Instructions: To be completed by student with their advisor approval at least 4 months prior to first internship. Forward completed form to Clinic Director. Note that internship placements, especially adult placements, are not guaranteed for the quarter preferred due to limited availability.

NAME: ____________________________________ Net ID:_________________________ □ CCI admit □ CCII admit

DATE:_____________________ Email address: ___________________________________________________

1. Are there specific populations within your internships that you are of special interest to you? Please realize that your internship in a school setting requires a minimum of 100 contact hours and is required for the CA Rehabilitation Credential-Speech, Language and Hearing Specialist.

2. List your preferences and prioritize choices within each of your two internship placements. Please note that summer placements are typically limited to non-school settings, with the exception of a few exclusively special needs programs or year round schools. The latest you can begin a regular school placement in the spring is March 1st, because schools typically conclude in the first or second week of June.

Internship #1 - Type: _________________________ Internship #2 - Type: __________________________
Quarter: ______________________  Quarter: _______________________
1st preference:  _____________________________  1st preference:  _______________________________
2nd preference: _____________________________  2nd preference: _______________________________
3rd preference: ______________________________  3rd preference: ______________________________

3. Are there any special factors that should be considered in arranging your internship, e.g., out of S.F. Bay area placement, distance restrictions, transportation, need for clock hours in a specific disorder area, etc.? Please be advised that an internship outside the Bay Area requires a lengthy procedure to secure a contract with CSUEB.

4. Anticipated date/quarter of comprehensive examination ____________________________.

Minimum Requirements for Clinical Internship - Lack of completion may cancel your internship placement.

1. The following requirements must be completed prior to starting an Internship:
   Write in the following below; C=complete, IP=in progress, TBC=to be completed

   School Internship – SPPA 6066 - 6 units – Pediatric Population (Required for CA Clinical Rehab Services Credential)
   a. _____All B.S. Requirements
   b. _____SPPA 4863 – Artic. and Phonological Disorders
      _____SPPA 6064 – Fluency Disorders
      _____Certificate of Clearance
      _____Negative TB test
   c. _____SPPA 6000 – Research Methods
      _____SPPA 6020 – Vocal Pathology and Rehab
      _____Basic Skills Requirement (CBEST)

   Hospital Internship – SPPA 6066- 6 units – Adult Population
   a. _____All B.S. Requirements
   b. _____SPPA 4863 – Artic. and Phonological Disorders
      _____SPPA 4866 – Neurocognitive Disorders
      _____SPPA 6064 – Fluency Disorders
   c. _____SPPA 6000 – Research Methods
      _____SPPA 6020 – Vocal Pathology and Rehab.
      _____SPPA 6050 – Neurogenic Motor Speech Disorders
      _____SPPA 6220 – Dysphagia

2. Comments: Be sure to apply for graduation two quarters before your final quarter!

Academic Advisor: ____________________________
   (Signature) (Date)

□ by checking this box, I also approve enrollment in more than 17 units for either quarter of internship if the student is planning to enroll in a maximum of four courses including internship.

1 May enroll concurrently with approval of advisor.