

# Children's Memorial Hospital Audiology Externship



**Applications for Audiology Externship:**  
June 2012 to June 2013

**Deadline for Submission of Applications:**  
November 1, 2011 (Postmarked)

**Mail Applications to:**

Children's Memorial Hospital  
Audiology Department #38  
2300 Children's Plaza  
Chicago, Illinois 60614  
Attn: Patrick Conaway MA, CCC-A  
Audiology Externship

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**Please provide the following:**

Name:

University:

Expected Date of Graduation:

**Mailing Address:**

Street Address / Apartment Number:

City/ State:

Zip Code:

Home Phone:

Cell Phone:

E-mail Address:

1. How did you hear about our externship program?

2. Why are you considering an externship at Children's Memorial Hospital?

3. What is the amount of time that your university requires for your externship (for example, 12 full-months)? Based on your school calendar what is your anticipated start and end date for the externship?

4. Please list your current total clinical hours to date:

Adult hours:

Pediatric hours:

**Applicants Are Responsible for Submitting the Following Application Items:**

- **Resume**

Please include the following:

1. Describe your clinical experience, including the name and dates of each placement. For each site include a brief description of the populations served, the percentage of pediatrics seen at each site, and specific audiological skills mastered.
2. Languages that you speak/write other than English.
3. Note any special skills, abilities, or talents you would like us to know about.
4. Briefly describe any volunteer activities related to the field of Audiology that you feel are pertinent.

- **Letter of Intent (not to exceed 1 Page)**

Using an essay format, please answer the following questions:

- ❖ What do you hope to achieve during your externship period?
- ❖ How will your externship benefit your professional development?
- ❖ Why do you want to be a pediatric audiologist?
- ❖ In the profession of Audiology – what are you particularly passionate about – what sparks your interest?

**All applications must be in English and typewritten.**

**Applicants Are Responsible for Facilitating the Submission of the Following Application Items:**

- **Two Completed Reference Forms**

- One from clinic supervisor (from your university)
- One from clinic supervisor (off campus/non university placement) \*  
\*(If you are having difficulty meeting this requirement please contact us to discuss)

**AS SOON AS POSSIBLE:** Please contact Martha Ellsworth, [mellsworth@childrensmemorial.org](mailto:mellsworth@childrensmemorial.org), and provide her with your reference information. For each person who has agreed to be a reference for you please include their: **name, title, name of facility, email address, and phone number.** We will provide these individuals with the letter format and instructions for submission that must be utilized by all individuals completing a reference for the Extern candidate.

- **Transcript/Grades from your Graduate University**

Official transcripts from your university for your graduate work should be sent directly to:

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- **Additional Instructions:**

Applications that are late or incomplete will not be considered. Send only the items requested - additional items will be discarded. Submitted materials will not be returned upon completion of the application/interview process.

**If you have any questions concerning the application process, please contact Martha Ellsworth at 773-880-4742 or email her at [mellsworth@childrensmemorial.org](mailto:mellsworth@childrensmemorial.org)**