

VA Boston Clinical Fellowship Experience Document

Please use this document to highlight your clinical experiences during graduate school. Please consider all fields up to the current date, or you may count if you are currently completing (i.e., please do not include future clinical placements if not known). Use the comment field to elaborate further on future placements, if applicable.

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:

- | | |
|--|-------------|
| <input type="checkbox"/> Inpatient Acute care | _____ weeks |
| <input type="checkbox"/> Long Term Acute Care | _____ weeks |
| <input type="checkbox"/> Rehabilitation Hospital | _____ weeks |
| <input type="checkbox"/> LTC/Nursing home (SNF) | _____ weeks |
| <input type="checkbox"/> Hospice | _____ weeks |
| <input type="checkbox"/> Adult outpatient facility | _____ weeks |
| <input type="checkbox"/> Home health | _____ weeks |
| <input type="checkbox"/> In-house clinical practicum | _____ weeks |

Length of time (in weeks, counting only once.
Divide amongst options if appropriate)

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
- ___ Administered
- ___ Administered, Interpreted and/or Reported

3. How many Modified Barium Swallowing Evaluations have you...?

- *Note: please do not include MBSImp in this answer*
- ___ Observed only
 - ___ Administered
 - ___ Administered Interpreted and/or Reported

4. How many Flexible Endoscopic Evaluation of Swallowing (FEES) have you...?

- ___ Observed only
- ___ Administered
- ___ Administered Interpreted and/or Reported

5. Do you have any experience with the VA?

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