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Fall 2007

A Message from the President

Joan D'Alessandro

Dear PAA Members and Colleagues:

This issue of *Auds and Endz* is being mailed to all licensed audiologists in the Commonwealth, so I wanted to briefly go over our agenda for the year: what has been accomplished and what we intend to accomplish.

Our legislative effort in revising the licensure law continues its arduous progress. Senate Bill 119 did not see enactment in the previous legislative session which ended in November, 2006. We need a rewrite of the licensure act, which will incorporate language that will accommodate the changing practice of Audiology well into the 21st century. Otherwise, the law will have to be re-opened when, for instance, it becomes within our scope of practice to prescribe topical for external otitis. Needless to say, coming up with language that is acceptable to all parties involved and satisfies the legislators' concerns is not an easy task.

In May, several members of your Board of Directors met with pertinent members of the Pennsylvania Speech and Hearing Association BOD to discuss our mutual desire to have a new licensure law. This meeting was very productive and relevant for both professions. Since then, your BOD has spent considerable time re-writing an already much revised licensure bill.

Our next hurdle is finding a chief sponsor for its introduction. Senator Charles Lemmond (Luzerne county), the chief sponsor of SB119, resigned last November.

Our lobbyist, Tom Mowatt, will be searching for a new sponsor.

So, the legislative beat goes on.

We owe much to the late Dr. George Osborne for spearheading the revised licensure initiative for audiologists and speech therapists. The void left by his untimely passing will be felt for a long time. Dr. Osborne was very adamant in his vision of audiology as a true "doctoring" profession. He also knew that any change in the status of the profession would be met by much opposition. As he noted in an article in 2004 *Feedback*, "it will take the good works of many to convince the powers of the legislatures that independent licensure statutes for audiology are in the very best interest of the public we strive to protect, both professionally and fiscally."

Joan D'Alessandro, AuD, FAAA
Doctor of Audiology



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Message from President-Elect - Jim Zeigler**HIPAA TRIVIA**

Won't the HIPAA Privacy Rule's minimum necessary restrictions impede the delivery of quality health care by preventing or hindering necessary exchanges of patient medical information among health care providers involved in treatment?

No. Disclosures for treatment purposes (including requests for disclosures) between health care providers are explicitly exempted from the minimum necessary requirements.

Uses of protected health information for treatment are not exempt from the minimum necessary standard. However, the Privacy Rule provides the covered entity with substantial discretion with respect to how it implements the minimum necessary standard, and appropriately and reasonably limits access to identifiable health information within the covered entity. The Rule recognizes that the covered entity is in the best position to know and determine who in its workforce needs access to personal health information to perform their jobs. Therefore, the covered entity may develop role-based access policies that allow its health care providers and other employees, as appropriate, access to patient information, including entire medical records, for treatment purposes.

Do the HIPAA Privacy Rule's minimum necessary requirements prohibit medical residents, medical students, nursing students, and other medical trainees from accessing patient medical information in the course of their training?

No. The definition of "health care operations" in the Privacy Rule provides for "conducting training programs in which students, trainees, or practitioners in areas of health care learn under supervision to practice or improve their skills as health care providers." Covered entities can shape their policies and procedures for minimum necessary uses and disclosures to permit medical trainees access to patients' medical information, including entire medical records.

May physicians offices use patient sign-in sheets or call out the names of their patients in their waiting rooms?

Yes. Covered entities, such as physician's offices, may use patient sign-in sheets or call out patient names in waiting rooms, so long as the information disclosed is appropriately limited. The HIPAA Privacy Rule explicitly permits the incidental disclosures that may result from this practice, for example, when other patients in a waiting room hear the identity of the person whose name is called, or see other patient names on a sign-in sheet. However, these incidental disclosures are permitted only when the covered entity has implemented reasonable safeguards and the minimum necessary standard, where appropriate. For example, the sign-in sheet may not

Message from President-Elect - Jim Zeigler

display medical information that is not necessary for the purpose of signing in (e.g., the medical problem for which the patient is seeing the physician). See 45 CFR 164.502(a)(1)(iii).

If patients request copies of their medical records as permitted by the Privacy Rule, are they required to pay for the copies?

The Privacy Rule permits the covered entity to impose reasonable, cost-based fees. The fee may include only the cost of copying (including supplies and labor) and postage, if the patient requests that the copy be mailed. If the patient has agreed to receive a summary or explanation of his or her protected health information, the covered entity may also charge a fee for preparation of the summary or explanation. The fee may not include costs associated with searching for and retrieving the requested information. See 45 CFR 164.524.

Last revised: April 03, 2007 For more information: <http://www.hhs.gov/hipaafaq/index.html>

Message from Vice President-Membership - MaryLou Astorino**RENEW YOUR MEMBERSHIP FOR 2008**

In 2007, PAA had 315 members with 60 of those as Students. 2008 renewals/new membership will begin in December. The dues are \$95.00. So, renew right away. You may renew online and pay by credit card at www.paaudiology.org. Or you may download an application at the website and mail it with your payment by check.

Are you looking to contact another PA audiologist? Do you need to find an audiologist for one of your patients who is moving to another part of the state? Look at our Member Directory on the website for listings by name or county. Also, you may want to check your listing to verify all the correct contact information. Remember: consumers can also access our Directory to Find an Audiologist.

As always, if you need help with your renewals or directory information, please contact MaryLou Astorino, VP Membership at marylouaud@aol.com.

Message from Vice President-Education - Jackie Davie

Hello everyone,

Thank you to all who participated in the 14th Annual Convention of the Pennsylvania Academy of Audiology in Harrisburg, PA. It was great to see everyone and we appreciate your support of this convention.

Our convention was a huge success this year. We had 129 attendees this year which is higher than previous years. We had 15 sessions on a wide range of topics with excellent speakers from around the country and even Canada, the wonderful memorial dinner to honor the contributions of George Osborne, and our first ever alumni events.

The convention evaluations have been tallied. The response was very positive. An overwhelming majority of attendees indicated that the convention was either "excellent" or "very good".

We have had numerous requests to move the convention to State College, Pittsburgh or Philadelphia. Before becoming a board member I also wondered why the convention did not move around as it had in the past. Unfortunately, the numbers don't lie. When the convention is held in Harrisburg, we average 50 more attendees than if it is held in State College, Pittsburgh or Philadelphia. In addition, our expenses are greater when held in those locations also. Plans are to keep the convention in Harrisburg for a while to keep our numbers high and our cost low.

I am also looking to get more ideas for speakers for next year. I have had numerous requests for sessions on issues in Private Practice. But besides private practice issues, what would you like to see? Please drop me a line at jdavie@bloomu.edu and let me know what I can arrange that would make you want to attend our conference next year. If you haven't attended in a while, please let me know what I can do to change your mind about attending in the future.

Thank you very much for your support. I look forward to seeing you again next fall!

A Special THANK YOU to all of our exhibitors at the convention for their generous support. Without them, the convention would not be possible!

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Research Article from Vice President-Education - Jackie Davie**PERCEPTION OF REQUISITE SKILLS NEEDED FOR UNIVERSAL NEWBORN HEARING SCREENING FOLLOW UP EVALUATION AND INTERVENTION: A SURVEY OF PENNSYLVANIA AUDIOLOGISTS.**

BY

Jackie M. Davie, Ph.D. and Danielle L. Caiola, AuD.

Bloomsburg University

Department of Audiology and Speech Pathology

BLOOMSBURG, PENNSYLVANIA

Background Information

Three out of every 1000 babies or approximately 4000 babies a year in the United States are born with hearing loss (National Center on Hearing Assessment and Management, 2002). To address this concern, in July of 2001, the General Assembly of Pennsylvania passed legislation requiring that at least 85% of the live births in health care facilities be screened for hearing loss (IHEARR Statute SB No 100 Sec.1). The legislation further required that the results of those screenings be reported to the Pennsylvania Department of Health and that appropriate follow up procedures be made available to the families of those newborns whose screenings indicated such a need. This creates an ever-growing referral population for audiologists to evaluate and habilitate infants with hearing loss. Unfortunately, not every audiologist that comes into contact with an infant feels comfortable with completing the Universal Newborn Hearing Screening (UNHS) and follow-up procedures.

Evidence on the impact of hearing loss on speech-language, social-emotional, cognitive development and academic achievement supports the need for early identification, complete assessment and habilitation of children with hearing loss (Moeller, 2000; Yoshinaga-Itano et al., 1998; Yoshinaga-Itano & Gravel, 2001). It is well known the hearing plays a vital role in the acquisition of speech and language and the achievement of developmental milestones in young children (ASHA, 2004). In 1982, the Joint Committee on Hearing recommended using a High Risk Register to identify those infants at most risk for congenital hearing loss. This list included ten factors most frequently noted as etiological indicators for sensorineural hearing loss. Infants with any indicator were recommended to have their hearing screened by three months of age, but unfortunately the High Risk Register did not identify all infants with hearing loss. In fact, half of the children that were identified with hearing have no risk indicators (Harrison & Roush, 1996; Stein et al., 1990; Yoshinaga-Itano & Gravel, 2001). According to one study, using risk indicators alone only identified 2-5% of infants with hearing loss, leaving 95-98% that would not have been found (Norton et al., 2000). On average, hearing loss was confirmed in infants without risk factors at 22 months of age, compared with 12 months of age for infants with risk factors (Harrison & Roush, 1996). Assuming that intervention began soon after diagnosis, this would create a 10-month delay in intervention and habilitation for those without the risk factors. However, Bess and Paradise (1994) reported concerns that there may not be facilities and professionals available for appropriate follow-up care for the numbers of children referred from the universal newborn hearing screenings. To address this issue further, this study evaluated Pennsylvania audiologists' personal perception of their skill areas regarding newborn follow up identification and intervention.

Method

Three hundred randomly sampled Pennsylvania audiologists names were provided in a mailing list from the Academy of Audiology (AAA). An envelope was sent to each audiologist consisting of a cover letter, a demographics questionnaire, and a survey. A return postage paid envelope and a small monetary contribution (\$1.00 US) to motivate optimal return response rate was included in each envelope. The survey utilized a Likert scale, which allowed respondents to rate their position of agreement or disagreement with each statement.

Research Article from Vice President-Education – Jackie Davie (continued)

Results and Discussion

Of the 300 surveys that were mailed, 193 (64%) were completed and returned. Table 1 shows the number of years of experience reported by each respondent as a percentage of the total sample; the number of responses were relatively evenly distributed across the experience range. Two demographic questions provided information on current and previous locations of employment experience are illustrated in Figure 1. The majority of respondents currently work in hospitals, private practice and ENT offices. Eighty four percent of participants work with adults at their current employment location, 74% work with children, 45% work with infants and 45% work with newborns. Of the 86 participants that work with newborns, 30% indicated that they completed the UNHS.

As seen in Table 2, the majority of the respondents used DPOAEs, ABR and Tympanometry for follow-up procedures. Interestingly, ten (10) reported using BOA for initial UNHS testing. For each diagnostic procedure, two questions were asked in order to assess respondents' comfort level and confidence level in using these procedures. The data indicate that those who are comfortable with the procedure are likewise confident in their results and visa versa. Spearman rank correlations were calculated as a measure of the association between these two responses. The correlations varied between .857 and .943 indicating very high association between these two variables. All four correlations were significant ($p < .001$).

Less than half of the respondents indicated they strongly disagreed or disagreed to being comfortable completing ABR testing on newborns and infants, however the majority of respondents indicated they would benefit from further training with ABR. The results indicate that significantly more audiologist disagree or strongly disagree to being comfortable completing ASSR; 81% indicate that they would benefit from further training on this new test procedure. 68% of participants indicated that they strongly agree or agree that they are comfortable completing OAE on infants/newborns. 67% of participants strongly agree or agree that they would benefit from further training on OAE for infants/newborns. Figure 2 illustrates that the majority of respondents feel comfortable completing tympanometry but do not feel comfortable completing ASSR. The majority of the respondents agree to the need for more training for follow-up to the UNHS program.

Conclusions

Audiologists that currently complete newborn screenings comprise approximately 30% of the population in Pennsylvania, and no significant difference was found between those who complete screenings currently and those who do not in regards to further training with ABR, ASSR, and Tympanometry. There was a significant difference between these groups for the benefit of further training in OAEs, with those who complete screenings indicating they would not benefit from further training on this diagnostic procedure. However, the majority of audiologists feel they would benefit from further training on completing diagnostic tests such as ABR, OAE, ASSR, for newborns/infants. The results support the need to further continuing education in follow-up procedures for UNHS.

Table 1. Participants' years of experience.

0-5 Years	6-10 Years	11-20 Years	21-30 Years	31 + Years	No Answer
33	32	42	51	26	9
(17%)	(17%)	(22%)	(26%)	(13%)	(5%)

Table 2. Diagnostic tests used for initial and follow up newborn testing.

	Initial UNHS		Follow Up	
	Participants	Percentage*	Participants	Percentage*
DPOAE	40	69%	48	83%
TEOAE	15	26%	17	29%
ABR	32	55%	49	84%
TYMP	24	41%	51	88%
BOA	10	17%	19	33%
ASSR	0	0%	7	12%

* Percentage out of the 58 that completed this question.

Figure 1. Previous and current employment experiences of participants

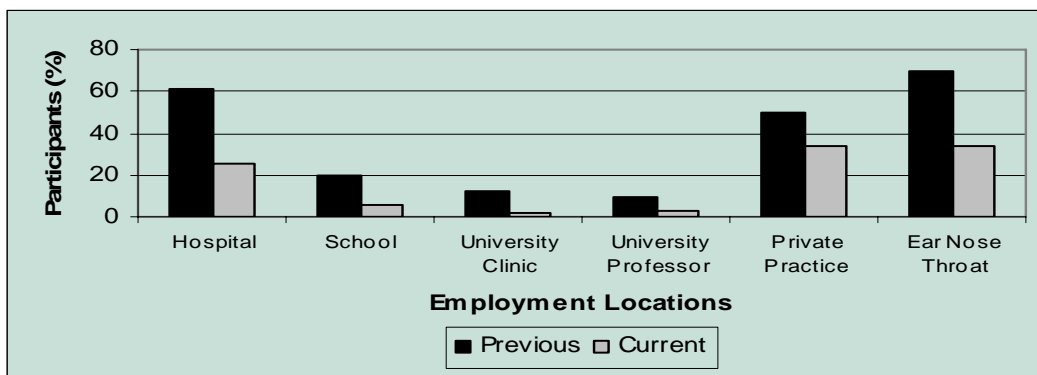


Figure 2. Agreement of respondents to perceived comfort with testing procedures

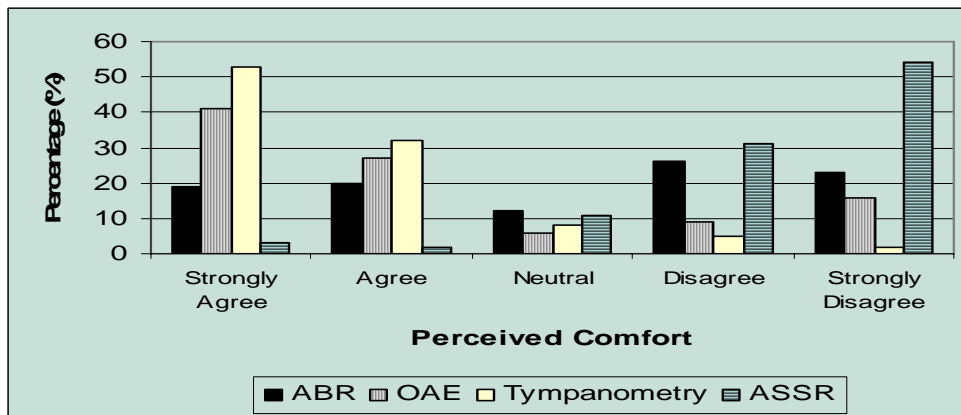
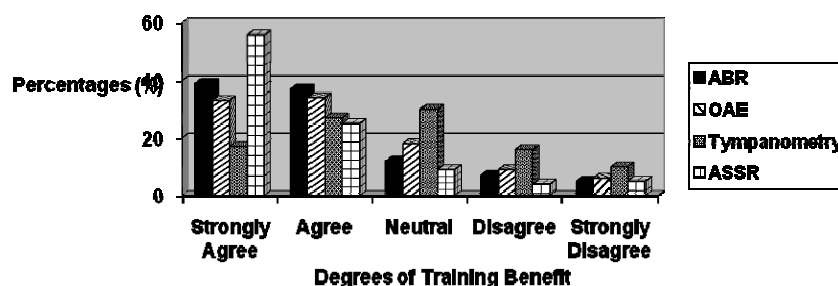


Figure 3. Agreement of respondents to perceived need of further training.



Message from Vice President-Professional Issues - Kamal Elliot

Some of you may be involved with fitting people with hearing aids through the Office of Vocational Rehabilitation. I am sure that those of you that are participating with this program will agree that the reimbursement is very poor (\$300 monaural fitting and \$400 binaural fitting). But the program does benefit many people who cannot afford to purchase hearing aids on their own, so many audiologists continue to participate.

A concern that many of us have is the fact that the OVR invoice system provides a listing of the manufacturer's cost of the hearing aid, the dispensing fee and any other earmold or miscellaneous charges to the client. OVR sends a copy of this invoice to the client. This has created an awkward situation for audiologists who may have seen a patient, quoted a price for hearing aids and then perhaps referred the individual to OVR due to financial issues. The person then comes back with uncomfortable questions about why the invoice cost is so much lower than what was quoted to them initially. They may also share this information with family and friends who are our patients. The manufacturer's cost of the hearing aid is sensitive business information and I am sure you will all agree, this should not be shared with our patients.

I think we need to work on changing this invoice-sharing practice. I would like to encourage you to write a letter of objection to OVR. In previous meetings, OVR has indicated that there have not been enough complaints for them to consider changing this practice. If they get enough complaints I am confident that they will address this issue and hopefully modify their practice of sending the client an invoice with sensitive business information on it.

For a list of local OVR offices please visit:

<http://www.dli.state.pa.us/landi/cwp/browse.asp?a=128&bc=0&c=27855>

For sample letters please visit our website: www.paudiology.org.


Sincerely,

Kamal Elliot, Au.D.

VP of Professional Issues

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Message from Vice President-Governmental Affairs - Maxine Young

There are many activities involved in the "governmental affairs" aspect of PAA. Changes at state and federal levels are important to know about so that audiologists are aware of legislation proposed or enacted that will impact what we do. Keeping up with bill proposals and passages that either directly or indirectly affect us, is the responsibility of both the Vice President of Governmental Affairs and our lobbyist. We are pleased to introduce our new lobbyist, Ted Mowatt, who has had many years of experience working with health care provider organizations. We feel fortunate that he is now working for PAA. One of our primary activities now, however, is the work towards getting new licensure for Pennsylvania audiologists. The licensure act of the 1984 is much outdated and needs to be changed to reflect that the current state of the art in audiology now.

I am pleased to report that PAA and PSHA are working closely in developing a new license. It is a time and energy-consuming process but very important because it will have an impact on the future of audiology. Our goals are to get new co-sponsors and to have the license introduced again soon. *Your help may be needed as we work toward this goal.* We may be asking you to help by contacting your legislators asking for support of the new license. Our state representatives play an important part in this since they must approve the license before it is made law. By doing this, *YOU*, can help make a difference in your governance. To that end, we have made it easier for you to locate and contact your legislators. New links on the PAA Governmental Affairs web pages will provide you with information about your legislators and how to contact them.

At the national level, legislative co-sponsors are needed for the Hearing Aid Tax Credit Act, H.R. 2329 and S 1410, respectively. This legislation would provide a tax credit of up to \$500 per hearing instrument, once every 5 years, for parents purchasing a hearing instrument for a dependent child or for persons over the age of 55. You can send email supporting HR 2329 and S 1410 by going to the Governmental Affairs page on the PAA web site, which provides a link to the appropriate sample letter and Capital Hill links provided by AAA.

The Joint Committee on Infant Hearing (JCIH) Summary and Report are about to be released. This is important not only on behalf of infants needing early identification and intervention, but also represents the joint efforts among audiologists and physicians.

More information will be made available through *PAA Alerts* on the PAA list serve. We will need your support in the future as we work for you and toward our goals as audiologists.

Maxine Young

Vice President Governmental Affairs

Message from Past President - Jim Shafer

Greetings to all:

As many of you know we recently lost George Osborne as a leader in the Audiology community. He was an advocate for Audiologists and set many agenda's for PCO and advocated for autonomy for all Audiologists. He provided a road map for an unfulfilled future.

It is now our job to pick up where George left off. We may take some side trips as we go but we must continue forward to utilize our extensive training to benefit all that need our services.

You can help in many ways, joining the PAA board directly or as a committee volunteer, provide grassroots legislation for important issues, provide feedback for the list serve questions, educate all your patients about the qualifications and capabilities of an Audiologist.

During the coming months we will need all of your support to regain momentum for our licensure act. Your Board and lobbyist will be seeking legislative sponsors and reintroducing the bill to begin the legislative process over. We are in a marathon not a sprint and because of that we need your support to provide the push when the energy levels wane.

If you are interested in a Board position or want to volunteer in any way please let me know and I will gladly talk to you personally to discuss how you can help.

Thank you for all the support that you have given your Board in the past and I look forward to all your support in the future.

Sincerely,

James Shafer, Au.D., FAAA

Have you joined PAA yet? Did you renew your membership yet?

Member Interview - Tom Frank, Ph.D.**How did you get started in this career?**

I started my education in 1965 as an Elementary Education major at the University of Wisconsin-Oshkosh (UW-O). However, at that time it was a Wisconsin state law that all Elem Ed majors had to be able to either sing or play on the piano the "Star-Spangled Banner." Well, not being able to either sing or master the piano I really "bombed-out" of an Intro to Music Appreciation course. Consequently, I looked for a new major and took an Introduction to Audiology class just to fill my schedule. As a class requirement I had to do several observations and volunteered to help set-up an Audiology research laboratory. This involved working with Bruel and Kjaer (B&K) instrumentation for calibrating audiometers, microphones, and measuring the electroacoustic characteristics of hearing aids. For those of you old enough to remember, the B&K instrumentation was housed in very big black metal boxes having a green front and the hearing aid test box was a very big wooden box mounted on wheels and had to be filled with about 30 pounds of sand. Well, I really enjoyed working with the instrumentation so I switched majors to Speech Pathology and Audiology (SPA) with an emphasis in Audiology and did several Audiology practicums in the UW-O Audiology Clinic. Nearing graduation my advisor (Jack Kile) told me that I really needed to have a graduate degree to practice Audiology. So he called Claude Hayes, the head of the Department of Communication Disorders (CMDIS) at the University of Wisconsin-Madison (UW-M). The next day I interviewed and two days later I was accepted with funding. All of this with no transcript or GRE scores which I later had to submit. So in Fall of 1970 I started the Audiology MS/PhD program at the UW-M. To back up a little bit, I married Judi (my High School sweetheart) at the end of my first year at UW-O and we had Drew about a year later. So both Judi and I were working about 30 hours per week while I was completing my undergrad degree. Once I received grad school funding, which at that time was tax free and had a spouse and dependent allotment, I was making more money than some of my professors at UW-M so Judi stopped working and along came my daughter Nicole.

Every thing was going great and I was scheduled to graduate at the end of the Spring 1973 semester. However, during Fall semester of 1972 then President Nixon cut several federal rehabilitation programs one of which was providing me with grad school funding. So in the Spring of 1972, having everything done except my dissertation, I started job hunting. To complicate matters, my in-laws who use to love driving, had no hesitation about visiting us unannounced and staying in our grad student housing apartment for several days. This soon became a problem and one day I asked my mother-in-law how far they would drive in one day. She responded that their limit was 500 miles. So when I started job hunting I got a map of the United States and drew a circle having a radius of 500 miles around Milwaukee and told Judi (and she agreed) that I would look for a job anywhere

outside the circle. Knowing this I went to the 1972 ASHA convention looking for a job. One night at a bar in the convention hotel I was telling Ray Kent, my dissertation advisor, that I was having a problem finding a job. Well our conversation was "over-heard" by Bruce Siegenthaler who told me about an Audiology position at Penn State. Over several drinks Bruce told me about the Penn State position and Happy Valley. I immediately applied for the position and within two weeks I arrived at Penn State for an interview. Well, they invited me back for a second interview and offered me the job before I left. So in September of 1973, I joined the Penn State faculty as an Instructor of SPA. Most of 1973 and 1974 was devoted to updating and developing the Audiology graduate curriculum, teaching, clinical supervision, and after countless trips to Haskins Lab on the Yale campus in New Haven CT, I was able to develop a synthesized speech test, run subjects in the Penn State Audiology Clinic, and finished my dissertation in 1975.

My original thought was to stay at Penn State for five or six years, become established within the profession, and then return to some university in the mid-west. Well, as it turned out Penn State was extremely supportive of my teaching, clinical work, and research. Further, I kept getting promoted and Judi and I really enjoyed living in State College. So here it is 34 years later and I am now retired and have been awarded the status of Professor Emeritus of Communication Sciences and Disorders.

What was your favorite part of your job?

Looking back I have had more than my share of memorable experiences. Without a doubt the most memorable were teaching and doing research with Audiology and Acoustic graduate students. As an instructor teacher I tried to provide students with challenging coursework having a practical but more importantly a "scientifically-based" approach. I have always maintained that if students understand the science learning the state of the art will be much easier. Over my 34 years at Penn State I taught over 250 graduate students in Audiology and Acoustics. I am very proud that many of "my graduate students" have significantly improved the profession at the state and national level and some are now teaching in AuD programs.

For the most part my early research concerned specifying normal hearing by bone conduction, with insert earphones, and for air and bone conduction high-frequency hearing. This research got me involved with the process of standardizing measurement procedures and instrumentation. So from 1991 to 1999 I was the chair of the S3 Committee on Bioacoustics of the Acoustical Society of America that developed and wrote more than 20 ANSI audiometric, hearing aid, and other acoustical standards. I am the guy responsible for your "invalid air-bone gaps at 250 and 500 Hz" and why most of your audiometric test rooms do not meet ANSI ears open ambient noise levels at 500 Hz. The middle part of my research career involved working on two five-year federal grants. The first was researching the effects of otitis media on pre-school children. The second was developing a model hearing

conservation program for coal miners. For about the last five years I completed research concerning "hail and warning devices," using sound as a non-lethal weapon especially for crowd control, and developing voice recognition software. Regardless of the type of research, one of my major goals was to involve my graduate students with the data collection, writing, and eventual publication or presentation at state, national, and international meetings. A highlight of my career was that over 130 of my Audiology and Acoustic graduate students had a publication, convention presentation, and/or a convention poster presentation on their resume before they graduated from Penn State.

How were you involved in getting PAA get started?

I remember receiving a call from Steve Mock, in 1992 I think, asking me to become a member of a Steering Committee to form the PAA. I showed up at the initial meeting along with several other Audiologists. Under the unforgettable and remarkable leadership of George Osborne we formed the PAA complete with a "working constitution and by-laws." I distinctly remember that we drew numbers from 1 to 3 to determine how long each one of us would hold a term of office. Somehow or another I became the Vice-President of Education from 1993 to 1995. My "over 50" is showing, but either at the initial or subsequent meetings of the Steering Committee we decided to have a convention. Steve Mock took control and organized the first PAA annual convention in Clark Summit. Steve did a magnificent job and the attendance and number of exhibitors well exceeded our goal. As they say the rest is history. I was fortunate enough to become President-Elect from 1996 to 1998, President from 1998 to 2000, and Past-President from 2000 to 2002. During that time I had the wonderful opportunity to work with extremely qualified board members. The highlights of my 10 year PAA tenure included being on the ground-floor for establishing the duties of each board member, understanding the needs of Pennsylvania audiologists, helping to develop and implement the PAA webpage, and convention planning. Perhaps the most important highlight was being in on the ground-floor of starting the movement to have a separate PA Audiology licensure bill. Relying on my prior experiences with being a member of the PA State Board of Licensure, I was able to create a "model" PA Audiology licensure bill. I will never forget a meeting that some members of the PAA Executive Board had with some members of the PSHA Executive Board where I told them about the goals of the PAA, our licensure movements, our dissatisfaction of being treated as "second-class" professionals within PSHA, that PA Audiologists no longer needed their representation, and that they should change their name to the "Pennsylvania Speech and Language Association." Overall, it was a privilege for me to be one of the founders of the PAA and to have received the "honors" of the academy in 2003.

What's Next ?

To be honest, I really don't know. I am slowly working my way into the retirement mode. I gave away most of my books to new AuD students. Last December I give 12 file drawers full of journal articles and all of my Audiology journals from 1970 to my last two Ph.D. students, Jackie Davie and Suzanne Sklaney. As a retirement present and for our 40th wedding anniversary, Judi and I spent almost three weeks in South Africa. First we went to Capetown. Then we went to Victoria Falls and then spent about a week at a private game reserve called Thornybush just south of Kruger National Park. The thrill of having a pride of lions walk within 10 feet of your land-rover or driving into a herd of elephants will be life-long memories. Well as a result of that trip, we got the travel bug so this May we are going to spend two week in Greece and the Greek Islands. Since I retired, I still come into my office almost every day to check my email and when the weather permits go golfing. Judi and I are going to be "snow-birds" from December to March in Surfside Beach SC, about 8 miles sound of Myrtle Beach. If anyone wants to get "in-touch" my email is TAF1@psu.edu.

It only takes a moment to join PAA or renew your membership. Do it TODAY!

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