Pathology Pediatric Acute Care 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 12 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 acute care and acute rehabilitation hospital 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:
 - a. Your interest in JHH
 - b. Your professional goals/how will this program assist you in achieving them
 - c. Experience with inter-disciplinary collaboration
3. Resume with 3-4 references, please provide contact information
4. Two letters of recommendation with at least one from a clinical supervisor/mentor
 - a. Please complete Request of Letter of Recommendations form.
 - b. If you waive your right to access, then letters of recommendations should be sent by the reference directly to JHH-SLP-Fellowship@jh.edu
 - c. If you do not waive your right to assess, then letters of recommendations should be sent with all other application requirements as a one PDF document to JHH-SLP-Fellowship@jh.edu
5. A \$50 application fee. Please submit your payment online through the link on the [fellowship's web page](#).

Please send all of the above information via email, subject CFY application and your name, to JHH-SLP-Fellowship@jh.edu. please submit payment online.



JOHNS HOPKINS MEDICINE

Department of Physical Medicine and Rehabilitation

Physical Therapy / Occupational Therapy / Speech Language Pathology
Meyer 2-109
1800 Orleans Street
Baltimore, MD 21287-8319
410-955-6758

REQUEST FOR LETTER OF RECOMMENDATION

Contact information:

Bethany Kirby, MS, CCC-SLP, BCS-S, CNT, IBCLC
Pediatric Speech-Language Pathology Clinical Fellowship Director
The Johns Hopkins Hospital
JHH-SLP-Fellowship@jh.edu

Applicant's Name: _____

To the Applicant: _____

I understand that under provisions of the Family Education Rights and Privacy Act of 1974, I have access to my letters of recommendation. I expressly Do or Do Not (circle one) wish to waive my access to this letter. I understand that a waiver of access to my file is NOT required as condition for admission, receipt of financial aid or any other services or benefits.

Applicant's Signature

/_____
Date