2022 Clinic Application

This application is session based and will log you out after a period of inactivity. Therefore, please be sure to save your work before leaving the application window open for any amount of time. Failing to do so may jeopardize you losing any information which has not been saved.

General Information - Clinic Session Application

Welcome to The Midwest Clinic online clinic session application. All applications must be submitted by **Friday**, **March 11**, **2022** at **6:00 PM (EST)**. Applications received by the deadline but without all the required materials will not be considered. Please do not call The Midwest Clinic office requesting an extension for any item.

- 1. The Midwest Clinic suggests that individuals who have presented a live clinic at Midwest in the past three years wait to reapply (2019 2021). The selection of clinicians is at the sole discretion of The Midwest Clinic Board of Directors.
- 2. Applicants are expected to be available to present their clinic at any time during The Midwest Clinic. Before applying please make sure that your calendar is clear for the entire duration of the conference (Monday, December 19 through Thursday 22, 2022) until your session time and date are confirmed.
- 3. The Midwest Clinic welcomes applications representing all areas of instrumental music and music education.
- 4. It is not necessary for a clinician to have a sponsor but all clinicians are responsible for their own fees and expenses. However, those invited to present a clinic session will receive gratis registration to the conference.
- 5. You must provide a detailed session outline and three evaluations from prominent professionals who are familiar with your work. The deadline for the evaluations is **Friday**, **March 18**, **2022**, **6:00 PM EST**.
- 6. Any clinic in which music will be performed (i.e. LIVE demonstration ensemble) must notate this in the appropriate space provided on the application (Part IV).

7. When filling out the form, please refrain from using the less-than sign ("<") or the combination of "&" and "#" together. Using these characters/character combinations will result in an error. In order to keep our guests safe we use some pretty strict rules that govern what you can and can't enter in our forms.

NOTE: We strongly recommend that you do not begin this application until you have secured all required materials (i.e. photo(s), proposal outline, evaluator names/email addresses). This application does have a "SAVE" feature HOWEVER you will be unable to utilize it (as well as advance onto the next page) until the section (i.e. Part I) you are working on has been completed.

Application Section Samples

Part I – Principal Clinician's Information Part II – Clinic Details Part III – Additional Clinicians (if applicable) Part IV – Additional Clinic Information/Application Evaluators (Evaluations will be sent electronically only AFTER the submission of your completed application, and therefore cannot be done beforehand.)

For frequently asked questions about the clinic application process please visit <u>http://www.midwestclinic.org/Clinic FAQS.html</u>.

Part I - Principal Clinician's Information

Clinician Information

Prefix	Principal Clinician's First Name *	Principal Clinician's Last Name	*
Prefix	♦ Principal Clinician's First Name*	Principal Clinician's Last Name*	
School/Universi	ty/Association *		
School/Univers	ity/Association*		
Address *			
Address*			
City *		State* Zip*	
City*		State*	»*
Office Phone		Cell Phone *	
Office Phone		Cell Phone *	
Email *		Website URL	
Email*		Website URL	
Principal Clinicia	an's Bio: Cannot Exceed 1600 Characters*		
Principal Clinici	ian's Bio*		

Clincian Photo Upload

Upload Photo:*

Select

Your Photo:

No Image Uploaded.

Clincian History

Have you ever attended The Midwest Clinic?*	No	No	
If yes, when?			
If yes, when?*			
Have you ever applied to present a session at The Midwest Clinic? *	No	\$	
If yes, when?			
If yes, when?*			
Have you ever presented a session at The Midwest Clinic? *	No	\$	
If yes, year and title of your clinic? If multiple years, please list all.			
If yes, year and title of your clinic? If multiple years, please list all.*			
Education (School, Degree, Year) * (limited to 500 characters)			
Education (School, Degree, Year)*			
Previous Teaching Position (Where, When, Capacity) * (limited to 500 characters)			
Previous Teaching Position (Where, When, Capacity)*			

Save and Come Back Later

Save and Continue to the Next Step



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MIDWEST CLINIC 2021 W9 REGISTRATION FEES & CONFERENCE DATES REGISTRATION & TRAVEL FOR MIDWEST CLINIC HOTELS AND RESERVATIONS FOR MIDWEST CLINIC SHUTTLE SCHEDULE DINING AT MCCORMICK PLACE WEST MAPS & DIRECTIONS TRANSPORTATION TO THE MIDWEST CLINIC PROMOTIONAL LETTER TO ADMINISTRATORS OFFICIAL LETTER OF INVITATION FOR ATTENDEES

<u>Contact Us | Privacy Statement | Terms of Use</u> 1340 International Pkwy, Suite 200 - Woodridge, IL 60517 Phone: <u>(630) 861-6125</u> - Fax: (630) 891-3985 Email: <u>info@midwestclinic.org</u>

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