



**Hearts for Hearing Adult Clinic
Audiology Fourth-Year Externship Application**

Applicant's name: _____

Phone number: _____

Mailing address: _____

City: _____ **State:** _____ **Zip:** _____

Email: _____

Graduate School: _____

Anticipated graduation date: _____

Undergraduate program and degree: _____

Please complete the following questions using no more than 150 words/question.

1. Give a brief description of your clinical experiences thus far.

2. Why are you considering an externship at Hearts for Hearing?

3. What areas of audiology appeal most to you?

4. What are your career goals after graduation?



**Hearts for Hearing Adult Clinic
Audiology Fourth-Year Externship Agreement**

I verify that I can meet the expectations outlined as a part of a clinical externship at Hearts for Hearing for these dates: _____

Applicant signature

Date

**Hearts for Hearing Adult Clinic
Audiology Fourth-Year Externship
Professional Reference Waiver**

Applicant's Name: _____

Applicant's University: _____

Name of Professional Referral: _____

Applicants, please complete this form and provide a completed copy to each professional writing a letter of recommendation and/or Essential Knowledge and Checklist form. When completed and returned to us, the letters of reference and Essential Skill and Knowledge Checklist submitted by your professors/supervisors will be used in the selection process. The completed forms will be accessible to you if you accept a position at Hearts for Hearing (Family Educational Rights and Privacy Act of 1974). We request but do not require that you waive your right of access to facilitate a candid appraisal. If you choose to waive your right of access, please sign below.

Signature of applicant: _____

Referring professionals, please return this completed form with your letter of recommendation and/or Essential Knowledge and Skills Checklist form.

Email to ekim@heartsforhearing.org

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