

CLINICAL AFFILIATES

- [Advanced Pediatric Systems](#)
- [Adventist Health System/Sunbelt. INC. dba Florida Hospital](#)
- [The Alfano Center](#)
- [Ambilingual Associates](#)
- [Andrea Draizar & Associates](#)
- [Apple Therapy Center, Corp](#)
- [Association For Retarded Citizens, South Florida](#)
- [Aventura Hospital & Medical Center](#)
- [B&V Therapro Associates](#)
- [Bethesda Memorial Hospital](#)
- [Bi-County Speech Language Pathology, Inc.](#)
- [Bilingual Therapy Associates](#)
- [Boca Speech Center](#)
- [Breakthrough Therapy Services](#)
- [Brookwood Gardens Convalescent Center](#)
- [Broward County Health Dept.](#)
- [Broward County Health Dept](#)
- [Broward County Schools Systems](#)
- [Cedards Medical Center](#)
- [Center for Bilingual Speech and Language Disorder](#)
- [Center for Pediatric Therapy – Kendall & Coral Gables](#)
- [Children’s Speech Center Inc](#)
- [Colombia Hospital Corp of South Broward Cora Rehab Clinic](#)
- [Cora Rehab Pembroke Pines](#)
- [Dan Marino Center](#)
- [Dimensions Palmetto South Doctors Hospital](#)
- [East Side Speech Pathology Inc. dba Eastside Speech Therapy](#)
- [Easter Seal of Miami](#)
- [Ellen Garrett & Associates](#)
- [Fit For Kids/ Integrative Therapy Clinic Inc.](#)
- [Florida Rehab Professionals, Inc](#)
- [Guilford County Schools](#)
- [Harmony Health Center-Greenbriar](#)
- [Health South Cutler Ridge](#)
- [Health South Sunrise](#)
- [Hearing & Speech Center of Florida](#)
- [Hollywood Medical Center](#)
- [Holmes Regional Med Ctr Cape Canaveral Hospital](#)
- [Homestead Hospital](#)
- [International Rehabilitation Professionals](#)
- [Jackson Memorial Hospital](#)
- [JFK Medical Center](#)
- [Jonas Therapy Associates Inc](#)
- [Kendall Speech & Language Center](#)
- [Kids Chat Therapy](#)
- [Kidz Connection](#)
- [Kinetic Kids](#)
- [Manor Care of Plantation](#)
- [Mailman Center for Child Development](#)
- [Mercy Hospital](#)
- [Miami Cerebral Palsy Residential](#)
- [Miami Center for Speech Language Pathology](#)
- [Miami Children’s Hospital](#)
- [Miami Dade County Public School System](#)
- [Miami Jewish Home](#)
- [Mt Sinai Medical Center](#)
- [M L Beechler, P.A Speech Therapy Associates](#)
- [NCH Healthcare System, Inc](#)
- [NHC Healthcare](#)
- [North Broward Hospital District On-Site Therapy & Education Training](#)
- [Paragon Rehab Services](#)
- [Parkway Regional Medical Center Partners in Speech](#)
- [Pediatric Center for Communication & Feeding Deficiencies](#)
- [Pediatric Therapy Group](#)
- [Palace at Kendall Nursing & Rehab](#)
- [Palm Garden of Aventura](#)
- [PPEC Prescribed Pediatric Extended Care](#)
- [Promised Land Consult Inc.](#)
- [Signature Healthcare](#)
- [Specialized Speech Center](#)
- [Speech Pathology Consultant Group Inc](#)
- [South Broward Hospital District Memorial Regional Hospital](#)
- [South Miami Audiology](#)
- [Speakeasy For Kids](#)
- [Speech Professional fks Chris Walters & Associates](#)
- [Speech Therapy Center, Inc.](#)
- [St. Anne’s Nursing Center & ST. Annie Residence Inc.](#)
- [St. John’s Rehabilitation Hospital and Nursing Center Inc.](#)
- [St. Mary’s Medical Center](#)
- [St. Catherine’s Villa Maria Rehabilitation & Nursing Inc](#)
- [Stepping UP Learning Center](#)
- [Sunrise Health & Rehab Center](#)
- [Sunset Speech and Language Pathology, LLC](#)
- [Swallowing Diagnostics](#)
- [The Speech Therapy Clinic](#)
- [Therapy Associates of South Florida](#)
- [United Cerebral Palsy of Miami Dade County](#)
- [Victoria Nursing & Rehab Center & Riverside Care Center](#)

CLINICAL AFFILIATES

- [Veteran's Administration](#)
 - [West Gables Rehabilitation Hospital](#)
- [Westchester General Hospital](#)

Affiliate	Director	Contact Supervisor	
Adventist Health System/Sunbelt. INC. dba Florida Hospital	Jason Sanders		
Address	City	State	Zip Code
900 Winderley Place. Suite 1500	Maitland	FL	32751
Phone	Fax	Email	Signed Contact
(497) 200-2363	(407) 200-4990		Yes
Mileage from FIU:			
Clinical Populations: <input type="checkbox"/> Adult <input type="checkbox"/> Child			
Hours of Operation:			
Course Requirements:			
Other Requirements:			
Level: <input type="checkbox"/> Bilingual <input type="checkbox"/> Observations			
Contact:			
Additional Information:			

CLINICAL AFFILIATES

Affiliate	Director	Contact Supervisor	
The Alfano Center	Alliete Rodriguez Alfano	Mirka Freire Estevez	
Address	City	State	Zip Code
301 Almeria Ave	Coral Gables	Florida	33134
Phone	Fax	Email	Signed Contact
305-461-4702		allietealfano@hotmail.com	Yes
Mileage from FIU:			
Clinical Populations: <input type="checkbox"/> Adult <input type="checkbox"/> Child			
<u>Hours of Operation:</u> 3:00PM – 8:00PM			
<u>Course Requirements:</u>			
<u>Other Requirements:</u>			
Level: all levels <input type="checkbox"/> Bilingual <input type="checkbox"/> Observations			
Contact: Alliete Rodriguez Alfano 305-461-4702			
<u>Additional Information:</u>			

CLINICAL AFFILIATES

Affiliate	Director	Contact Supervisor	
Ambilingual Associates	Vivian Topp	Vivan Topp	
Address	City	State	Zip Code
900 W 49 St. Suite 330	Hialeah	FL	33012
Phone	Fax	Email	Signed Contact
305 556-0121	305-556-1372	ambilingual@aol.com	Yes
Mileage from FIU: 12			
Clinical Populations: <input type="checkbox"/> Adult <input type="checkbox"/> Child			
Hours of Operation: Mercy: full time: 5 days until 5:30PM Hialeah Center: 3-4 days per week from 3:00PM – 6:00PM			
Course Requirements: Neurological Bases of Communication; Phonological Disorders; Differential Diagnosis of Communicative Disorders; Language Development and Disorders in Preschool Children; Neuromotor Communication Disorders; Aphasia.			
Other Requirements: <div style="height: 30px;"></div>			
Level: All level <input type="checkbox"/> Bilingual <input type="checkbox"/> Observations			
Contact: Vivian Topp 305-556-0121			
Additional Information: <div style="height: 50px;"></div>			

CLINICAL AFFILIATES

Affiliate	Director	Contact Supervisor	
Andrea Draizar & Associates	Andrea Draizar		
Address	City	State	Zip Code
10661 N Kendall Dr Suite 113	Miami	FL	33186
Phone	Fax	Email	Signed Contact
305 595-4271		anndeedee@aol.com	Yes
Mileage from FIU: 6			
Clinical Populations: <input type="checkbox"/> Adult <input type="checkbox"/> Child			
Hours of Operation: 9:00 – 6:00 PM Mon-Fri ; 9:00 – 5:30 PM Mon, Tue, Fri Flexible Schedule; weekends available			
Course Requirements: Phonological Disorders; Language Development and Disorders in Preschool Children and School Aged			
Other Requirements: Students will be required to make a 20 min presentation focused on one of their clinical classes by the end of the semester.			
Level: All level ✓ Bilingual ✓ Observations			
Contact:			
Additional Information:			

CLINICAL AFFILIATES

Affiliate	Director	Contact Supervisor	
Apple Therapy Center, Corp		Isora Lopez	
Address	City	State	Zip Code
2955 Coral Way	Miami	FL	33145
Phone	Fax	Email	Signed Contact
305 444-9259	305 445-3073	info@appletherapycorp.com	Yes
Mileage from FIU: 6			
Clinical Populations:	<input checked="" type="checkbox"/> Adult	<input checked="" type="checkbox"/> Child	
<u>Hours of Operation:</u>			
<u>Course Requirements:</u>			
<u>Other Requirements:</u>			
Level:	<input type="checkbox"/> Bilingual	<input type="checkbox"/> Observations	
Contact: Isora Lopez 305 444-9259			
<u>Additional Information:</u>			

CLINICAL AFFILIATES

Affiliate	Director	Contact Supervisor	
Association For Retarded Citizens, South Florida	Dr. Carol Alaimo-Tosca	Dr. Carol Alaimo-Tosca	
Address	City	State	Zip Code
11025 SW 84 St	Miami	FL	33173
Phone	Fax	Email	Signed Contact
305 279-4141			Yes
Mileage from FIU:			
Clinical Populations: <input type="checkbox"/> Adult <input type="checkbox"/> Child			
Hours of Operation: 8:30 – 12:30 PM			
Course Requirements: Language Development and Disorders in Preschool Children; Neuromotor Communication Disorders			
Other Requirements: 			
Level: All level <input type="checkbox"/> Bilingual <input checked="" type="checkbox"/> Observations			
Contact:			
Additional Information: 			

CLINICAL AFFILIATES

Affiliate	Director	Contact Supervisor	
Aventura Hospital & Medical Center			
Address	City	State	Zip Code
20900 Biscayne Blvd	Aventura	FL	33180
Phone	Fax	Email	Signed Contact
305 682-7130	305 937-3974		Yes
Mileage from FIU:			
Clinical Populations: <input checked="" type="checkbox"/> Adult <input type="checkbox"/> Child			
<u>Hours of Operation:</u>			
<u>Course Requirements:</u>			
<u>Other Requirements:</u>			
Level: <input type="checkbox"/> Bilingual <input type="checkbox"/> Observations			
Contact:			
<u>Additional Information:</u>			

CLINICAL AFFILIATES

Affiliate	Director	Contact Supervisor	
B&V Therapro Associates	Vivian Del Riesgo	Robin Nicoletti	
Address	City	State	Zip Code
4284 SW 161 Place	Miami	FL	33185
Phone	Fax	Email	Signed Contact
305-228-6252	305-228-6251	theraproassociates@netzero.net	Yes
Mileage from FIU: 8			
Clinical Populations: <input type="checkbox"/> Adult <input type="checkbox"/> Child			
Hours of Operation: Full-time			
Course Requirements: Neuro Bases; Phonological Disorders; Neuromotor Com Dis; Differential Dx; Language Preschool and School Aged; Dysphagia.			
Other Requirements:			
Level: advanced <input type="checkbox"/> Bilingual <input checked="" type="checkbox"/> Observations			
Contact:			
Additional Information:			

CLINICAL AFFILIATES

Affiliate	Director	Contact Supervisor	
Bethesda Memorial Hospital	Dr. Nancy Spence		
Address	City	State	Zip Code
2815 S Seacrest Blvd	Boynton Beach	FL	33435
Phone	Fax	Email	Signed Contact
561-737-7733	561-735-7036	Nancy.Spence@bethesdahealthcare.com	
Mileage from FIU: 67			
Clinical Populations: <input checked="" type="checkbox"/> Adult <input checked="" type="checkbox"/> Child			
<u>Hours of Operation:</u> Full Time			
<u>Course Requirements:</u> Neuro Bases; Phonological Disorders; Differential Dx; Language Preschool and School Aged; Dysphagia; Aphasia; Augmentative & Alternative CD; Ethical and Legal Issues in Health Care; Vocal Velopharyngeal Disorders			
<u>Other Requirements:</u> Report Writing			
Level: All levels <input type="checkbox"/> Bilingual <input type="checkbox"/> Observations			
Contact: Benita Adamson 561-737-7733 ext 4960			
<u>Additional Information:</u> Code: BMH			

CLINICAL AFFILIATES

Affiliate	Director	Contact Supervisor	
Bi-County Speech Language Pathology, Inc.	Stephanie Gilfarb		
Address	City	State	Zip Code
14750 W Palomino Dr	Ft Lauderdale	FL	33330
Phone	Fax	Email	Signed Contact
954 680-0488	954 680-0488		Yes
Mileage from FIU: 24			
Clinical Populations: <input type="checkbox"/> Adult <input type="checkbox"/> Child			
<u>Hours of Operation:</u> Tue/Thur Pediatrics 8:30 AM – 6:00 PM			
<u>Course Requirements:</u> Neuro Bases; Phonological Disorders; Language Preschool; Dysphagia; Aphasia; Vocal & Velopharyngeal Disorders			
<u>Other Requirements:</u> All students need HIV/OSHA/ students must sign the Student Agreement			
Level: ✓ Bilingual ✓ Observations			
Contact: Stephanie Gilfarb 786-301-5709			
<u>Additional Information:</u> 			

CLINICAL AFFILIATES

Affiliate	Director	Contact Supervisor	
Bilingual Therapy Associates	Karen Acosta		
Address	City	State	Zip Code
1605 Town Center Blvd Suite A	Weston	FL	33326
Phone	Fax	Email	Signed Contact
954-385-3456		Acostakaren@hotmail.com	Yes
Mileage from FIU:			
Clinical Populations: <input type="checkbox"/> Adult <input type="checkbox"/> Child			
Hours of Operation: Externs will work on site 8:00AM-6:00PM M-F No weekends			
Course Requirements: Neuro Bases; Phonological Disorders; Language Preschool and School Age; Neuromotor CD; Differential Dx CD; Cultural Linguistic Diversity; Fluency Disorders			
Other Requirements: One project; either presentation on disorder or materials (self made) to teach a goal.			
Level: Intermediate <input type="checkbox"/> Bilingual <input type="checkbox"/> Observations			
Contact: Karen Acosta 954-431-4018			
Additional Information:			

CLINICAL AFFILIATES

Affiliate	Director	Contact Supervisor	
Boca Speech Center	Audrey Greenwald	Audrey Greenwald	
Address	City	State	Zip Code
160 NW 4 St	Boca Raton	FL	33432
Phone	Fax	Email	Signed Contact
561-391-8444	561-391-6823	Rticul8@bellsouth.net	Yes
Mileage from FIU:			
Clinical Populations: <input type="checkbox"/> Adult <input type="checkbox"/> Child			
<u>Hours of Operation:</u>			
<u>Course Requirements:</u>			
<u>Other Requirements:</u>			
Level: <input type="checkbox"/> Bilingual <input type="checkbox"/> Observations			
Contact:			
<u>Additional Information:</u>			

CLINICAL AFFILIATES

Affiliate	Director	Contact Supervisor	
Breakthrough Therapy Services	Kimberly Brown		
Address	City	State	Zip Code
12545 Orange Drive, #502	Davie	FL	33330
Phone	Fax	Email	Signed Contact
			Yes
Mileage from FIU:			
Clinical Populations: <input type="checkbox"/> Adult <input type="checkbox"/> Child			
<u>Hours of Operation:</u>			
<u>Course Requirements:</u>			
<u>Other Requirements:</u>			
Level: <input type="checkbox"/> Bilingual <input type="checkbox"/> Observations			
Contact:			
<u>Additional Information:</u>			

CLINICAL AFFILIATES

Affiliate	Director	Contact Supervisor	
Brookwood Gardens Convalescent Center	Cassandra Powell	Cassandra Powell	
Address	City	State	Zip Code
9965 SW 131 ST	Miami	FL	33176
Phone	Fax	Email	Signed Contact
305-246-1200		Cpowell27705@yahoo.com	Yes
Mileage from FIU:			
Clinical Populations: <input type="checkbox"/> Adult <input type="checkbox"/> Child			
Hours of Operation: 9:00AM – 2:45PM No Saturdays or evenings			
Course Requirements: Neurological basis of Communication Disorders; Differential Dx of CD; Dysphagia (not mandatory)			
Other Requirements:			
Level: All levels <input type="checkbox"/> Bilingual <input checked="" type="checkbox"/> Observations			
Contact: Cassandra Powell 786-243-9757			
Additional Information:			

CLINICAL AFFILIATES

Affiliate	Director	Contact Supervisor	
Broward County Health Department	Paula M. Thaqi, M.D., MPH		
Address	City	State	Zip Code
780 SW 24 th Street	Fort Lauderdale	FL	33315
Phone	Fax	Email	Signed Contact
954-467-4864	954-713-3106		
Mileage from FIU:			
Clinical Populations: <input type="checkbox"/> Adult <input type="checkbox"/> Child			
<u>Hours of Operation:</u>			
<u>Course Requirements:</u>			
<u>Other Requirements:</u>			
Level: <input type="checkbox"/> Bilingual <input type="checkbox"/> Observations			
Contact:			
<u>Additional Information:</u>			

CLINICAL AFFILIATES

Affiliate	Director	Contact Supervisor	
Broward County Health Dept			
Address	City	State	Zip Code
1400 NW 12 th Ave	Miami	FL	33136
Phone	Fax	Email	Signed Contact
			Yes
Mileage from FIU:			
Clinical Populations: <input type="checkbox"/> Adult <input type="checkbox"/> Child			
<u>Hours of Operation:</u>			
<u>Course Requirements:</u>			
<u>Other Requirements:</u>			
Level: <input type="checkbox"/> Bilingual <input type="checkbox"/> Observations			
Contact:			
<u>Additional Information:</u>			

CLINICAL AFFILIATES

Affiliate	Director	Contact Supervisor	
Broward County Schools Systems	Gary Corbitt	Tanya Martin	
Address	City	State	Zip Code
600 SE 3 rd Ave	Ft. Lauderdale	FL	33301
Phone	Fax	Email	Signed Contact
954-382-6250	954-765-6017	Teextra@hotmail.com	Yes
Mileage from FIU:			
Clinical Populations: <input type="checkbox"/> Adult <input checked="" type="checkbox"/> Child pediatric			
Hours of Operation: Mon – Fri 7:30 AM – 3:00 PM			
Course Requirements: Phonological Disorders, Differential Dx., Language Preschool, Language School Age, Augmentative & Alternative Comm. Disorders, Cultural Linguistic Diversity, Fluency Disorders, Vocal & Velopharyngeal Disorders			
Other Requirements:			
Level: Intermediate <input type="checkbox"/> Bilingual <input type="checkbox"/> Observations			
Contact: Tanya Martin 954-382-6423 Gary Corbitt 954-382-6298			
Additional Information: Per Gary Corbitt students cannot choose a school. They can choose an area of the county only. All students must get a copy of the procedures which we have on file, then go downtown for security clearance fee \$50 then they see Karyl Boynton for filling out the placement forms (305) 348-3573 Tom C Ehren, Curriculum Supervisor Speech, Language & Physically Impaired Programs Tom.Ehren@browardschools.com , 954-767-8558 Sheri Stein-Blum: Silver Lakes Elementary 954-704-3300 Melissa Philips: Tradewinds Elementary 954-725-7550			

CLINICAL AFFILIATES

Affiliate	Director	Contact Supervisor	
Cedars Medical Center			
Address	City	State	Zip Code
1400 NW 12 th Ave	Miami	FL	33136
Phone	Fax	Email	Signed Contact
			Yes
Mileage from FIU:			
Clinical Populations: <input type="checkbox"/> Adult <input type="checkbox"/> Child			
<u>Hours of Operation:</u>			
<u>Course Requirements:</u>			
<u>Other Requirements:</u>			
Level: <input type="checkbox"/> Bilingual <input type="checkbox"/> Observations			
Contact:			
<u>Additional Information:</u>			

CLINICAL AFFILIATES

Affiliate	Director	Contact Supervisor	
Center for Bilingual Speech and Language Disorder	Alina De La Paz		
Address	City	State	Zip Code
8600 SW 92 ST Suite 204	Miami	FL	33156
Phone	Fax	Email	Signed Contact
305-279-2428	305-596-9996	Adelapaz@cbsld.com arodriguez@cbsld.com	Yes
Mileage from FIU: 8			
Clinical Populations: <input type="checkbox"/> Adult <input checked="" type="checkbox"/> Child			
Hours of Operation: Part time available 3 PM – 7 PM or 1 PM – 7PM			
Course Requirements: Phonological Disorders; Language in Preschool and SchoolAge			
Other Requirements: Requires class schedule for each student; students must be able to work until 6 to 7 PM. Affiliate wants a class schedule for each student and student must be bilingual.			
Level: all levels <input checked="" type="checkbox"/> Bilingual <input type="checkbox"/> Observations			
Contact: Debra Knox 305-279-2428 ext 208			
Additional Information:			

CLINICAL AFFILIATES

Affiliate	Director	Contact Supervisor	
Center for Pediatric Therapy – Kendall & Coral Gables	Adrienne Peters		
Address	City	State	Zip Code
2801 Ponce de Leon Blvd Ste. 250	Coral Gables	FL	33134
Phone	Fax	Email	Signed Contact
Coral Gables- 305-448-7107 Kendall- 305-596-5458	305-442-8730	cptgables@aol.com	Yes
Mileage from FIU: 9 miles			
Clinical Populations: <input type="checkbox"/> Adult <input checked="" type="checkbox"/> Child			
<u>Hours of Operation:</u> 8:30AM – 6:00PM; students required to be there full time. No weekends only.			
<u>Course Requirements:</u> Phonological Disorders; Language in Preschool and School Age			
<u>Other Requirements:</u> Students pay for parking at the Coral Gables location/interview required-acceptance is based on interview.			
Level: All levels <input type="checkbox"/> Bilingual <input type="checkbox"/> Observations			
Contact: Adrienne Peters 305-448-7101			
<u>Additional Information:</u> 			

CLINICAL AFFILIATES

Affiliate	Director	Contact Supervisor	
Children's Speech Center Inc	Victoria Guzman		
Address	City	State	Zip Code
11010 N. Kendall Dr Suite 102	Miami	FL	33176
Phone	Fax	Email	Signed Contact
(305) 279-8070		vguzman@adelphia.net	Yes
Mileage from FIU: 5 miles			
Clinical Populations: <input type="checkbox"/> Adult <input checked="" type="checkbox"/> Child			
Hours of Operation: Mon – Thurs 9:00 AM – 7:00 PM			
Course Requirements: Neurological bases of Communication Disorders; Differential Dx of CD; Phonological Disorders; Neuromotor CD; Language Learning in Preschool and School Age children; Vocal & Velopharyngeal.			
Other Requirements: Services are offered in Spanish and English			
Level: Intermediate <input checked="" type="checkbox"/> Bilingual <input type="checkbox"/> Observations			
Contact: Victoria Guzman (305) 279-8070			
Additional Information: 			

CLINICAL AFFILIATES

Affiliate	Director	Contact Supervisor	
Colombia Hospital Corp of South Broward			
Address	City	State	Zip Code
8201 West Broward Blv	Plantation	FL	33324
Phone	Fax	Email	Signed Contact
Mileage from FIU:			
Clinical Populations: <input type="checkbox"/> Adult <input type="checkbox"/> Child			
<u>Hours of Operation:</u>			
<u>Course Requirements:</u>			
<u>Other Requirements:</u>			
Level: <input type="checkbox"/> Bilingual <input type="checkbox"/> Observations			
Contact:			
<u>Additional Information:</u>			

CLINICAL AFFILIATES

Affiliate	Director	Contact Supervisor	
Cora Rehab Clinic	Andy Strauss		
Address	City	State	Zip Code
2259A West Hillsboro Blvd	Deerfield Beach	FL	33026
Phone	Fax	Email	Signed Contact
(954) 435-5300	(954) 435-8880	astrauss@corahealth.com	Yes
Mileage from FIU:			
Clinical Populations: <input type="checkbox"/> Adult <input checked="" type="checkbox"/> Child			
Hours of Operation: 7:30 AM – 7:00 PM /Full time			
Course Requirements: Neurobasis; Phonological Disorders; Language Preschool			
Other Requirements: None			
Level: All levels <input type="checkbox"/> Bilingual <input type="checkbox"/> Observations			
Contact: Marisol Hernandez (954) 435-5300			
Additional Information:			

CLINICAL AFFILIATES

Affiliate	Director	Contact Supervisor	
Cora Rehab Pembroke Pines	Janie Backman	Heather Mesa	
Address	City	State	Zip Code
1830 NW 122 Terrace	Pembroke Pines	FL	33026
Phone	Fax	Email	Signed Contact
(954) 254-1994	(954) 435-8880		Yes
Mileage from FIU:			
Clinical Populations: <input type="checkbox"/> Adult <input type="checkbox"/> Child			
Hours of Operation: 7:30 AM – 7:00 PM Fill Time			
Course Requirements: Neurobasis; Phonological Disorders; Language Preschool and School Age			
Other Requirements: <u>None</u>			
Level: All levels <input type="checkbox"/> Bilingual <input checked="" type="checkbox"/> Observations			
Contact: Heather Mesa or Janie Backman (954) 435-5300			
Additional Information:			

CLINICAL AFFILIATES

Affiliate	Director	Contact Supervisor	
Dan Marino Center	Monica Ventura	Al Rego	
Address	City	State	Zip Code
2900 S Commerce Pkwy	Weston	FL	33331
Phone	Fax	Email	Signed Contact
(954) 385-6296	(954) 385-6201	Albert.Rego@mch.com Joann.Vargas@mch.com	YES
Mileage from FIU: 26			
Clinical Populations: <input type="checkbox"/> Adult <input checked="" type="checkbox"/> Child			
Hours of Operation: Mon – Fri 8:00 AM -6:00 PM Saturday 8:00 AM – 1:00 PM			
Course Requirements: Neuron Bases (neuroanatomy); Phonological Disorders; Neuromotor Comm Disorders; Differential Dx; Language Learning in Preschool Children; Dysphagia.			
Other Requirements: 			
Level: Al levels <input type="checkbox"/> Bilingual <input type="checkbox"/> Observations			
Contact: Joann Vargas (954) 659-3503			
Additional Information: 			

CLINICAL AFFILIATES

Affiliate	Director	Contact Supervisor	
Dimensions Palmetto South	Robin Bersson	Robin Bersson	
Address	City	State	Zip Code
20700 W Dixie Hwy Ste 102	Miami	FL	33180
Phone	Fax	Email	Signed Contact
305-933-5887	305-933-8991	ldiml@bellsouth.net	Yes
Mileage from FIU:			
Clinical Populations: <input checked="" type="checkbox"/> Adult <input checked="" type="checkbox"/> Child			
Hours of Operation: Mon-Fri 8:30AM – 6:30PM No Saturday or weekends only			
Course Requirements: Neuron Bases(Neuroanatomy); Phonological Disorders; Neuromotor Comm Disorders; Differential Dx; Language Learning in Preschool Children; Dysphagia; Aphasia.			
Other Requirements:			
Level: All levels <input checked="" type="checkbox"/> Bilingual <input type="checkbox"/> Observations			
Contact: Robin Bersson 305-933-5887			
Additional Information:			

CLINICAL AFFILIATES

Affiliate	Director	Contact Supervisor	
Doctors Hospital			
Address	City	State	Zip Code
5000 University Dr	Coral Gables	FL	33146
Phone	Fax	Email	Signed Contact
305-308-3000			Yes
Mileage from FIU:			
Clinical Populations:	<input checked="" type="checkbox"/> Adult	<input checked="" type="checkbox"/> Child	
<u>Hours of Operation:</u>			
<u>Course Requirements:</u>			
<u>Other Requirements:</u>			
Level:	<input type="checkbox"/> Bilingual	<input type="checkbox"/> Observations	
Contact:			
<u>Additional Information:</u>			

CLINICAL AFFILIATES

Affiliate	Director	Contact Supervisor	
East Side Speech Pathology Inc. dba Eastside Speech Therapy	Lynnette Granger		
Address	City	State	Zip Code
6809 NW 29 th Ave	Ft. Lauderdale	FL	33309
Phone	Fax	Email	Signed Contact
(954) 741-5880	(954) 938-2500		Yes
Mileage from FIU:			
Clinical Populations: <input checked="" type="checkbox"/> Adult <input checked="" type="checkbox"/> Child			
Hours of Operation:			
Full Time			
Course Requirements:			
Any course that are oral motor related- no preferences for coursework otherwise			
Other Requirements:			
Level: All levels <input type="checkbox"/> Bilingual <input checked="" type="checkbox"/> Observations			
Contact: Lynnette Granger (954) 873-3068			
Additional Information:			

CLINICAL AFFILIATES

Affiliate	Director	Contact Supervisor	
Easter Seal of Miami	Mary Inhoffer	Gabrielle Shuster	
Address	City	State	Zip Code
1475 NW 14 Ave	Miami	FL	33125
Phone	Fax	Email	Signed Contact
305-325-0470	305-325-0578		Yes
Mileage from FIU: 12 miles			
Clinical Populations:	<input checked="" type="checkbox"/> Adult	<input checked="" type="checkbox"/> Child	
Hours of Operation: Mon-Fri 8:00AM-4:30PM			
Course Requirements: Phonological Disorders, Language Learning Preschool & School-Aged Children.			
Other Requirements: Students must call and schedule an interview/orientation/ time prior to starting the clinical rotation.			
Level: Intermediate/Advanced <input checked="" type="checkbox"/> Bilingual <input type="checkbox"/> Observations			
Contact: Margaret Meichel 305-547-4740			
Additional Information: 			

CLINICAL AFFILIATES

Affiliate	Director	Contact Supervisor	
Ellen Garrett & Associates	Ellen Garrett		
Address	City	State	Zip Code
149 NW 93 St	Miami Shores	FL	33138
Phone	Fax	Email	Signed Contact
305-751-6648		ellengarrett@mac.com	Yes
Mileage from FIU:			
Clinical Populations: <input checked="" type="checkbox"/> Adult <input checked="" type="checkbox"/> Child			
Hours of Operation: Mon-Fri: 8:00AM-8:00PM Students may work 3 full days/ may leave at 4PM for classes			
Course Requirements:			
Other Requirements: Neurological Bases of Communication Disorders; Dysphagia; Differential Dx; Language Learning in Preschool Children.			
Level: Advanced <input type="checkbox"/> Bilingual <input type="checkbox"/> Observations			
Contact: Ellen Garrett 305-721-3882			
Additional Information:			

CLINICAL AFFILIATES

Affiliate	Director	Contact Supervisor	
Fit For Kids/ Integrative Therapy Clinic Inc.	Steven and Michele Sanford	Michele Sanford	
Address	City	State	Zip Code
1868 NE 164 St	North Miami Beach	FL	33162
Phone	Fax	Email	Signed Contact
305-949-7665	305-949-7663	Fitforkids@bellsouth.net	Yes
Mileage from FIU:			
Clinical Populations: <input type="checkbox"/> Adult <input type="checkbox"/> Child			
<u>Hours of Operation:</u>			
<u>Course Requirements:</u> Language disorders in preschool children.			
<u>Other Requirements:</u>			
Level: All levels <input type="checkbox"/> Bilingual <input checked="" type="checkbox"/> Observations			
Contact: Michele Sanford			
<u>Additional Information:</u>			

CLINICAL AFFILIATES

Affiliate	Director	Contact Supervisor	
Florida Rehab Professionals, Inc	Gina Garcia		
Address	City	State	Zip Code
101 Miracle Mile	Coral gables	FL	33134
Phone	Fax	Email	Signed Contact
305-446-1638			Yes
Mileage from FIU:			
Clinical Populations: <input type="checkbox"/> Adult <input checked="" type="checkbox"/> Child			
<u>Hours of Operation:</u>			
<u>Course Requirements:</u>			
<u>Other Requirements:</u>			
Level: <input type="checkbox"/> Bilingual <input type="checkbox"/> Observations			
Contact:			
<u>Additional Information:</u>			

CLINICAL AFFILIATES

Affiliate	Director	Contact Supervisor	
Guilford County Schools	Allen Hooker		
Address	City	State	Zip Code
712 N Eugene St	Greensboro	NC	27401
Phone	Fax	Email	Signed Contact
336-446-1638			Yes
Mileage from FIU:			
Clinical Populations: <input type="checkbox"/> Adult <input type="checkbox"/> Child			
<u>Hours of Operation:</u>			
<u>Course Requirements:</u>			
<u>Other Requirements:</u>			
Level: <input type="checkbox"/> Bilingual <input type="checkbox"/> Observations			
Contact:			
<u>Additional Information:</u>			

CLINICAL AFFILIATES

Affiliate	Director	Contact Supervisor	
Harmony Health Center- Greenbriar			
Address	City	State	Zip Code
9820 N Kendall Dr	Miami	FL	33176
Phone	Fax	Email	Signed Contact
305 271-6311		mariorehab@yahoo.com	Yes
Mileage from FIU:			
Clinical Populations: <input type="checkbox"/> Adult <input type="checkbox"/> Child			
<u>Hours of Operation:</u>			
<u>Course Requirements:</u>			
<u>Other Requirements:</u>			
Level: <input type="checkbox"/> Bilingual <input checked="" type="checkbox"/> Observations			
Contact: Mario Gonzalez 954-394-4461			
<u>Additional Information:</u>			

CLINICAL AFFILIATES

Affiliate	Director	Contact Supervisor	
Health South Cutler Ridge	Ken Peters		
Address	City	State	Zip Code
20601 Old Cutler Rd	Miami	FL	33189
Phone	Fax	Email	Signed Contact
305-262-6800	305-262-6568		Yes
Mileage from FIU:			
Clinical Populations:	<input checked="" type="checkbox"/> Adult	<input checked="" type="checkbox"/> Child	
Hours of Operation:			
Full Time 8:00AM- 4:30PM No Saturday or weekend only.			
Course Requirements:			
Neuro Bases, Phon Dis, Diff Dx, LL Preschool and School Aged, Aphasia, Fluency, Dysphagia, Vocal Velopharyngeal.			
Other Requirements:			
Students are required to work full time. Students may leave at 4PM to attend classes. Will accept 1 student. Students must sign a "Statement of Confidentiality" which is in the Affiliation File.			
Level: Advanced <input checked="" type="checkbox"/> Bilingual <input type="checkbox"/> Observations			
Contact: Silvia Azcarate 305-394-4461 Melissa Sedda 305-259-6442			
Additional Information:			

CLINICAL AFFILIATES

Affiliate	Director	Contact Supervisor	
Health South Sunrise	Miriam Paul	Shelley Mondoux	
Address	City	State	Zip Code
	Sunrise	FL	
Phone	Fax	Email	Signed Contact
(954) 746-1477		Shelley.Mondoux@bellsouth.com	Yes
Mileage from FIU:			
Clinical Populations:	<input checked="" type="checkbox"/> Adult	<input checked="" type="checkbox"/> Child	
<u>Hours of Operation:</u>			
<u>Course Requirements:</u>			
<u>Other Requirements:</u>			
All students will be interviewed			
Level: All levels	<input type="checkbox"/> Bilingual	<input type="checkbox"/> Observations	
Contact: Shelley Mondoux (954) 746-1482			
<u>Additional Information:</u>			

CLINICAL AFFILIATES

Affiliate	Director	Contact Supervisor	
Hearing & Speech Center of Florida	Lillian Poms	Carol Alaimo-Tosca	
Address	City	State	Zip Code
9425 SW 72 St Suite 261	Miami	FL	33173
Phone	Fax	Email	Signed Contact
305-271-7343	305-271-7949	hscf@aol.com	Yes
Mileage from FIU:			
Clinical Populations: <input checked="" type="checkbox"/> Adult <input checked="" type="checkbox"/> Child			
<u>Hours of Operation:</u> Accept interns full time, interns may leave at 4PM to attend classes. No Sat. or weekends only.			
<u>Course Requirements:</u> Neurological Bases of CD; Phonological Disorders; Language Learning in Preschool and School Age children; Cultural Linguistic Diversity.			
<u>Other Requirements:</u> Prefer English/Spanish speaking externs, but will accept English only.			
Level: All levels <input checked="" type="checkbox"/> Bilingual <input type="checkbox"/> Observations			
Contact: Carol Alaimo-Tosca 305-271-7343			
<u>Additional Information:</u>			

CLINICAL AFFILIATES

Affiliate	Director	Contact Supervisor	
Hollywood Medical Center	Von King		
Address	City	State	Zip Code
3600 Washington Street	Hollywood	FL	33021
Phone	Fax	Email	Signed Contact
954-966-4500		Yvonne.king@tenethealth.com	Yes
Mileage from FIU:			
Clinical Populations: <input type="checkbox"/> Adult <input type="checkbox"/> Child			
<u>Hours of Operation:</u>			
<u>Course Requirements:</u> Neurological Bases of Communication; Neuromotor Communication Disorders; Differential Diagnosis of Communicative Disorders; Aphasia and Related Disorders; Dysphagia; Vocal and Velopharyngeal Disorders.			
<u>Other Requirements:</u>			
Level: Intermediate <input type="checkbox"/> Bilingual <input type="checkbox"/> Observations			
Contact: Kamal Clifton 954-986-6126			
<u>Additional Information:</u>			

CLINICAL AFFILIATES

Affiliate	Director	Contact Supervisor	
Holmes Regional Med Ctr Cape Canaveral Hospital			
Address	City	State	Zip Code
3470 N US 1	Melbourne	FL	32935
Phone	Fax	Email	Signed Contact
321-434-1962			Yes
Mileage from FIU:			
Clinical Populations: <input type="checkbox"/> Adult <input type="checkbox"/> Child			
<u>Hours of Operation:</u>			
<u>Course Requirements:</u>			
<u>Other Requirements:</u>			
Level: <input type="checkbox"/> Bilingual <input type="checkbox"/> Observations			
Contact:			
<u>Additional Information:</u>			

CLINICAL AFFILIATES

Affiliate	Director	Contact Supervisor	
Homestead Hospital See Baptist Hospital			
Address	City	State	Zip Code
160 NW 13 St	Homestead	FL	31030
Phone	Fax	Email	Signed Contact
			Yes
Mileage from FIU:			
Clinical Populations:	<input checked="" type="checkbox"/> Adult	<input checked="" type="checkbox"/> Child	
Hours of Operation:			
Full or part-time available			
Course Requirements:			
Language disorders in preschool children			
Other Requirements:			
Level: All Levels	<input type="checkbox"/> Bilingual	<input checked="" type="checkbox"/> Observations	
Contact: Michele Sanford			
Additional Information:			

CLINICAL AFFILIATES

Affiliate	Director	Contact Supervisor	
International Rehabilitation Professionals	Dehlia Franklin		
Address	City	State	Zip Code
17900 NW 5 ST Suite 103	Pembroke Pines	FL	33029
Phone	Fax	Email	Signed Contact
			Yes
Mileage from FIU:			
Clinical Populations: <input checked="" type="checkbox"/> Adult <input checked="" type="checkbox"/> Child			
Hours of Operation: 9:00 AM – 6:00 PM			
Course Requirements:			
Other Requirements:			
Level: All levels <input checked="" type="checkbox"/> Bilingual <input type="checkbox"/> Observations			
Contact: Dehlia Franklin (954) 435-8895			
Additional Information:			

CLINICAL AFFILIATES

Affiliate	Director	Contact Supervisor	
Jackson Memorial Hospital	Dr. Lynn Hausmann	John Massa	
Address	City	State	Zip Code
1611 NW 12 Ave	Miami	FL	33136
Phone	Fax	Email	Signed Contact
305-585-1260	305-585-1183		Yes
Mileage from FIU: 17			
Clinical Populations:	<input checked="" type="checkbox"/> Adult	<input checked="" type="checkbox"/> Child	
<u>Hours of Operation:</u>			
<u>Course Requirements:</u>			
Ethical and legal aspects of health care; Neuro Bases in CD; Phonological Disorders; Aural Habilitation; Language learning in preschool and school age children; Vocal & Velopharyngeal Disorders; Aphasia; Dysphagia; Fluency Disorders; Differential Dx in CD			
<u>Other Requirements:</u>			
Students should ask for a Policy and Procedure Manual which is on file with the department.			
Level: Advanced	<input type="checkbox"/> Bilingual	<input type="checkbox"/> Observations	
Contact: John Massa 305-585-1260			
<u>Additional Information:</u>			

CLINICAL AFFILIATES

Affiliate	Director	Contact Supervisor	
JFK Medical Center		Jean Whichele	
Address	City	State	Zip Code
5301 S Congress Ave	Atlantis	FL	33462
Phone	Fax	Email	Signed Contact
561-548-3650		www.JFKMC.com	Yes
Mileage from FIU:			
Clinical Populations: <input type="checkbox"/> Adult <input type="checkbox"/> Child			
<u>Hours of Operation:</u>			
<u>Course Requirements:</u>			
<u>Other Requirements:</u>			
Level: All Levels <input type="checkbox"/> Bilingual <input type="checkbox"/> Observations			
Contact: Jean Whichele or Diana Tito 561-548-3650			
<u>Additional Information:</u>			

CLINICAL AFFILIATES

Affiliate	Director	Contact Supervisor	
Jonas Therapy Associates Inc	Rene Jonas	Rene Jonas	
Address	City	State	Zip Code
199 W Palmetto Park Rd Suite 3	Boca Raton	FL	33432
Phone	Fax	Email	Signed Contact
561-361-0307			Yes
Mileage from FIU:			
Clinical Populations: <input checked="" type="checkbox"/> Adult <input type="checkbox"/> Child			
<u>Hours of Operation:</u> To be arranged with supervisor at site.			
<u>Course Requirements:</u> Dysphagia; Differential DX			
<u>Other Requirements:</u>			
Level: Intermediate <input type="checkbox"/> Bilingual <input checked="" type="checkbox"/> Observations			
Contact: Laura J. Sperduti			
<u>Additional Information:</u>			

CLINICAL AFFILIATES

Affiliate	Director	Contact Supervisor	
Kendall Speech & Language Center	Wendy Nottoli	Wendy Nottoli	
Address	City	State	Zip Code
10725 SW 104 th St	Miami	FL	33176
Phone	Fax	Email	Signed Contact
305-754-7883	305-274-4271	kslc@bellsouth.net	Yes
Mileage from FIU: 6			
Clinical Populations:	<input checked="" type="checkbox"/> Adult	<input checked="" type="checkbox"/> Child	
<u>Hours of Operation:</u>			
7:00 AM – 6:00 PM Full time or weekend interns/ 3 full days / 5 ¾ days No Saturdays or evenings only			
<u>Course Requirements:</u>			
Differential DX; Language learning in preschool children			
<u>Other Requirements:</u>			
Intern meets with Wendy Nottoli and staff weekly. Intern reviews, upcoming evals, session plan			
Level: All Levels	<input checked="" type="checkbox"/> Bilingual	<input type="checkbox"/> Observations	
Contact: Mary 305-274-7883			
<u>Additional Information:</u>			

CLINICAL AFFILIATES

Affiliate	Director	Contact Supervisor	
Kids Chat Therapy		Jenny Montagner	
Address	City	State	Zip Code
7100 SW 99 th Ave #201	Miami	FL	33173
Phone	Fax	Email	Signed Contact
305-491-1032			Yes
Mileage from FIU:			
Clinical Populations: <input type="checkbox"/> Adult <input type="checkbox"/> Child			
<u>Hours of Operation:</u>			
<u>Course Requirements:</u>			
<u>Other Requirements:</u>			
Level: <input type="checkbox"/> Bilingual <input type="checkbox"/> Observations			
Contact:			
<u>Additional Information:</u>			

CLINICAL AFFILIATES

Affiliate	Director	Contact Supervisor	
Kidz Connection	Tracy Heldenmuth		
Address	City	State	Zip Code
1811 NE 146 st	North Miami	FL	33181
Phone	Fax	Email	Signed Contact
305-949-4191	305-949-4833		Yes
Mileage from FIU:			
Clinical Populations: <input type="checkbox"/> Adult <input type="checkbox"/> Child			
<u>Hours of Operation:</u>			
<u>Course Requirements:</u>			
<u>Other Requirements:</u>			
Level: <input type="checkbox"/> Bilingual <input type="checkbox"/> Observations			
Contact:			
<u>Additional Information:</u>			

CLINICAL AFFILIATES

Affiliate	Director	Contact Supervisor	
Kinetic Kids, Inc.	Jennifer Gober	Jennifer Gober	
Address	City	State	Zip Code
1000 WEST AVENUE, #1411	Miami Beach	FL	33139
Phone	Fax	Email	Signed Contact
305-778-9198			
Mileage from FIU:			
Clinical Populations: <input type="checkbox"/> Adult <input checked="" type="checkbox"/> Child			
<u>Hours of Operation:</u>			
<u>Course Requirements:</u>			
<u>Other Requirements:</u>			
Level: <input type="checkbox"/> Bilingual <input type="checkbox"/> Observations			
Contact: Jennifer Gober			
<u>Additional Information:</u>			

CLINICAL AFFILIATES

Affiliate	Director	Contact Supervisor	
Manor Care of Plantation	Susan Kane		
Address	City	State	Zip Code
6931 W Sunrise Blvd	Plantation	FL	33313
Phone	Fax	Email	Signed Contact
954-583-6200			Yes
Mileage from FIU: 38			
Clinical Populations: <input type="checkbox"/> Adult <input type="checkbox"/> Child			
<u>Hours of Operation:</u>			
<u>Course Requirements:</u> Differential DX; Aphasia; Dysphagia; Neurological Bases of Communication; Neuromotor Communication disorders			
<u>Other Requirements:</u> Fluency in Spanish and/or French a plus but not necessary			
Level: All Levels <input type="checkbox"/> Bilingual <input type="checkbox"/> Observations			
Contact: Susan Kane or Tiffany Rand at 954-583-6200 ext 118 or 119			
<u>Additional Information:</u> Code: MCP			

CLINICAL AFFILIATES

Affiliate	Director	Contact Supervisor	
Mailman Center for Child Development	Dr. Robert Fifer	Irit Greenberg	
Address	City	State	Zip Code
1601 NW 12 Ave	Miami	FL	33136
Phone	Fax	Email	Signed Contact
305-243-6631	305-243-6059	rfifer@peds.med.miami.edu	Yes
Mileage from FIU: 12			
Clinical Populations: <input type="checkbox"/> Adult <input checked="" type="checkbox"/> Child			
<u>Hours of Operation:</u> Mon-Fri 8:30 AM – 5:00 PM			
<u>Course Requirements:</u> Differential DX; Aphasia; Dysphagia; Neurological Bases of Communication; Neuromotor Communication disorders; Phonological Disorders; Language Learning in School-Age Children and Preschool; Cultural Linguistic Diversity; Vocal and Velopharyngeal Disorders			
<u>Other Requirements:</u> Will accept 1 or 2 students who've had 2 or more previous clinical internships. Services are delivered in English and Spanish. Students may pay for parking – the site is working on trying to get intern-s parking paid for.			
Level: Advanced <input checked="" type="checkbox"/> Bilingual <input type="checkbox"/> Observations			
Contact: Irit Greenberg 305-243-5937 Robert Fifer			
<u>Additional Information:</u> Code: MCCD			

CLINICAL AFFILIATES

Affiliate	Director	Contact Supervisor	
Mercy Hospital		Bridgette Johnson	
Address	City	State	Zip Code
3663 South Miami Ave	Miami	FL	33133
Phone	Fax	Email	Signed Contact
305-285-2966			Yes
Mileage from FIU:			
Clinical Populations: <input type="checkbox"/> Adult <input type="checkbox"/> Child			
<u>Hours of Operation:</u>			
<u>Course Requirements:</u>			
<u>Other Requirements:</u>			
Level: <input type="checkbox"/> Bilingual <input type="checkbox"/> Observations			
Contact: Bridgette Johnson, Affiliating School Coordinator – 305-285-2766			
<u>Additional Information:</u>			

CLINICAL AFFILIATES

Affiliate	Director	Contact Supervisor	
Miami Cerebral Palsy Residential	William Appleton		
Address	City	State	Zip Code
2200 NW 107 Ave	Miami	FL	33172
Phone	Fax	Email	Signed Contact
305-599-0899	305-599-2721	UCPsouthflorida.org	Yes
Mileage from FIU: 3			
Clinical Populations: <input type="checkbox"/> Adult <input type="checkbox"/> Child			
<u>Hours of Operation:</u> Facility is open 24/7			
<u>Course Requirements:</u> Neuro Basis; Neuromotor comm. Disorders; Differential Dx; Language preschool; Language School age; Augmentative & Alternative Communication; Dysphagia; Aural Rehabilitation			
<u>Other Requirements:</u> 			
Level: <input checked="" type="checkbox"/> Bilingual <input type="checkbox"/> Observations			
Contact: Yordanka Checa 305-599-0899 ext 249 - Yordanka.Checa@ucpsouthflorida.org			
<u>Additional Information:</u> 			

CLINICAL AFFILIATES

Affiliate	Director	Contact Supervisor	
Miami Center for Speech Language Pathology	Dania Lopez-Ramirez	Dania Lopez-Ramirez	
Address	City	State	Zip Code
6035 Bird Rd Suite 203	Miami	FL	33155
Phone	Fax	Email	Signed Contact
305-667-2325	305-667-5571		Yes
Mileage from FIU:			
Clinical Populations: <input type="checkbox"/> Adult <input type="checkbox"/> Child			
<u>Hours of Operation:</u>			
<u>Course Requirements:</u>			
<u>Other Requirements:</u>			
Level: <input type="checkbox"/> Bilingual <input type="checkbox"/> Observations			
Contact:			
<u>Additional Information:</u> Code: MCSLP			

CLINICAL AFFILIATES

Affiliate	Director	Contact Supervisor	
Miami Children's Hospital			
Address	City	State	Zip Code
33100 SW 62 Ave	Miami	FL	33155
Phone	Fax	Email	Signed Contact
305-666-6511 ext. 2927			Yes
Mileage from FIU: 6			
Clinical Populations:	<input checked="" type="checkbox"/> Adult	<input checked="" type="checkbox"/> Child	
Hours of Operation: Mon-Fri 8:00 AM – 6:00 PM Sat 8:00 AM – 1:00 PM			
Course Requirements: Neuro Basis; Neuromotor comm. Disorders; Differential Dx; Language preschool; Dysphagia; Phonological Disorders			
Other Requirements: 			
Level: All Levels <input checked="" type="checkbox"/> Bilingual <input type="checkbox"/> Observations			
Contact: Joann Vargas, Rehab Manager 954-659-3503			
Additional Information: Code: MCH 206-666-6511 ext 13633			

CLINICAL AFFILIATES

Affiliate	Director	Contact Supervisor	
Miami Dade County Public School System	Dr. Debora Finley	Margarita Alonzo	
Address	City	State	Zip Code
1500 Biscayne Blvd Room 407 R	Miami	FL	33132
Phone	Fax	Email	Signed Contact
305-995-1257	305-995-2049	drdfinley@hotmail.com	Yes
Mileage from FIU: 14			
Clinical Populations: <input type="checkbox"/> Adult <input checked="" type="checkbox"/> Child 3-21 yrs			
<u>Hours of Operation:</u> Mon-Fri 8:15 AM – 4:00 PM			
<u>Course Requirements:</u> Ethical & Legal Aspects of health Care, Neuro Basis in CD; Phonological Disorders; Language preschool and School Aged Children			
<u>Other Requirements:</u> When students who teach for MDCPS take a leave of absence to complete clinical practicum's they must notify Md. Djebelli by memo on FIU stationary-fax it to her at 305-995-4692 phone 305-995-7090-7092 TEC Center 1080 LaBaron Drive Miami Springs, FL 33166 / Margarita Alonzo TWC, 305-887-2002 ext 210			
Level: All Levels <input type="checkbox"/> Bilingual <input type="checkbox"/> Observations			
Contact: Margarita Alonzo TEC, 305-887-2002 ext 210, Jodi De LA Torre 305-883-0403			
<u>Additional Information:</u> Code: MDCPS			

CLINICAL AFFILIATES

Affiliate	Director	Contact Supervisor	
Miami Jewish Home	Micheal Gaughran	Nancy Bobb ext 2683	
Address	City	State	Zip Code
5200 NE 2 nd Ave	Miami	FL	33137
Phone	Fax	Email	Signed Contact
305-751-8626	305-751-4530	www.mjha.com	Yes
Mileage from FIU: 16			
Clinical Populations: <input type="checkbox"/> Adult <input type="checkbox"/> Child			
<u>Hours of Operation:</u>			
<u>Course Requirements:</u>			
<u>Other Requirements:</u>			
Level: <input type="checkbox"/> Bilingual <input type="checkbox"/> Observations			
Contact:			
<u>Additional Information:</u>			
Code: MJH			

CLINICAL AFFILIATES

Affiliate	Director	Contact Supervisor	
Mt Sinai Medical Center	Betty Ann Taylor		
Address	City	State	Zip Code
4300 Alton Rd	Miami Beach	FL	33140
Phone	Fax	Email	Signed Contact
305-674-2573	305-674-2058	Betty_Y@msmc.com	Yes
Mileage from FIU: 19			
Clinical Populations:	<input checked="" type="checkbox"/> Adult	<input checked="" type="checkbox"/> Child	
Hours of Operation: 8:30 AM – 5:00 PM No Saturday or evening only			
Course Requirements: Neuro Basis (neuroanatomy) / Phonological Disorders. Diff Dx / Aphasia & Related Disorders; Dysphagia vocal and Velopharyngeal disorders			
Other Requirements: Adequate report writing skills			
Level: Intermediate <input checked="" type="checkbox"/> Bilingual <input type="checkbox"/> Observations			
Contact: Tina Bruno 305-674-2844			
Additional Information: 			

CLINICAL AFFILIATES

Affiliate	Director	Contact Supervisor	
M L Beechler, P.A Speech Therapy Associates	Lydia Beechler	Lydia Beechler	
Address	City	State	Zip Code
18181 NW 31 Ct Suite 2108	North Miami	FL	33160
Phone	Fax	Email	Signed Contact
305-944-6969	954-581-1320		Yes
Mileage from FIU:			
Clinical Populations: <input type="checkbox"/> Adult <input checked="" type="checkbox"/> Child			
Hours of Operation: Mon – Fri 9:00 AM – 7:00 PM Saturday 9:00 AM – 1:00 PM			
Course Requirements: Phonological Disorders; Language Learning in Preschool Children			
Other Requirements: Students will work with neurological impaired pediatric patients and therefore need very good interpersonal skills with pediatric population.			
Level: Intermediate <input type="checkbox"/> Bilingual <input checked="" type="checkbox"/> Observations			
Contact: Margaret Lydia Beechler cell # 305-788-8884 office : 305-944-6969			
Additional Information:			

CLINICAL AFFILIATES

Affiliate	Director	Contact Supervisor	
NCH Healthcare System, Inc.		Carol Johnson	
Address	City	State	Zip Code
350 7 th Street, North	Naples	FL	34102
Phone	Fax	Email	Signed Contact
Mileage from FIU:			
Clinical Populations: <input type="checkbox"/> Adult <input type="checkbox"/> Child			
<u>Hours of Operation:</u>			
<u>Course Requirements:</u>			
<u>Other Requirements:</u>			
Level: <input type="checkbox"/> Bilingual <input type="checkbox"/> Observations			
Contact:			
<u>Additional Information:</u>			

CLINICAL AFFILIATES

Affiliate	Director	Contact Supervisor	
NHC Healthcare	Terry Leeman		
Address	City	State	Zip Code
216 Fairground St	Franklin	TN	37064
Phone	Fax	Email	Signed Contact
			Yes
Mileage from FIU:			
Clinical Populations: <input type="checkbox"/> Adult <input type="checkbox"/> Child			
<u>Hours of Operation:</u>			
<u>Course Requirements:</u>			
<u>Other Requirements:</u>			
Level: <input type="checkbox"/> Bilingual <input type="checkbox"/> Observations			
Contact:			
<u>Additional Information:</u>			

CLINICAL AFFILIATES

Affiliate	Director	Contact Supervisor	
North Broward Hospital District	Margaret McMenamin		
Address	City	State	Zip Code
303 SW 17 St	Ft. Lauderdale	Florida	33316
Phone	Fax	Email	Signed Contact
(954) 355-4400			Yes
Mileage from FIU:			
Clinical Populations: <input type="checkbox"/> Adult <input type="checkbox"/> Child			
<u>Hours of Operation:</u>			
<u>Course Requirements:</u>			
<u>Other Requirements:</u>			
Level: <input type="checkbox"/> Bilingual <input type="checkbox"/> Observations			
Contact:			
<u>Additional Information:</u>			
<p>Coral Springs Medical Center: Background check by Florida Law Enforcement; Drug screen – a 5 panel drug screen (marijuana, cocaine, barbiturates, amphetamines. Immunizations: Chicken Pox, MMR, PPD. Basic Life Support. Contact Elizabeth Murillo, Fieldwork Coordinator with questions regarding these requirements (954) 344-3168</p> <p>Broward General Medical Center 954-355-4400 North Broward Medical Center 954-941-8300 Imperial Point Medical Center 954- 766-8500 Coral Springs Medical Center 954-344-3000</p>			

CLINICAL AFFILIATES

Affiliate	Director	Contact Supervisor	
On-Site Therapy & Education Training	Clara Canizares		
Address	City	State	Zip Code
941 N Krome Ave	Homestead	FL	33030
Phone	Fax	Email	Signed Contact
786-243-0275	786-243-0276		Yes
Mileage from FIU:			
Clinical Populations: <input type="checkbox"/> Adult <input checked="" type="checkbox"/> Child pediatric only			
<u>Hours of Operation:</u> 8:00 AM – 6:00 PM			
<u>Course Requirements:</u> Language Development in Preschool Children, Language Learning in School Aged Children			
<u>Other Requirements:</u>			
Level: <input type="checkbox"/> Bilingual <input type="checkbox"/> Observations			
Contact: Zoila Gonzalez, Clara Canizares			
<u>Additional Information:</u>			

CLINICAL AFFILIATES

Affiliate	Director	Contact Supervisor	
Paragon Rehab Services			
Address	City	State	Zip Code
Phone	Fax	Email	Signed Contact
			Yes
Mileage from FIU:			
Clinical Populations: <input type="checkbox"/> Adult <input type="checkbox"/> Child			
<u>Hours of Operation:</u>			
<u>Course Requirements:</u>			
<u>Other Requirements:</u>			
Level: <input type="checkbox"/> Bilingual <input type="checkbox"/> Observations			
Contact:			
<u>Additional Information:</u>			

CLINICAL AFFILIATES

Affiliate	Director	Contact Supervisor	
Parkway Regional Medical Center	Juliette Hamilton	Juliette Hamilton/ Karen Langhauser	
Address	City	State	Zip Code
160 NW 170 St	North Miami Beach	FL	33169
Phone	Fax	Email	Signed Contact
305-651-1100 ext 3300	305-654-5243	Karen.Langhauser@tenehealth.com	Yes
Mileage from FIU:			
Clinical Populations: <input type="checkbox"/> Adult <input type="checkbox"/> Child			
<u>Hours of Operation:</u>			
<u>Course Requirements:</u>			
<u>Other Requirements:</u>			
Students must sign "statement of responsibility"& "confidentiality statement"			
Level: <input type="checkbox"/> Bilingual <input type="checkbox"/> Observations			
Contact: Juliette Hamilton 350-651-1100 ext 5272			
<u>Additional Information:</u>			
Code: PRMC			

CLINICAL AFFILIATES

Affiliate	Director	Contact Supervisor	
Partners in Speech	Linda B. Caster		
Address	City	State	Zip Code
925 41 St Suite 100	Miami Beach	FL	33140
Phone	Fax	Email	Signed Contact
305-531-0081	305-531-6005	ibcaster@aol.com	Yes
Mileage from FIU:			
Clinical Populations: <input type="checkbox"/> Adult <input checked="" type="checkbox"/> Child 2-12 years			
Hours of Operation: Mon-Fri 8:30 AM – 6:00 PM			
Course Requirements: Phonological Disorders, Diff Dx, Language Learn Preschool, Language Learn School-Age			
Other Requirements:			
Level: Advanced <input type="checkbox"/> Bilingual <input type="checkbox"/> Observations			
Contact: Linda B. Caster 305-531-0081			
Additional Information: Code: PIS See children at 10 schools. Students may leave at 4 Pm to attend class. Will accept 1 student + undergraduate students may observe.			

CLINICAL AFFILIATES

Affiliate	Director	Contact Supervisor	
Pediatric Center for Communication & Feeding Deficiencies	Teri Munoz		
Address	City	State	Zip Code
10300 Sunset Dr. Suite 280	Miami	FL	33173
Phone	Fax	Email	Signed Contact
305-598-5589		Terimunoz@aol.com	Yes
Mileage from FIU:			
Clinical Populations: <input type="checkbox"/> Adult <input checked="" type="checkbox"/> Child pediatrics			
<u>Hours of Operation:</u> Mon-Fri 1:00 P - 8:00 PM			
<u>Course Requirements:</u>			
<u>Other Requirements:</u>			
Level: <input checked="" type="checkbox"/> Bilingual <input type="checkbox"/> Observations			
Contact: Glenda Benites 305-598-5589 glendabenites@aol.com			
<u>Additional Information:</u>			

CLINICAL AFFILIATES

Affiliate	Director	Contact Supervisor	
Pediatric Therapy Group	Barbara Roca	Barbara Roca	
Address	City	State	Zip Code
9095 SW 87 Ave Suite 501	Miami	FL	33176
Phone	Fax	Email	Signed Contact
305-274-9966	305-274-5007	barbyr@bellsouth.net	Yes
Mileage from FIU:			
Clinical Populations: <input type="checkbox"/> Adult <input checked="" type="checkbox"/> Child			
Hours of Operation: Mon-Thurs 9:00 AM – 7:00 PM Fri 9:00 AM – 5:00 PM Sat 9:00 AM - Noon			
Course Requirements: Phonological Disorders, Language in Preschool Children			
Other Requirements:			
Level: Intermediate <input type="checkbox"/> Bilingual <input type="checkbox"/> Observations			
Contact: Barbara Roca			
Additional Information:			

CLINICAL AFFILIATES

Affiliate	Director	Contact Supervisor	
Palace at Kendall Nursing & Rehab	Carmen Trejo	Carmen Trejo	
Address	City	State	Zip Code
11215 SW 84 St	Miami	FL	33173
Phone	Fax	Email	Signed Contact
305-271-225	305-598-4334	ctrojo@saconsul.com	Yes
Mileage from FIU: 7			
Clinical Populations: <input checked="" type="checkbox"/> Adult <input type="checkbox"/> Child			
<u>Hours of Operation:</u> Mon-Fri 8:00 AM – 2:00 PM			
<u>Course Requirements:</u> Recommended courses : Dysphagia, Neuromotor CD, Aphasia (some knowledge of)			
<u>Other Requirements:</u> 			
Level: Intermediate <input type="checkbox"/> Bilingual <input type="checkbox"/> Observations			
Contact: Carmen Trejo 305-271-2225			
<u>Additional Information:</u> Code: PKN Student externs will gain knowledge of Perspective payment system, Medicare and HMO billing.			

CLINICAL AFFILIATES

Affiliate	Director	Contact Supervisor	
Palm Garden of Aventura		Digna Montoya	
Address	City	State	Zip Code
21251 W. Dixies Hwy	N. Miami Beach	FL	33180
Phone	Fax	Email	Signed Contact
305-979-3305	305-935-0686	jduffy@eliterehab.net	Yes
Mileage from FIU: 7			
Clinical Populations: <input checked="" type="checkbox"/> Adult geriatrics <input type="checkbox"/> Child			
<u>Hours of Operation:</u>			
<u>Course Requirements:</u>			
<u>Other Requirements:</u>			
Level: All Levels <input type="checkbox"/> Bilingual <input checked="" type="checkbox"/> Observations			
Contact: Digna Montoya 305-835-4827			
<u>Additional Information:</u>			

CLINICAL AFFILIATES

Affiliate	Director	Contact Supervisor	
Pediatric Therapy Associates	Monica Wojcik		
Address	City	State	Zip Code
447 NW 73 Ave	Plantation	FL	33317
Phone	Fax	Email	Signed Contact
954-583-7383	954-583-7388		Yes
Mileage from FIU: 36			
Clinical Populations: <input type="checkbox"/> Adult <input checked="" type="checkbox"/> Child 1 mo – 18 yrs			
Hours of Operation: Mon-Fri 8:00 AM – 6:00 PM			
Course Requirements: Neuro Bases, Phonological Disorders, Neuromotor Comm Disorders, Differential Dx, LL Preschool Children, Augmentative & Alternative Comm, Aphasia & related disorders, fluency disorders, Dysphagia, Vocal & Velopharyngeal Disorders, Aural Hab & Rehab			
Other Requirements: Independence			
Level: Intermediate <input type="checkbox"/> Bilingual <input type="checkbox"/> Observations			
Contact: Monica Wojcik 954-583-7383			
Additional Information: Code: PTA			

CLINICAL AFFILIATES

Affiliate	Director	Contact Supervisor	
PPEC Prescribed Pediatric Extended Care	Janet Horn		
Address	City	State	Zip Code
15839 NW 2 nd Ave	Miami	FL	33169
Phone	Fax	Email	Signed Contact
305-948-5683	305-948-5676		Yes
Mileage from FIU: 21			
Clinical Populations: <input type="checkbox"/> Adult <input checked="" type="checkbox"/> Child			
<u>Hours of Operation:</u>			
<u>Course Requirements:</u>			
<u>Other Requirements:</u>			
Level: <input type="checkbox"/> Bilingual <input type="checkbox"/> Observations			
Contact:			
<u>Additional Information:</u>			

CLINICAL AFFILIATES

Affiliate	Director	Contact Supervisor	
Promised Land Consult Inc.	Jennifer Nowalk	Jennifer Nowalk	
Address	City	State	Zip Code
18810 Belmont Dr.	Miami	FL	33157
Phone	Fax	Email	Signed Contact
305-281-4665	305-255-2572	Plandinc@bellsouth.net	Yes
Mileage from FIU: 16 miles			
Clinical Populations: <input checked="" type="checkbox"/> Adult <input checked="" type="checkbox"/> Child			
Hours of Operation: 10:00AM – 7:00PM			
Course Requirements: Phonological Disorders, Language Learning Preschool, Language Learning School Ages, Augmentative & Alternative CD, Differential Dx, Dysphagia.			
Other Requirements: Reliable transportation – HIV/AIDS & OSHA/TB/Bloodborne Pathogens/Car Insurance/CPR/Affidavit of moral character/handout on file for students.			
Level: all levels <input type="checkbox"/> Bilingual <input checked="" type="checkbox"/> Observations			
Contact: Jennifer Nowalk 305-255-9561			
Additional Information: Code: PLC			

CLINICAL AFFILIATES

Affiliate	Director	Contact Supervisor	
Signature Healthcare - LP Homestead, LLC, LP Palm Bay, LLC, LP Sebring, LLC, LP Lake Worth, LLC, LP Ormond Beach			
Address	City	State	Zip Code
2979 PGA Boulevard	Palm Beach Gardens	FL	33410
Phone	Fax	Email	Signed Contact
561-627-0664	561-627-4948	kengel@signaturehealthcarellc.com	Yes
Mileage from FIU:			
Clinical Populations: <input type="checkbox"/> Adult <input type="checkbox"/> Child			
<u>Hours of Operation:</u>			
<u>Course Requirements:</u>			
<u>Other Requirements:</u>			
Level: <input type="checkbox"/> Bilingual <input type="checkbox"/> Observations			
Contact:			
<u>Additional Information:</u>			

CLINICAL AFFILIATES

Affiliate	Director	Contact Supervisor	
Specialized Speech Center	John Tambasco	Dana Gonzalez	
Address	City	State	Zip Code
10011 Pines Blvd Suite 202	Pembroke Pines	FL	33024
Phone	Fax	Email	Signed Contact
954-442-9422	954-442-9150	johntambas@aol.com	yes
Mileage from FIU: 24 miles			
Clinical Populations: <input type="checkbox"/> Adult <input checked="" type="checkbox"/> Child <i>pediatrics</i>			
<u>Hours of Operation:</u> Mon- Fri 8:00Am – 6:00PM			
<u>Course Requirements:</u> Neurological Bases of Communication Disorders/Phonological Disorders/Language in Preschool/Fluency Disorders/ Aural Habilitation.			
<u>Other Requirements:</u> 			
Level: all levels <input checked="" type="checkbox"/> Bilingual <input type="checkbox"/> Observations			
Contact: John Tambasco or Jennifer 954-442-9422			
<u>Additional Information:</u> 			

CLINICAL AFFILIATES

Affiliate	Director	Contact Supervisor	
Speech Pathology Consultant Group Inc	Beth Passman		
Address	City	State	Zip Code
18459 Pines Blvd Suite 124	Pembroke Pines	FL	33029
Phone	Fax	Email	Signed Contact
954-469-2606	954-437-0029	SpeechFL@aol.com	Yes
Mileage from FIU: 22 miles			
Clinical Populations:	<input checked="" type="checkbox"/> Adult	<input checked="" type="checkbox"/> Child	
<u>Hours of Operation:</u> Varies from 8:00AM – 8:00PM			
<u>Course Requirements:</u> Neuro Bases, Phono Disorders, Neuromotor Comm, Diff Dx, Language Development Preschool, Dysphagia, Vocal & Velopharyngeal Disorders.			
<u>Other Requirements:</u> Reliable transportation, punctuality, enjoys working with small children.			
Level: Intermeditate, advanced	<input type="checkbox"/> Bilingual	<input checked="" type="checkbox"/> Observations	
Contact: Beth Passman 954-437-0029			
<u>Additional Information:</u> 			

CLINICAL AFFILIATES

Affiliate	Director	Contact Supervisor	
Speech Pathology & Educational Center	Millie Suarez		
Address	City	State	Zip Code
3850 SW 87 Ave Suite 205	Miami	FL	33165
Phone	Fax	Email	Signed Contact
305-266-5353	305-220-2377	Speechatspec@aol.com	Yes
Mileage from FIU: 4 miles			
Clinical Populations: <input checked="" type="checkbox"/> Adult <input checked="" type="checkbox"/> Child			
<u>Hours of Operation:</u> Mon – Fri 8:30AM - 5:00PM			
<u>Course Requirements:</u> Ethics & Legal Issues in Health Care, Neuro Bases in CS, Phonological Disorders, Language Learning in Preschool Children, Language Learning in School Age Children, Vocal & Velopharyngeal Disorders, Aphasia, Dysphagia, Fluency, Differential Dx in CD (all courses recommended)			
<u>Other Requirements:</u> Report Writing			
Level: all levels <input type="checkbox"/> Bilingual <input type="checkbox"/> Observations			
Contact: Millie Suarez 305-266-5353			
<u>Additional Information:</u> CODE: SPEC			

CLINICAL AFFILIATES

Affiliate	Director	Contact Supervisor	
South Broward Hospital District Memorial Regional Hospital		Susan Triano	
Address	City	State	Zip Code
3501 Johnson ST	Hollywood	FL	33030
Phone	Fax	Email	Signed Contact
954-963-2000 ext 4758			Yes
Mileage from FIU: 29 miles			
Clinical Populations: ✓ Adult 21 yes geriatrics ✓ Child birth – 21yrs			
<u>Hours of Operation:</u> Mon- Fri 8:30AM – 4:30PM			
<u>Course Requirements:</u> Neuro Bases, Neuromotor CD, Differential DX, Language Preschool & School Age, Aphasia, Dysphagia, Voice			
<u>Other Requirements:</u> 			
Level: Advanced ✓ Bilingual ✓ Observations			
Contact: Susan Triano 954-963-2000 ext 4758 Striano@mhs.net			
<u>Additional Information:</u> 			

CLINICAL AFFILIATES

Affiliate	Director	Contact Supervisor	
South Miami Audiology	Dr. Cindy Simon	Dr. Cindy Simon	
Address	City	State	Zip Code
6280 Sunset Dr.	Miami	FL	33143
Phone	Fax	Email	Signed Contact
305-663-9301	305-663-0170	Goombys@aol.com	Yes
Mileage from FIU: 8 miles			
Clinical Populations: <input checked="" type="checkbox"/> Adult <input checked="" type="checkbox"/> Child			
<u>Hours of Operation:</u>			
<u>Course Requirements:</u> Aural Habilitation & Rehabilitation			
<u>Other Requirements:</u>			
Level: all levels <input type="checkbox"/> Bilingual <input type="checkbox"/> Observations			
Contact: Dr. Cindy Simon			
<u>Additional Information:</u> CODE: SMA			

CLINICAL AFFILIATES

Affiliate	Director	Contact Supervisor	
Speakeasy For Kids, Inc.		Coral C. Du Quesne	
Address	City	State	Zip Code
4960 SW 72 nd Ave, Ste 305	Miami	FL	33155
Phone	Fax	Email	Signed Contact
Mileage from FIU:			
Clinical Populations: <input type="checkbox"/> Adult <input checked="" type="checkbox"/> Child			
<u>Hours of Operation:</u>			
<u>Course Requirements:</u>			
<u>Other Requirements:</u>			
Level: <input type="checkbox"/> Bilingual <input type="checkbox"/> Observations			
Contact: Coral C. Du Quesne			
<u>Additional Information:</u>			

CLINICAL AFFILIATES

Affiliate	Director	Contact Supervisor	
St. Anne's Nursing Center & ST. Annie Residence Inc.	Andres Doble		
Address	City	State	Zip Code
11855 Quail Roost Dr	Miami	FL	33177
Phone	Fax	Email	Signed Contact
305-252-4000		adoble@chsfla.com	Yes
Mileage from FIU: 14 miles			
Clinical Populations: <input checked="" type="checkbox"/> Adult <input type="checkbox"/> Child			
<u>Hours of Operation:</u>			
<u>Course Requirements:</u>			
<u>Other Requirements:</u>			
Level: Advanced <input checked="" type="checkbox"/> Bilingual <input type="checkbox"/> Observations			
Contact: Laura Vickers ext 6231			
<u>Additional Information:</u>			
CODE: SANC			

CLINICAL AFFILIATES

Affiliate	Director	Contact Supervisor	
St. John's Rehabilitation Hospital and Nursing Center Inc.	Andres Noble	Whitney White Bert Reese	
Address	City	State	Zip Code
3075 NW 35 Ave	Lauderhill Lakes	FL	33311
Phone	Fax	Email	Signed Contact
954-739-6233	954-485-4023	adoble@chsfla.com	Yes
Mileage from FIU: 40 miles			
Clinical Populations: <input type="checkbox"/> Adult <input type="checkbox"/> Child			
<u>Hours of Operation:</u>			
<u>Course Requirements:</u>			
<u>Other Requirements:</u>			
Level: advanced <input checked="" type="checkbox"/> Bilingual <input type="checkbox"/> Observations			
Contact: Whitney White 954-739-6233			
<u>Additional Information:</u> CODE: SIRH			

CLINICAL AFFILIATES

Affiliate	Director	Contact Supervisor	
St. Mary's Medical Center		Vivian Clare	
Address	City	State	Zip Code
901 45 St	West Palm Beach	FL	33407
Phone	Fax	Email	Signed Contact
561-882-2860	561-881-0955	lvian.Clare@tenehealth.com	Yes
Mileage from FIU:			
Clinical Populations: <input type="checkbox"/> Adult <input type="checkbox"/> Child			
<u>Hours of Operation:</u>			
<u>Course Requirements:</u>			
<u>Other Requirements:</u>			
Level: <input type="checkbox"/> Bilingual <input type="checkbox"/> Observations			
Contact:			
<u>Additional Information:</u>			

CLINICAL AFFILIATES

Affiliate	Director	Contact Supervisor	
St. Catherine's Villa Maria Rehabilitation & Nursing Inc	Andres Noble		
Address	City	State	Zip Code
1050 NW 125 th ST	North Miami	FL	33161
Phone	Fax	Email	Signed Contact
305-891-8850 ext 4283	305-357-9371	adoble@chsfla.com	Yes
Mileage from FIU: 21 miles			
Clinical Populations: <input checked="" type="checkbox"/> Adult <input type="checkbox"/> Child			
<u>Hours of Operation:</u> 7:00AM – 6:00PM			
<u>Course Requirements:</u> Dysphagia			
<u>Other Requirements:</u> 			
Level: <input checked="" type="checkbox"/> Bilingual <input type="checkbox"/> Observations			
Contact:			
<u>Additional Information:</u> 3 externs for this affiliates: 1- St. Catherines's 2- St. John's Rehab Hospital 3- St. Anne's Nursing Center CODE: SCVM			

CLINICAL AFFILIATES

Affiliate	Director	Contact Supervisor	
Speech Professional fks Chris Walters & Associates	Chris Walters		
Address	City	State	Zip Code
4675 N. University Dr	Pompano Beach	FL	33067
Phone	Fax	Email	Signed Contact
954-227-8255		Synergycw@aol.com	Yes
Mileage from FIU:			
Clinical Populations: <input type="checkbox"/> Adult <input type="checkbox"/> Child			
<u>Hours of Operation:</u>			
<u>Course Requirements:</u>			
<u>Other Requirements:</u>			
Level: <input type="checkbox"/> Bilingual <input type="checkbox"/> Observations			
Contact:			
<u>Additional Information:</u>			

CLINICAL AFFILIATES

Affiliate	Director	Contact Supervisor	
Speech Therapy Center, Inc.	Barbara Cardeso	Barbara Cardeso	
Address	City	State	Zip Code
1450 SW 22 nd Street	Miami	FL	33016
Phone	Fax	Email	Signed Contact
(305) 856-1999			
Mileage from FIU:			
Clinical Populations: <input type="checkbox"/> Adult <input type="checkbox"/> Child			
<u>Hours of Operation:</u>			
<u>Course Requirements:</u>			
<u>Other Requirements:</u>			
Level: <input type="checkbox"/> Bilingual <input type="checkbox"/> Observations			
Contact:			
<u>Additional Information:</u>			

CLINICAL AFFILIATES

Affiliate	Director	Contact Supervisor	
Stepping UP Learning Center	Millie Suarez		
Address	City	State	Zip Code
9211 SW 40 th ST	Miami	FL	33165
Phone	Fax	Email	Signed Contact
305-220-7778	305-220-2377	Vimisi@aol.com	Yes
Mileage from FIU:			
Clinical Populations:			
<input type="checkbox"/> Adult		<input checked="" type="checkbox"/> Child <i>pediatrics</i>	
<u>Hours of Operation:</u>			
Mon-Fro 8:30AM- 5:00PM			
<u>Course Requirements:</u>			
Ethical & Legal Issues in Health Care, Neuro Bases in CD, Phonological Disorders, Language Learning in Preschool Children, Language Learning in School Age Children, Vocal & Velopharyngeal Disorders, Aphasia, Dysphagia, Fluency, Differential Dx in CD (all are recommended)			
<u>Other Requirements:</u>			
Report Writing			
Level: all levels			
<input type="checkbox"/> Bilingual		<input type="checkbox"/> Observations	
Contact: Millie Suarez 305-220-7778			
<u>Additional Information:</u>			

CLINICAL AFFILIATES

Affiliate	Director	Contact Supervisor	
Sunrise Health & Rehab Center	Nadja Papillon		
Address	City	State	Zip Code
4800 Nob Hill Road	Sunrise	FL	33351
Phone	Fax	Email	Signed Contact
954-577-3600	954-577-3640		Yes
Mileage from FIU:			
Clinical Populations: <input type="checkbox"/> Adult <input type="checkbox"/> Child			
<u>Hours of Operation:</u> Mon-Fri			
<u>Course Requirements:</u> Neuro Bases, Neuromotor CD, Differential Dx, Aphasia, Fluency Disorders			
<u>Other Requirements:</u> Familiarity with geriatrics patients			
Level: <input type="checkbox"/> Bilingual <input type="checkbox"/> Observations			
Contact: Nadja Papillon 954-577-3600 nadja@sunrisech.com			
<u>Additional Information:</u>			

CLINICAL AFFILIATES

Affiliate	Director	Contact Supervisor	
Sunset Speech and Language Pathology LLC	Melissa Berry Daetiong M.A. CCC-SLP		
Address	City	State	Zip Code
1550 SOUTH DIXIE HWY Suite 214	Coral Gables	Fl	33146
Phone	Fax	Email	Signed Contact
Mileage from FIU:			
Clinical Populations: <input type="checkbox"/> Adult <input type="checkbox"/> Child			
<u>Hours of Operation:</u>			
<u>Course Requirements:</u>			
<u>Other Requirements:</u>			
Level: <input type="checkbox"/> Bilingual <input type="checkbox"/> Observations			
Contact:			
<u>Additional Information:</u>			

CLINICAL AFFILIATES

Affiliate	Director	Contact Supervisor	
Swallowing Diagnostics		Debra Tarakofsky	
Address	City	State	Zip Code
4486 N Univeristy Dr	Laruderhill	FL	33351
Phone	Fax	Email	Signed Contact
954-578-4948		debra@sdinow.com	
Mileage from FIU:			
Clinical Populations: <input type="checkbox"/> Adult <input type="checkbox"/> Child			
<u>Hours of Operation:</u>			
<u>Course Requirements:</u>			
<u>Other Requirements:</u>			
Level: <input type="checkbox"/> Bilingual <input checked="" type="checkbox"/> Observations			
Contact: Debra Tarakofsky 954-224-6786			
<u>Additional Information:</u>			

CLINICAL AFFILIATES

Affiliate	Director	Contact Supervisor	
The Speech Therapy Clinic	Jukieanne Friewald	Heather Elwell	
Address	City	State	Zip Code
7840 NW 178 ST	Miami	FL	33015
Phone	Fax	Email	Signed Contact
305-822-4331	305-822-1349	Juliefriewald@aol.com	Yes
Mileage from FIU: 16 miles			
Clinical Populations: <input checked="" type="checkbox"/> Adult <input checked="" type="checkbox"/> Child			
Hours of Operation: Mon- Fri 8:30AM-7:00PM			
Course Requirements:			
Other Requirements:			
Level: all levels <input type="checkbox"/> Bilingual <input checked="" type="checkbox"/> Observations			
Contact: Heather Elwell			
Additional Information: www.Speechtherapyclinic.com			

CLINICAL AFFILIATES

Affiliate	Director	Contact Supervisor	
Therapy Associates of South Florida	Kathy Trofibio		
Address	City	State	Zip Code
6595 NW 36 St Suite 305-2	Miami	FL	33166
Phone	Fax	Email	Signed Contact
786-942-2877	305-841-1300	KatroFibio@aol.com	Yes
Mileage from FIU:			
Clinical Populations: <input type="checkbox"/> Adult <input type="checkbox"/> Child			
<u>Hours of Operation:</u> Mon-Fri 9:00AM – 5:00PM			
<u>Course Requirements:</u> Phonological Disorders, Language Learning in Preschool Children.			
<u>Other Requirements:</u>			
Level: <input type="checkbox"/> Bilingual <input type="checkbox"/> Observations			
Contact: Kathy Trofibio 786-942-2877			
<u>Additional Information:</u>			

CLINICAL AFFILIATES

Affiliate	Director	Contact Supervisor	
United Cerebral Palsy of Miami Dade County	Williams Appleton		
Address	City	State	Zip Code
2200 NW 107 Ave	Miami	FL	33172
Phone	Fax	Email	Signed Contact
305-599-0899	305-599-2721	UCPsouthflorida.org	Yes
Mileage from FIU: 3 miles			
Clinical Populations: <input type="checkbox"/> Adult <input type="checkbox"/> Child			
<u>Hours of Operation:</u> Facility open 24/7			
<u>Course Requirements:</u> Neuro Bases, Neuromotor comm. Disorders, Differential Dx, Language Preschool, Language School Age, Augmentative & Alternative Communication , Dyphagia, Aural Rehabilitation.			
<u>Other Requirements:</u> 			
Level: <input checked="" type="checkbox"/> Bilingual <input type="checkbox"/> Observations			
Contact: Yordanka Checa 305-599-0899 ext 248 or Yordanka Checa@ucsouthflorida.org			
<u>Additional Information:</u> 			

CLINICAL AFFILIATES

Affiliate	Director	Contact Supervisor	
Victoria Nursing & Rehab Center & Riverside Care Center	Josephine Vicente	Brenda Rivera	
Address	City	State	Zip Code
955 NW 23 rd Street	Miami	FL	33128
Phone	Fax	Email	Signed Contact
305 548-4020			Yes
Mileage from FIU:			
Clinical Populations: <input type="checkbox"/> Adult <input type="checkbox"/> Child			
<u>Hours of Operation:</u>			
<u>Course Requirements:</u> Neurological Bases, Aural Habilitation, Aphasia; Dysphagia			
<u>Other Requirements:</u>			
Level: <input type="checkbox"/> Bilingual <input checked="" type="checkbox"/> Observations			
Contact: Brenda Rivera 305 548-4020 ext 2101			
<u>Additional Information:</u>			

CLINICAL AFFILIATES

Affiliate	Director	Contact Supervisor	
Veteran's Administration	Dr. Bolinger	Katheleen Wilson-Vazquez	
Address	City	State	Zip Code
1201 NW 16 ST	Miami	FL	33125
Phone	Fax	Email	Signed Contact
305-575-3148	305-575-3360	Katheleen.Wilson-Vazquez@med.va.gov	Yes
Mileage from FIU: 12 miles			
Clinical Populations: <input type="checkbox"/> Adult <input type="checkbox"/> Child			
<u>Hours of Operation:</u>			
<u>Course Requirements:</u>			
<u>Other Requirements:</u>			
Level: <input type="checkbox"/> Bilingual <input type="checkbox"/> Observations			
Contact: Katheleen Wilson-Vazquez 305-324-3148			
<u>Additional Information:</u>			
CODE: VA			

CLINICAL AFFILIATES

Affiliate	Director	Contact Supervisor	
West Gables Rehabilitation Hospital	Robert Bermudez	Lily Hernandez	
Address	City	State	Zip Code
2525 SW 75 Ave	Miami	FL	33155
Phone	Fax	Email	Signed Contact
305-260-4520			
Mileage from FIU:			
Clinical Populations: <input type="checkbox"/> Adult <input type="checkbox"/> Child			
<u>Hours of Operation:</u>			
<u>Course Requirements:</u>			
<u>Other Requirements:</u>			
Level: <input type="checkbox"/> Bilingual <input type="checkbox"/> Observations			
Contact: Lily Hernandez			
<u>Additional Information:</u> Other phone: 305-265-9391			

CLINICAL AFFILIATES

Affiliate	Director	Contact Supervisor	
Westchester General Hospital		Gilda Baldwin, MMS, DHSc	
Address	City	State	Zip Code
2400 SW 75 th Avenue	Miami	FL	33155
Phone	Fax	Email	Signed Contact
(305) 264-5252			
Mileage from FIU:			
Clinical Populations: <input checked="" type="checkbox"/> Adult <input type="checkbox"/> Child			
<u>Hours of Operation:s</u>			
<u>Course Requirements:</u>			
<u>Other Requirements:</u>			
Level: <input type="checkbox"/> Bilingual <input type="checkbox"/> Observations			
Contact:			
<u>Additional Information:</u>			

CLINICAL AFFILIATES

CLINICAL AFFILIATES

CLINICAL AFFILIATES

Affiliate	Director	Contact Supervisor	
Address	City	State	Zip Code
Phone	Fax	Email	Signed Contact
Mileage from FIU:			
Clinical Populations: <input type="checkbox"/> Adult <input type="checkbox"/> Child			
<u>Hours of Operation:</u>			
<u>Course Requirements:</u>			
<u>Other Requirements:</u>			
Level: <input type="checkbox"/> Bilingual <input type="checkbox"/> Observations			
Contact:			
<u>Additional Information:</u>			

CLINICAL AFFILIATES

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