

Shepherd Center Speech-Language Pathology Clinical Fellowship Application



Shepherd Center

2020 Peachtree Road, NW
Atlanta, GA 30309-1465
404-352-2020 shepherd.org

Thank you for your interest in applying for the Shepherd Center Speech-Language Pathology Clinical Fellowship Program. The goal of this 13-month program is to provide the clinical fellow with a learning experience across a continuum of care that will prepare you to become competent in the field of catastrophic care with an emphasis on brain and spinal cord injury.

Upon completion, you will be prepared to:

1. Complete appropriate diagnostic assessments via standardized and non-standardized means to create an individualized and patient centered plan of care.
2. Integrate comprehensive diagnostic information to differentiate between motor speech, cognitive-communication, language, voice, and dysphagia disorders.
3. Creatively build a therapeutic plan that is patient-centered and able to address functional needs in the home and community.
4. Plan and deliver effective patient and family training to ensure proper patient care, address safety concerns, and facilitate effective transition to the home and community.
5. Communicate in an effective, professional manner within an interdisciplinary healthcare setting.
6. Demonstrate ethical, responsible, and professional conduct.

Please include the following in your application:

1. A one-page (12-point font) cover letter describing your interest in the position, previous experience in medical speech pathology, goals for your career, and the qualities that make you a good candidate for this clinical fellowship.
2. Resume (no pictures or GPA to be included)
3. A completed supplemental application form (below).

Please send all the above information in one PDF file via email as follows:

Subject to read “LastNameFirstNameCFY Application” to shepherdcfyapplicant@gmail.com.

The application window for this position closes on **Sunday, February 15, 2026 at 11:59pm EST**. Late and incomplete applications will not be considered.

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Supplemental Application

Name: PLEASE BOLD AND UNDERLINE THE NAME ON EACH PAGE.

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

What is your exposure to the following (check all that apply)?

LSVT LOUD MBSImp Electrical Stimulation Interactive Metronome FEES

Other(s) *please specify:* _____

Research Experience: Please complete the following table based on both your graduate and undergraduate experience. Please indicate "N/A" if the question does not apply to you.

	Please indicate how many of each experience:
Primary author of a completed research paper (submitted and/or published; abstract does not apply)	
Co-author on a completed research paper (submitted and/or published; abstract does not apply)	
Primary presenter of a talk at an SLP related conference (local or national)	
Co-presenter of a talk at an SLP related conference (local or national)	
Presented poster at SLP related conference (local or national)	

Name: PLEASE BOLD AND UNDERLINE THE NAME ON EACH PAGE.

Leadership experience (check all that apply):

	Graduate	Undergraduate	Position(s) held?
NSSH LA Office			
NSSH LA Member			
Class Officer			
Member of academic or service-related group			
Officer of academic or service-related club/group			

Have you ever shadowed or volunteered at any Shepherd Center facility or any other healthcare entity (i.e., skilled nursing facility, hospital, rehab facility)?

If so, please provide date(s) and facility/department(s): _____

What has been your proudest accomplishment? This can be academic or personal:
