



american institute for stuttering

American Institute for Stuttering

27 West 20th Street, Suite 1203

New York, NY 10011

(212) 633-6400

www.stutteringtreatment.org

Application for Clinical Internship

Name: _____ Student / Practicing Clinician (*circle one*)

Date: _____ Phone: _____ Program year: _____ (*students only*)

Address: _____

Email: _____

College/University: _____

Supervisor's Name: _____ Phone: _____

Email: _____

1. How did you hear of the Institute's clinical training program?

2. Why are you pursuing a placement at the Institute?

3. Clinical Experience

a. Approximately how many hours of direct speech/language/voice therapy have you completed with:

	Hours	Disorder
i. Preschool children (under 6 yrs)	_____	_____
ii. Younger school-age children (6-10 yrs)	_____	_____
iii. Older school-age children (10-17 yrs)	_____	_____
iv. Adults	_____	_____

b. Do you have experience in stuttering treatment? Yes ___ No ___.

If yes, please describe: number of hours ____; age groups _____

General approach taken: _____

4. Please indicate whether you have experience with the following;

a. Fluency Shaping Techniques:

Easy breathing/full breath: ____ Easy onset/gentle starts: ____
Soft contacts/Light touches: ____ Blending/continuous airflow: ____
Prolongation: ____
Gradual increase in length & complexity of utterance: ____

b. Attitudinal Techniques:

Avoidance reduction: ____ Self-talk strategies: ____
Openness/acceptance of stuttering: ____ Desensitization: ____
Meditation ____

5. Please list courses taken in stuttering. Attach course outlines and readings, including textbooks used.

6. Please list psychology/counseling courses taken. Attach course outlines and readings, including textbooks used.

7. Practicing clinicians: Please list professional associations to which you belong and provide your membership or certification numbers.

8. In which of the following Adult/Teen (13 years and older) intensive programs in 2011 would you like to participate?

- a. JANUARY 3-21
- b. MAY 9-27
- c. JULY 11-29
- d. AUGUST 8-26

Please note that the three-week and four-week programs are the same amount of hours. The three-week program runs M-F, 9AM to 4:30PM and the four week program is from 10AM to 5:30PM for the first two weeks and 3 evenings and one weekend day for the last two weeks.

9. In what capacity would you like to complete this placement?

- Clinical internship/externship
- Non-credit

Applicant's signature

Date

MAIL, FAX, or EMAIL TO:

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