This document must be included with your full application to be reviewed. Thank you in advance!

Name: ___________________________________________

Elaborate on the number of weeks spent at your adult clinical placements. When counting weeks of experience in a facility that performs multiple functions, please divide the number of weeks so that each week is counted only once (for example, if a student spends 4 weeks at a hospital that serves outpatients and acute care patients, one might divide the weeks evenly between “Acute Care” with 2 weeks, and “Outpatient” with 2 weeks). This allows us to have a better understanding of the amount of combined experience you have had within different facilities.

List your adult medical clinical placements:
1) ___________________________________________
2) ___________________________________________
3) ___________________________________________
4) ___________________________________________

Adult clinical facility type: ___________________________ Length of time (in weeks, counting only once. Divide amongst options if appropriate) ___________________________

☐ Inpatient Acute care ________ weeks ___________________________
☐ Long Term Acute Care ________ weeks ___________________________
☐ Rehabilitation Hospital ________ weeks ___________________________
☐ LTC/Nursing home (SNF) ________ weeks ___________________________
☐ Hospice ________ weeks ___________________________
☐ Adult outpatient facility ________ weeks ___________________________
☐ Home health ________ weeks ___________________________
☐ In-house clinical practicum ________ weeks ___________________________

Where? (we will also refer to resume for further review)
_________________________________________
_________________________________________
_________________________________________
_________________________________________
_________________________________________
_________________________________________

Comments (elaborate on anticipated placements, if applicable):
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

2. How many Clinical Swallowing Evaluations have you…?
   ___ Observed only
   ___ Observed and interpreted
   ___ Administered

3. How many Modified Barium Swallowing Evaluations have you…?
   *Note: please do not include MBSImp in this answer
   ___ Observed only
   ___ Observed and interpreted
   ___ Administered

4. How many Flexible Endoscopic Evaluation of Swallowing (FEES) have you…?
   ___ Observed only
   ___ Observed and interpreted
   ___ Administered

5. Do you have any experience with the VA?

6. Why do you want to work for VA Boston?