

Ochsner Therapy & Wellness Clinical Fellowship Residency Application

Adult Program Overview

This 10-month fellowship will provide an in-depth clinical training experience complimented by clinical didactic courses for new clinicians while rotating through various aspects of adult outpatient neurological rehabilitation and acute settings with focus on both clinical assessment and treatment of the following:

- Aphasia
- Traumatic Brain Injury
- Concussion
- Dysphagia management
 - MBSS
 - FEES
- Motor Speech Disorders
- Cognitive-linguistic deficits
- Voice Disorders
- Head and Neck Cancer
- Augmentative-Alternative Communication
- Multidisciplinary Clinics
 - Amyotrophic Lateral Sclerosis
 - Huntington's Chorea
 - Post-Concussion
 - ENT

Pediatric Program Overview

This 10-month fellowship will provide an in-depth clinical training experience complimented by clinical didactic courses for new clinicians while rotating through various aspects of pediatric outpatient rehabilitation settings with focus on both clinical assessment and treatment of the following:

- Speech Sound Delays/Disorders
- Language Delays/Disorders
- Autism Spectrum Disorder
- Augmentative-Alternative Communication
- Multidisciplinary Clinics
 - Pediatric Feeding and Swallowing Disorders Clinic
 - Aerodigestive Clinic
 - Neuromuscular and Spasticity Clinic
 - Down Syndrome Clinic
 - Autism Clinic
 - High Risk Newborn Follow up Clinic
 - Infant Feeding Team

Details

Duration: 10 months

Apply: See application form below

Application Period: January 3, 2024 – February 9TH, 2024

Interview period: Interviews for top candidates will be scheduled between the dates of March 1, 2024 - April 1, 2024

Program Start Date: August 2024

Prerequisites: Eligibility for provisional SLP license in Louisiana; Have met all graduate requirements to complete the ASHA Clinical Fellowship Year and plan to apply for the Certificate of Clinical Competence

Program benefits

- Full-time benefits
- Dedicated time for one-on-one clinical mentoring
- Up to 20 unique didactic experiences
- Leadership skills development
- Multidisciplinary Team Environment
- Opportunities for physician networking
- Specialized competencies
- Innovative therapeutic programming
- Opportunities for clinical experiences along the continuum of care

Application Requirements

- Resume
- Cover Letter describing your background, professional interests, goals for your career, and the attributes that make you a respectable candidate for this fellowship
- 2 Letter of References (at least 1 clinical instructor)
- Unofficial graduate record transcripts at time of application (official transcripts will be required if accepted)

ALL APPLICATION DOCUMENTS MUST BE SCANNED AS A SINGLE PDF FILE IN THE ORDER LISTED BELOW AND EMAILED WITH SUBJECT "CF Application". Late or incomplete applications will not be considered. Applications that do not conform with these instructions will not be considered. Please email applications to: otwclinicalfellowship@ochsner.org

Ochsner Therapy and Wellness Speech-Language Pathology Clinical Fellowship Application

Thank you for your interest in the Ochsner Therapy and Wellness Outpatient Neurological Rehabilitation Speech-Language Pathology Clinical Fellowship Program. The objective of this program is to provide intensive clinical and didactic experience to promote the growth of clinical fellows to become specialists within the medical speech pathology field. Clinical fellows will actively participate in clinical learning to apply didactic information to clinical practice with patients within the outpatient medical setting.

Ideal pediatric/adult candidates will display the following:

- Motivation to achieve an advanced level of clinical competence in prevention, screening, evaluation, diagnosis, and treatment of patients with neurogenic speech/language, voice, and swallowing disorders
- Demonstration of comprehensive knowledge of neurogenic speech/language, voice, and swallowing disorders
- Demonstration of competency in the assessment and treatment of patients with neurogenic speech/language, voice, and swallowing disorders
- Demonstration of competency in clinical documentation skills regarding assessment/treatment for patients with neurogenic speech/language, voice, and swallowing disorders
- Demonstration of competency in skilled behavioral treatment planning and implementation for neurogenic speech/language, voice, and swallowing disorders
- Demonstration of competency in effective and professional communication in a multidisciplinary medical setting

APPLICANT INFORMATION

Full Name: _____ **Date of Application:** _____
Last First MI

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ **Email:** _____

EDUCATION AND EXPERIENCE

What is your graduate program GPA as of 1/1/2024? _____ What is your expected graduation date? _____

Have you taken the praxis? Y N | If not, what is your expected date to take it? _____

Please describe any awards, academic/service scholarships or recognition at the undergraduate or graduate level you have received to date:

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

- LSVT LOUD MBSImP Feeding team rotations Performed/assisted with Modified Barium Swallow Studies or Flexible Endoscopic Evaluation of Swallowing Performed/assisted with AAC evaluations
 Other(s) *please specify:* _____

Clinical Practicum Experience

Approximately how many objective swallow studies (Modified Barium Swallow Studies / Fiberoptic Endoscopic Evaluation of Swallowing) have you participated in through preparation, examination and/or documentation? _____
Were these pediatric or adult experiences? _____

Leadership experience (Please check all that apply)

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

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____