

**Applicant Information:**

Name of Applicant: \_\_\_\_\_ Date of Application: \_\_\_\_\_

**Contact Information:**

Address: \_\_\_\_\_ Email: \_\_\_\_\_  
Phone: \_\_\_\_\_

**AuD Program Information:**

University: \_\_\_\_\_  
Expected Graduation Date: \_\_\_\_\_

**Faculty Contact:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**BTRNH Information:**

**Indicate preference for externship (select one):**

- ☐ **Clinical Only**  
☐ **Clinical + Research**

**If applying for Clinical + Research externship, please identify Potential Mentors: *Please rank order your top five (5) choices.***

_____ Angela Aubuchon	(Working Memory and Language)
_____ Adam Bosen	(Auditory Perceptual Encoding)
_____ Tiana Cowan	(Language Experience and Speech Perception)
_____ Kristen Janky	(Vestibular and Balance Assessment)
_____ Kaylah Lalonde	(Audiovisual Speech Processing)
_____ Lori Leibold	(Auditory Development)
_____ Ryan McCreery	(Cognitive and Perceptual Outcomes in Children Who Wear Hearing Aids)
_____ Gabrielle Merchant	(Translational Auditory Physiology and Perception)
_____ Ellen Peng	(Functional Hearing)
_____ Kristal Werfel	(Language and Literacy)

**Are you available to start your externship June 1, 2026?** \_\_\_\_\_

**OPTIONAL: Information about Gender, Ethnicity & Race, Disability, and Disadvantaged Background.** We are requesting this information from you with the understanding that you have the option to provide it or not. Whether or not you choose to provide this information **will in no way** affect your evaluation or potential selection for a traineeship. Use below NIH categories for Race and Ethnicity.

**Ethnic Categories: 1) Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino." **2) Not Hispanic or Latino;** or **3) Intentionally Withheld**

**Racial Categories: 1) American Indian or Alaska Native:** A person having origins in any of the original peoples of North, Central, or South America, and who maintains tribal affiliation or community attachment. **2) Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. (Note: Individuals from the Philippine Islands have been recorded as Pacific Islanders in previous data collection strategies.) **3) Black or African American:** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American." **4) Native Hawaiian or Other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. **5) White:** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa, or

**6) Intentionally Withheld** Ethnicity:   1     2     3   Race:   1     2     3     4     5     6  

**Gender (Male/Female):** \_\_\_\_\_

**Do you have a disability?**   YES     NO     Intentionally Withheld  

**Are you from a disadvantaged background?**   YES     NO     Intentionally Withheld   [Definition: an individual from disadvantaged background means an individual who: **1).** Comes from an environment that inhibited the individual from obtaining the knowledge, skill and ability required to enroll in and graduate from a health professions school; or **2).** Comes from a family with an annual income below a level based on low-income thresholds according to family size published by the U.S. Bureau of the Census, adjusted annually for changes in the Consumer Price index and adjusted by the Secretary for use in all health professions programs. The Secretary periodically publishes these income levels in the Federal Register.

[http://www.lrp.nih.gov/about\\_the\\_programs/clinical\\_disadv\\_backgrounds.aspx](http://www.lrp.nih.gov/about_the_programs/clinical_disadv_backgrounds.aspx)

**Application Requirements and Checklist:**

- |  |  |
|--|--|
| <input type="checkbox"/> Application Form        | <input type="checkbox"/> 2 Letters of Reference (1 clinical, 1 academic/research)          |
| <input type="checkbox"/> Curriculum Vitae/Resume | <input type="checkbox"/> Letter of interest (Not to exceed <u>one page single-spaced</u> ) |

**Send Completed Application To and For Additional Information, Contact:** Paige Pauly, Audiology Administrative Assistant, BTRNH  
Audiology, 555 N. 30<sup>th</sup> St., Omaha, NE 68131 Phone: 531-355-6741 / Fax 531-355-5015 / Email: [AUDEexternship@boystown.org](mailto:AUDEexternship@boystown.org)