

## SAA Chapter Application

Student Academy of Audiology (SAA) chapters are affiliated with the Student Academy of Audiology (SAA), the national student organization of the American Academy of Audiology (the Academy).

***Mission Statement: The mission of the Student Academy of Audiology is to serve as a collective voice for students and advances the rights, interests, and welfare of students pursuing careers in audiology. It introduces students to lifelong involvement in activities that promote and advance the profession of audiology, and provides services, information, education, representation and advocacy for the profession and the public we serve.***

### **SAA Chapter Application - Instructions:**

Complete the SAA Chapter Application (Pages 1 and 2). All information must be completed for your application for SAA chapter approval to be processed. Keep copies for your records. Type or print all information legibly.

Submit the following information:

- Completed chapter information (*Page 1 of application*)
- Completed faculty advisor information (*Page 2 of application*)
- Copy of SAA chapter bylaws (*see Page 1 of application*)
- Documentation of chapter's exempt status, if applicable (*see Item 2a on page 1 of application*)
- Copy of Certificate of D&O Insurance, if applicable (*see Item 3 on page 1 of application*)
- Copy of Certificate of Liability Insurance, if applicable (*see Item 4 on page 1 of application*)

Mail, fax, or scan/email both pages of the completed SAA Chapter Application, your SAA chapter bylaws, documentation of your chapter's exempt status (if applicable), and the copies of the Certificates of D&O and Liability Insurance (if applicable) to:

*Mailing Address:* Student Academy of Audiology  
c/o American Academy of Audiology  
11730 Plaza America Dr., Suite 300  
Reston, VA 20190

*Fax Number:* 703.790.8631

*Scan/Email Address:* SAA@audiology.org

Questions? Contact the Academy staff liaisons to the SAA:

- Ed Sullivan, Deputy Executive Director; [esullivan@audiology.org](mailto:esullivan@audiology.org)
- Victoria Keetay, PhD, Senior Director of Education; [vkeetay@audiology.org](mailto:vkeetay@audiology.org)

# SAA Chapter Application: Page 1 - Chapter Information

We request that \_\_\_\_\_ Chapter of the SAA (*insert name of chapter*) be approved and chartered as an affiliated chapter of the Student Academy of Audiology and that the attached chapter bylaws be approved. [Note: Chapter bylaws must be attached. This application will not be approved without chapter bylaws.]

Complete the following items:

1. As required by the SAA, the chapter has been approved by:  
  
\_\_\_\_\_ *(insert name of specific university office granting approval to operate on its campus).*
  
2. Does your chapter receive a group tax exemption from the university? *(check one)*  
 Yes  
 No
  
- 2a) If you answered 'No' to Item #2, do you want to have SAA group exemption? *(check one)*  
 Yes *[Provide your Tax Identification # \_\_\_\_\_.]*  
 No *[Provide documentation for your chapter's exempt status; e.g., 501(c)(3) status.]*
  
3. Does your chapter receive Directors and Officers (D&O) insurance coverage from the university? *(check one)*  
 Yes *[Copy of Certificate of D&O Insurance must be attached.]*  
 No *[If No, the Academy will contact your chapter with instructions.]*
  
4. Does your chapter receive Liability insurance coverage from the university?  
 Yes *[Copy of Certificate of Liability Insurance must be attached.]*  
 No *[If No, the Academy will contact your chapter with instructions.]*

\_\_\_\_\_  
*Signature of Presiding Chapter Officer\**  
*\*(President or Acting President)*

\_\_\_\_\_  
*Date*

.....  
Complete the following information:

Presiding officer's name: \_\_\_\_\_

Presiding officer's anticipated month and year of graduation: \_\_\_\_\_

University's name: \_\_\_\_\_

Department's name: \_\_\_\_\_

Your chapter's mailing address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Email address: \_\_\_\_\_

Telephone number (with area code): (\_\_\_\_ \_\_ \_\_) \_\_\_\_ \_\_ \_\_ - \_\_\_\_ \_\_ \_\_

## SAA Chapter Application: Page 2 - Faculty Advisor Information

I attest as the faculty advisor for the \_\_\_\_\_  
Chapter of SAA that the SAA chapter information provided on Page 1 of this application is true and  
accurate to the best of my knowledge.

I further acknowledge and accept the following responsibilities as faculty advisor:

- 1) Adhere to faculty advisor responsibilities established by the university.
- 2) Insure planned SAA chapter activities do not violate federal, state, and local laws or university regulations or policies.
- 3) Attend SAA chapter board meetings and other SAA chapter activities as appropriate.
- 4) Provide periodic reports as required to the advisor representative on the SAA Advisory Committee (SAC) of the American Academy of Audiology.
- 5) Advise and mentor the SAA chapter president.

\_\_\_\_\_  
*Faculty Advisor's Signature*

\_\_\_\_\_  
*Date*

.....  
*Complete the following information:*

Faculty advisor's name and degree: \_\_\_\_\_

Faculty advisor's title: \_\_\_\_\_

University's name: \_\_\_\_\_

Department's name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Email address: \_\_\_\_\_

Telephone number (with area code): (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_