



**APPLICATION FORM
ADJUNCT CLINICAL ASSOCIATE**

1. Complete, sign, and date this form
2. Attach a curriculum vitae
3. Submit application form and curriculum vitae to the SCSD Administrative Manager by email (manscsd@dal.ca) or fax (902-494-5151) or mail to:

School of Communication Sciences and Disorders
Attention re: Adjunct Clinical Associate
Dalhousie University
PO Box 15000
5850 College Street
2nd Floor, Room 2C01
Halifax, NS B3H 4R2

PERSONAL INFORMATION	
Last Name:	First Name:
Mailing Address: _____	
Practice Location – Institution:	
Province:	
Business Phone:	Home/Cell Phone:
E-Mail:	Fax:
SLP/AUD License #:	SAC Membership # (if applicable):
SLP/AUD Degree:	University/Year:
Other Degree:	University/Year:
Other Degree:	University/Year:
CONSENT Please check (✓) one box	
<input type="checkbox"/>	I do consent to having my name listed on School information materials.
<input type="checkbox"/>	I do not consent to having my name listed on School information materials.

HISTORY AS A CLINICAL EDUCATOR OVER PAST THREE YEARS*		
<i>Year</i>	<i>Name of Student</i>	<i>Period of Supervision</i>

*Criteria: Must have been a Clinical Educator for a minimum of one full-time, 12-week audiology or speech-language pathology practicum placement (or equivalent; approximately 480 hours) from Dalhousie University's School of Communication Sciences and Disorders per year for three consecutive years

OR

A current practicum site clinical education coordinator who has been instrumental in securing audiology or speech-language pathology student placements on a consistent basis.

SIGNED COMMITMENT AS AN ADJUNCT CLINICAL ASSOCIATE	
<p>I understand that an Adjunct Clinical Appointment requires me to:</p> <ul style="list-style-type: none"> • To maintain good standing in the eligibility criteria for Clinical Adjunct Associate (i.e., Clinical supervision of S-LP or Audiology students and S-LP or Audiology license to practice) • To act as a liaison between the clinical community and the Dalhousie School of Communication Sciences and Disorders 	
Signature:	Date: