PAA Members: Your Office Information and Your Role in This Office

Addr1: _____
Addr2: _____
Addr3: _____
City: _____ **St:** ____ **Zip:** _____

County in which office is located: _____

Office Fax number: _____

Your direct phone number: _____
Extension/alternate: _____

If patients can see you in this office, what number(s) must they call for an appointment?

_____ _____

Do you work in this office ☐ full-time or ☐

What is your position in this office?

- ☐ Clinical Service Provider
- ☐ Administrator
- ☐ University Instructor
- ☐ Manufacturer's Representative

Other: _____

The setting of this office can best be described as a

- ☐ Private practice
- ☐ ENT office
- ☐ Hospital
- ☐ Government agency
- ☐ Medical center
- ☐ Audiology clinic
- ☐ School
- ☐ University clinic

Other: _____

Scope of practice:

What ages of patients do you see in this office?

☐ Birth to 3 years old ☐ 3 to 6 years old ☐ 6 to 17 years old ☐ 18 years and up

Is your practice in this office limited only to patients with a physician referral?

☐ Yes, by referral only ☐ No referral needed ☐ Patients will be told when they call ☐ Does not apply

Is your practice in this office limited only to children in a school district or IU? ☐ Yes ☐ No

What services do you provide at this office?

	Yes	No
Standard Hearing Tests (pure-tone and speech audiometry, middle-ear testing)	☐	☐
Pediatric Testing (e.g. VRA, play pure-tone and speech audiometry)	☐	☐
Otoacoustic Emissions Tests	☐	☐
Auditory Brainstem Response (or other Auditory Evoked Response testing)	☐	☐
Central Auditory Processing Tests	☐	☐
Tests for Balance and Dizziness	☐	☐
Therapy for Balance and Dizziness Problems	☐	☐
Hearing Aid selection, fitting, and follow-up	☐	☐
Assistive Listening/alerting Device selection, fitting, and follow-up	☐	☐
Cochlear Implant testing, fitting, and follow-up	☐	☐
Aural Rehabilitation (e.g. Hearing Therapy, Auditory Training, Speechreading)	☐	☐
Sign-language Instruction	☐	☐
Hearing Protection Device selection, fitting, and follow-up	☐	☐
Industrial Audiology Testing	☐	☐
Tinnitus Assessment/Tinnitus Therapy	☐	☐

Listing this office on the PAA website:

Would you like to have this office listed in the "Find an Audiologist" public section of the PAA website? **Yes** ☐ **No** ☐
(Note: First office is free of charge, each office thereafter is $10/yr.)

Would you like to include an email address in this office listing? Is so, please enter it here: _____

Would you like to include your website address in the listing? If so, please enter it here: _____
(Note: Website listing, including direct link to your website, is $25/yr.)

Please return your PAA Application/Renewal Form and these Office Information forms to:
PAA, Wanner and Associates, 908 North Second Street, Harrisburg, PA 17102
Please include a check made out to the Pennsylvania Academy of Audiology for a total of the following amounts:
Annual membership dues: Fellows $115.00; Associates $96; Life Members $77.00. (All: less $20 discount if paid in Nov/Dec, i.e. $95/$76/$57)
+ $10.00 for each office you requested to be listed on the web (beyond the first office)
+ $25 if you requested that your website be listed in the "Find an Audiologist" section of the PAA webpage.