Audiology Today welcomes feature articles, essays of professional opinion, special reports and letters to the editor. Submissions may be subject to editorial review and alteration for clarity and brevity. Closing date for all copy is the 1st day of the month preceding issue date.

Statement of Policy: The American Academy of Audiology publishes Audiology Today as a means of communicating information among its members about all aspects of audiology and related topics. Audiology Today accepts contributed manuscripts dealing with the wide variety of topics of interest to audiologists, including clinical activities and hearing research, current events, news items, professional issues, individual-institution-organization announcements, entries for the calendar of events and materials from other areas within the scope of practice of audiology. All copy received by Audiology Today must be sent on a CD (clearly identified by author name and title) or by email to edavis@audiology.org. Instruction for preparing files can be found on the Academy Web site at www.audiology.org/publications/pt/contributors.htm. Submitted material will not necessarily be returned. Specific questions regarding Audiology Today should be addressed to Editor, Audiology Today, 11730 Plaza America Drive, Suite 300, Reston, VA 20190 or by e-mail to edavis@audiology.org.

The American Academy of Audiology promotes quality hearing and balance care by advancing the profession of audiology through leadership, advocacy, education, public awareness and support of research.

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ON THE COVER

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ON THE COVER

AudiologyNOW! 2007 attendees will be greeted by Jonathan Borofsky’s outdoor sculpture, “Dancers,” located adjacent to the Denver Convention Center. “Dancers” is a popular Denver icon, a 25-tons, 60-foot-tall, steel and fiberglass sculpture that cost the city $1.58 million dollars.

This month’s cover is a computerized compilation of the “Dancers” superimposed on the Colorado Convention Center and the 16th Street Walking Mall under night lights. Audiology conventioneers will find Denver to be a “smorgasbord of entertainment” options.

Photo credits—Downtown Denver: Denver Metro Convention & Visitors Bureau, Borofsky Dancers: City of Denver, Convention Center: Jerry Northern.
It is nearly Spring, which means it is getting close to AudiologyNOW! our annual convention. Sharon Sandridge, Program Chair for AudiologyNOW! 2007, and her committee are planning a “can’t miss it” meeting. AudiologyNOW! 2007 will be held in Denver on April 18-21. The opportunities for learning are endless, whether in a classroom, the exhibit area (Audiology Solutions), or from a discussion in the hallway with your colleagues. You will leave Denver feeling enriched and proud to be part of one of the best professions in this country.

Why is audiology one of the best professions? It is the result of the dedication and commitment we all have for “raising the bar” and advancing learning. For the last decade, we have shown our devotion to this goal with the development, adoption, and evolution of the AuD. Change comes slowly, but this is not bad. It allows us time to improve what is successful and to find solutions to the problems that prevent forward movement. It gives the profession a chance to join together to identify what is needed to secure the desired outcome and to achieve consensus.

We seem to be more collegial, as well. There used to be a divide between those who teach and those who practice. I see us coming together more than ever before. This unity, in part, has evolved through the process of clinical education for AuD students. In the recent past, the term “preceptor” (as related to audiology) was essentially unknown, much less the responsibilities of the person fulfilling that role. Now, as I travel to our state academies, there frequently are presentations about how to be an effective preceptor. Current practitioners want to open their doors to students entering this clinical experience, even though this can be an intimidating task. Our membership expressed the desire to enroll in courses designed to prepare audiologists to be effective and influential preceptors. In response to this request, the Academy utilized our new and successful venue for online learning, eAudiology: a continuing education option available to audiologists either in Live format or On-Demand. In January, Academy members Sharon Sandridge, Sharon Lesner and Craig Newman presented “Precepting: The Opportunities – The Challenges.” This unique and dynamic Web seminar identified the challenges and benefits of being a clinical preceptor, provided an overview of learning issues of the student, gave suggestions for setting objectives and goals for the clinical rotation, and described some of the evaluation processes used with students. In case you missed this opportunity, go to eaudiology.org. The On-Demand option allows you to purchase a recording of the live presentation to access the information at your convenience and obtain continuing education credit. We are a profession that wants to learn; the Academy is pleased to provide easy access to online learning. This is only the beginning; there are many more exciting and challenging upcoming Web seminars. Visit the Academy Web site frequently to keep abreast of the latest offerings.

A discussion about the varied opportunities for learning would not be complete without addressing the Academy’s commitment to ensuring students a viable, solid, and accredited education. The success of a profession is highly influenced by how our peers and the public regard the rigorous methods of program accreditation. With that said, the profession of audiology is best served when audiologists accredit audiology programs. According to the mission statement of the Accreditation Commission for Audiology Education (ACAE), the ACAE is responsible for
**ARE YOU TAKING ADVANTAGE OF YOUR MEMBERSHIP BENEFITS?**

The American Academy of Audiology wants to thank its members. We have set out to find our members discounts on services that accommodate the needs of audiologists. Don’t pay more if you don’t have to! Reap the benefits membership provides. Find out what you are eligible for at www.audiology.org/membership/benefits/

**PUBLICATIONS:**
- Audiology Today
- Journal of the American Academy of Audiology
- AT Extra

**AudiologyNow!**
The largest audiology convention in the world, displaying the latest technological advances in audiology at reduced member registration rates.
- 2007 - Denver, CO

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**CONTINUING EDUCATION:**
The Academy’s CE Registry provides a transcript of your CEUs at a discounted member rate. To get your transcript, call the Academy at 703.226.1043 or e-mail continuingeducation@audiology.org.

**PROFESSIONAL SUPPORT MATERIALS:**
The Academy offers discounted prices to members on a wide variety of:
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- Marketing Tools
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LINKUP advertises your Web site for an annual subscription fee. E-mail ssebastian@audiology.org to order. This web feature helps consumers find you and enables you to network with other audiologists.

**RESEARCH DOME:**
Save 20% on the Dome. The Dome online research subscription is the premier information service developed for clinicians, educators, researchers and students in the field of Audiology and Communication Science and Disorders. Regular price is $95 for an Annual Dome subscription, $39 for students. Go to www.audiology.org for a free trial or to subscribe.

**FRAMING SUCCESS:**
When you just can’t use thumbtacks, remember that members receive discounts on quality frames. Check out our link from the benefits page to view an Academy Certificate with blue mat in a variety of beautiful framing choices. For Customer Service call 1-800-677-3726.

**ACADEMY CREDIT CARD:**
With the Academy’s credit card from Bank of America, you will become a part of the WorldPoints program. WorldPoints benefits include no annual fee, absolute fraud protection, and points for travel and brand-name merchandise. Call 1-866-277-1553 and mention priority code FAO4 for Mastercard and priority code FAO7 for American Express.

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Academy members may qualify for an additional discount off GEICO’s already low rates. Call GEICO today for a free rate quote at 1-800-368-2734. Tell them you are a member.

**HEARCAREERS:**
Whether you are seeking a job or advertising a position, the American Academy of Audiology’s HearCareers site has everything you need to achieve your employment goals. This online employment service allows job seekers to post their résumé and view job postings for free. HearCareers also offers discounted rates to members advertising positions. Go to www.audiology.org/membership/careers to make your next career connection with HearCareers.

**HEALTH INSURANCE:**
Association Health Programs provides health, long-term care, life, disability, dental and vision plans amongst others to meet the insurance needs of our members. For more information please call 888-450-3040 or visit their Web site at www.associationpros.com.

**WORLDWIDE CALLING CARD:**
This dual-purpose card can be used as a GlobalPhone domestic or international calling card. It is also your permanent membership card for easy reference to your membership number. U.S. rates are from 3.9 cents per minute with no surcharges. To activate your calling card, call 1-866-695-5747 or go to the benefits section of our Web site.

**PROFESSIONAL LIABILITY INSURANCE:**
The Academy has endorsed the professional liability insurance program offered through Healthcare Providers Service Organization (HPSO). We selected this program because of the plan’s many benefits, affordable rates, and their commitment to customer service. For more information, call 1-800-982-9491 or visit their Web site at www.hpsco.com.

**RESEARCH DOME:**
Save 20% on the Dome. The Dome online research subscription is the premier information service developed for clinicians, educators, researchers and students in the field of Audiology and Communication Science and Disorders. Regular price is $95 for an Annual Dome subscription, $39 for students. Go to www.audiology.org for a free trial or to subscribe.

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**CAR RENTAL DISCOUNTS:**
Members can get up to 15% off with Alamo and up to 20% with National car rental services. Call 1-800-60ALMO and mention the code 706768 for reservations with Alamo. For National, call 1-800-CAR-RENT and use the code 528265. Receive membership discounts with Hertz by using CDP# 1299750 when you make your reservation. Reservations can also be made through the company links designed specifically for Academy members on the benefits web site. Coupons or discount codes are available on the web site for all car rental programs. Contact the home office for Hertz coupons.

**COMPENSATION & BENEFITS SURVEY:**
The American Academy of Audiology conducted its sixth annual Compensation and Benefits Survey in the Fall of 2006. A full report of the survey with detailed information is available for Academy members online at www.audiology.org/membership/careers.

For more information about these benefits, contact Vanessa Scherstrom, Member Benefits Coordinator, at 703-790-8466 x1044 or vscherstrom@audiology.org.
establishing, maintaining, and applying standards to ensure academic quality and continuous improvement of audiology education as the practice of audiology evolves. The Academy, the largest organization “of, by and for” audiologists, establishes the professional standards required to practice the profession of audiology. ACAE is responsible for determining that university programs meet stringent educational standards based on input from the profession. The Academy continues to provide financial support to ACAE so that, ultimately, audiologists alone will take charge of their own accreditation. Accreditation enhances academic credibility. Our professional stature is fortified with accreditation underpinning one of the important aspects of the “learning curve.” Another option to advance learning is the Academy Web site. The Web site is replete with a multitude of resources. We focus our energies on creating educational “hotspots” that allow access to articles, book reviews, and research, to name a few. Find answers to your questions by going to the Academy Web site and click on “Advanced Search” located at the very top of the homepage. Next, enter your “search word” (topic of interest) and select a category such as: Publications, Research, Strategic Documents, Coding and Reimbursement, Advocacy and Government. You will find numerous links and other topics to enhance the “learning curve.” In addition, our Academy publications, Journal of the American Academy of Audiology (JAAA), Audiology Today (AT), and our online publication, AT Extra, are Academy benefits that every member receives to help communicate Academy issues and share state-of-the-art research and information.

I am proud to be part of a profession that wants to learn. The Academy is dedicated to providing high quality learning opportunities and to make the joy of learning easily accessible. Learning is a staple for the success of a profession. Audiologists must afford the time and effort to secure a spot on the “learning curve.” In the end, the true winner is the ultimate stakeholder, the patients we serve.

Learning is not compulsory ... neither is survival.
—W. Edwards Deming
My name................................................................. Paul Pessis

childhood ambition......................................................... To replace Johnny Carson, host of The Tonight Show

first job.......................................................... SANITATION WORKER

inspiration.............................................................. Those with a strong work ethic and a vision

tfondest memory........................................................... My kids' faces when we brought home a puppy

favorite movie or book..................................................... Airplane

indulgence.......................................................... 50" plasma TV

proudest moment......................................................... My children starting their first career jobs

perfect day............................................................... No emails, no complaining patients, relaxation with eating dinner outside with my family

My life.............................................................. channeling, exciting, challenging, fulfilling

My profession.......................................................... Audiology

Paul Pessis
North Shore AudioVestibular Lab
1160 Park Avenue West, 4S
Highland Park, IL 60035
pess52@aol.com
My name is Helena Stern Solodar.

Childhood ambition...to become a Radio City Music Hall "Rockette," but if that did not come to fruition, a physician.

First job...special education teacher.

Inspiration...my father, Ben Stern.

Fondest memories...the adoption of my two children.

Favorite movie or book..."Da Vinci Code" by Dan Brown.

Indulgence...to have a day of total rest and relaxation without guilt.

Proudest moment...watching and participating in the accomplishments of my children throughout the stages of their life.

Perfect day...sunny day at the beach, staring into the ocean.

My life is such a privileged one, filled with a great husband, awesome children, fabulous friends, an amazing business partner, a successful audiological practice for over 50 years and the opportunity to continue to enjoy life.

My time on the AAA Board of Directors has been a tremendous opportunity and an experience of a lifetime.

Thank you!
The Academy’s implementation of the Strategic Plan includes the budgetary process and prudent financial management. The leadership focuses on the budget to meet the critical needs of audiologists under the direction of the Board of Directors and through the work of various committees and staff. For the 2007 fiscal year, which spans July 1, 2006 to June 30, 2007, the Board of Directors approved a budget with revenues of $6,152,988 and expenses totaling $6,136,567 for a positive change in net assets of $16,421. The positive change in net assets will help the Academy continue as a strong entity and serve and meet the needs of its members. To operate within this budget, many difficult decisions have been and will continue to be made, while we endeavor to focus on those programs and activities that will advance the profession and support our members.

As demonstrated by the graphs, the Academy’s two main sources of revenue remain membership dues and our annual convention and exposition. Leadership continually searches for additional revenue sources in order to provide quality programs and services for our members. Throughout the year, staff and leadership review year-end projections to ensure the Academy is operating within the approved budget. In addition, the Academy annually conducts an independent audit to certify that all financial information is consistently prepared according to the highest level of financial integrity.

I thank the American Academy of Audiology’s Board of Directors, Finance Committee and staff for their leadership, support, and hard work in developing and maintaining a balanced budget.

Carmen Brewer, PhD
Treasurer, Board of Directors
March Madness: PICK A TEAM

What do sports and audiology have in common? What makes a team a winning team? Why are we instantly drawn to some coaches?

Whether in athletics or the practice setting, we are all about selecting and building a team, defined as any group of people...linked in a common purpose (Wikipedia). The association professionals working for the Academy (the staff or “special team” handling operations) are tasked with delivering a smooth performance which your peers—the Board of Directors governing the Academy—have developed for our playbook, the Strategic Plan. The purpose of Team Academy (both board and staff) is to advance our Mission:

Promote quality hearing and balance care by advancing the profession of audiology through leadership, advocacy, education, public awareness, and support of research.

The month of March brings “madness” in NCAA basketball as well as for those involved in designing the other “championship” event in April: AudiologyNOW! 2007. The success of this single event is the result of a mammoth team comprised of the Program Committee, chaired by Sharon Sandridge, and staff, whose purpose is to deliver an engaging learning experience such that each audiologist is able to effect change immediately in his/her practice of audiology. You’ll want to get a front row seat to experience this winning teamwork on April 18–21 in Denver—two weeks after the NCAA Championship game on April 2 in Atlanta.

Founded in 1988, the Academy will turn 20 in 2008 thanks to a tradition of great teamwork over the years. The 20th Anniversary Task Force, chaired by Helena Solodar, has begun recreating 20 years of impressive highlights, events and memories so that we can celebrate how far we’ve come in 2008. The task force will work with committees, the Board, staff and individual Academy members to create an unforgettable audiology event of a lifetime.

Growing to 10,000-plus audiologists in just 20 years is the result of a long line of great coaches (our past presidents) over the years. Perhaps each of our presidents—past and current—would agree with Henry Kissinger when he said, “The task of the leader is to get his people from where they are to where they have not been.”

The Academy—the team of audiologists linked with a common purpose of advancing the profession of audiology—is gaining momentum, and I trust you will continue to pick the Academy’s team.

You can indicate your pick this March by:
• registering for AudiologyNOW!
• serving on a committee
• contacting your representatives on Capitol Hill
• lending your expertise by presenting and/or participating in an eAudiology Web seminar
• contributing to the PAC and to the Academy’s foundation, the AAAF
• inviting a peer to join our team

As we continue to move Team Academy forward, let’s heed this advice from Hall of Fame NCAA basketball coach John Wooden, “It’s what you learn after you know it all that counts.” And just imagine where we’ll be and what we might know another 20 years from now. ☺
COMMITTEE VOLUNTEER FORM

Are you interested in volunteer work with the American Academy of Audiology? If so, please submit your name to the committee pool. The Academy has a number of committees and occasionally task forces or ad hoc committees. Most committee terms are three years (approximately one-third of each committee turns over each year). Fellow members of the Academy are eligible to serve on committees as voting members. Many committees have a student, nonvoting member.

What does it take to be a good committee member?
- A spirited individual with interest in teamwork
- A little free time
- Commitment to completing tasks
- A desire to help shape the future of audiology

How do I show my interest in future committee work?
- Complete the committee volunteer form
- Select your interest areas
- Submit the form via FAX or mail

When will I hear something?
- Committee interests are reviewed as positions become available or task forces are initiated.
- The committee year starts on July 1 and ends on June 30 of the following year.
- 3 positions per committee open up per year.
- All volunteers not selected will be notified by the end of August.

Note: Because there are a limited number of positions, not all will be selected.

Name: __________________________________________________________________________________________________________
Position: _________________________________________________________________________________________________________
Address: __________________________________________________________________________________________________________
City:________________________________________________ State: ______ Zip Code: ________________________________________
Phone: __________________________________________________ FAX: ____________________________________________________
Email: ____________________________________________________________________________________________________________________

Practice Setting:
- □ Clinic □ College/University □ ENT Office
- □ Hospital □ Manufacturer
- □ Military/VA □ Primary/Secondary School □ Private Practice

Years of experience:
- □ 0–2 yrs □ 3–5 yrs □ 6–10 yrs
- □ 11–15 yrs. □ 20+ yrs

Prior experience:
- □ I have not worked on a committee but am interested in serving
- □ I am a student interested in serving on a committee

I have the following experience:
- □ State licensure or association boards
- □ National association boards
- □ State organization’s professional committees
- □ Academy committees
- □ Other national association committees
- □ Other (indicate)______________________

____________________________________
____________________________________
____________________________________

Committees and Chairs Effective July 1, 2007

Committee charges that became effective on July 1, 2007, are available at: http://www.audiology.org/aboutacademy/governance/committees/

NOTE: Committee Chair appointments and committee charge revisions occur in the spring. Changes will be posted on the Web site as they occur.

Please indicate your committee interests below by selecting your first, second and third choices (indicate 1, 2, 3):

- Honors Committee: Sheila Dalzell
- Business Enhancement Strategies & Techniques (BEST) Committee: Gyl Kasewurm
- Coding Committee: Kadyn Williams
- Education Committee: Dianne Meyer
- Ethical Practices Committee: Jane Kukula
- Government Relations (GR) Committee: President-Elect Alison Grimes
- GR Subcommittee on Pediatric Audiology: Marilyn Neault
- GR Subcommittee on State Licensure: Pam Ison
- International Committee: Neil Clutterbuck and Linda Hood
- Membership Committee: Rebekah Cunningham
- PAC Advisory Board: Richard Gans
- Publications Committee: Michael Valente
- Public Relations Committee: Clarke Cox
- Research Committee: Sharon Kujawa
- Standards Committee: Cheryl DeConde Johnson (NEW)
- State Network Committee: Erin Miller

Please FAX or mail the form above by May 31, 2007 to:
American Academy of Audiology
Attn: Ed Sullivan
11730 Plaza America Drive, Suite 300
Reston, VA 20190
FAX: 703-790-8631
Email: esullivan@audiology.org

For questions, please contact Ed Sullivan at 1-800-222-2336 x1034.
You’re invited!!

The AAA Foundation’s
HAPPY-HOUR-AND-A-HALF
Wednesday, April 18, 5:30–7:00 pm
At Ellyngton’s in the historic Brown Palace Hotel

The AAA Foundation will kick off the high altitude festivities with its Happy-Hour-and-a-Half fundraising reception on Wednesday, April 18. This special event is the perfect chance to have a drink and hors d’oeuvres while enjoying the sounds of the band “Hearing Aid.” And best of all, proceeds from the Happy-Hour-and-a-Half fund research, education and public awareness in audiology.

Tickets are available for $35 (discounted advance purchase price) with your online AudiologyNOW! registration.
Student tickets are $20 if purchased in advance.
And don’t forget, all Annual Fund donors who make a gift of $250 or more are invited as special guests, so go to www.audiologyfoundation.org to make your Annual Fund contribution.

Many thanks to HearUSA Hearing Care Network for their underwriting of this special event.

And thanks too to the fabulous musicians in “Hearing Aid,” who donate their time and talents to the Happy Hour each year …we enjoy and appreciate you, Brad Ingrao, Chuck Berlin, Mead Killion, and Andy Vermiglio.

AudiologyNOW! and the AAA Foundation:
Annual Marion Downs Lecture in Pediatric Audiology

Discover the cutting-edge research of Walter Nance, MD, PhD, of Virginia Commonwealth University at the 2007 Marion Downs Lecture in Pediatric Audiology on Friday, April 20, 10:00–11:30 am.
— Funded with a grant from The Oticon Foundation.

Support audiology’s up-and-coming researchers at the Student Research Forum on Friday, April 20, 12 noon–1:30 pm.
—Underwritten by Plural Publishing.

Recognize young researchers and those who support them at the Research Awards Reception and Poster Presentations on Friday, April 20, 5:30–7:00 pm.
The American of Academy of Audiology Foundation is pleased to announce that Walter E. Nance, MD, PhD, of Virginia Commonwealth University has been selected as the speaker for the 2007 Marion Downs Lecture in Pediatric Audiology at AudiologyNOW! This year’s lecture is scheduled for April 20 from 10–11:30am in the Colorado Convention Center. The AAA Foundation annually funds the Marion Downs Lecture with a grant from The Oticon Foundation.

Dr. Nance was born in Manila in 1933 and spent his childhood first in Shanghai, then New Orleans, and finally, in Oak Ridge, Tennessee. He graduated from the Phillips Exeter Academy in 1950 and was later awarded an SB degree in Mathematics (Optime Merens) from the University of the South in 1954. From Sewanee, he went to Harvard Medical School, where he obtained his MD degree in 1958 and received the Boylestone Society Award for a paper on human twinning that was later published in Medicine.

Dr. Nance completed an internship and residency in Internal Medicine at Vanderbilt University, where he earned the reputation of being more interested in the family history than the present illness of his patients, causing his Chairman, Dr. David Rogers, to urge him to obtain training in genetics “before you hurt somebody.” He attended the first of the more than 40 annual Bar Harbor courses in Human Genetics, organized by Dr. Victor McKusick, and the realization that his interest in genetics was shared by other physicians lead him to apply for an NIH Postdoctoral Fellowship in Human Genetics at the University of Wisconsin, where he eventually obtained his PhD degree under the direction of Dr. Oliver Smithies.

Dr. Nance returned to Vanderbilt as a Markle Scholar in Academic Medicine in 1965 and was then recruited to Indiana University at Indianapolis in 1970, where he was a professor of Human Genetics and became the Principle Investigator of the Indiana University Human Genetics Center. In 1975, he left Indiana University to establish one of the first Departments of Human Genetics in the southeast at Virginia Commonwealth University. In 2001, he stepped down as Chair of the Department to pursue his research full time.

Dr. Nance has two children, a geneticist and a science writer, and two grandsons, and is married to a young woman named Mayna who was a classmate when they were in the second grade at the Shanghai American School.

Dr. Nance has served as President of the American Society of Human Genetics, the American Board of Human Genetics, and the International Society for Twin Studies, and has served as Chairman of the Genetics Study Section and as an Advisor to the National Institute of Deafness and Communicative Diseases. He is the author of more than 300 books and articles and has served on the committees of more than 40 graduate and postdoctoral students. He has had a career-long interest in the genetics of deafness that began with the description of several new forms of syndromic deafness when he was at Vanderbilt and Indiana. His current interests include newborn screening for deafness, the mapping and identification of genes for non-syndromic deafness, as well as an analysis of the possible causes for the high frequency of connexin deafness and their relevance to human evolution.

Dr. Nance’s presentation, “How Can Newborn Hearing Screening Be Improved?” will review recent advances in our understanding of genetic deafness, the factors that have influenced the frequency and causes of deafness throughout the world, as well as the cultural and ethical issues involved in efforts to treat and prevent deafness. In addition, Dr. Nance will emphasize the expanded role that audiologists are well equipped to play in the management of patients and their families.

Dr. Nance will also suggest improvements to newborn screening programs. The first area includes the immediate confirmation of abnormal screening test results. Secondly, improvements should include the adoption of an etiologic focus. This goal implies not simply an intimate familiarity with the environmental and genetic forms of deafness but an understanding of the mechanisms that contribute to the extraordinary worldwide variation in the frequency of specific genes and environmental causes, and the social and ethical impact on efforts to treat and even prevent deafness. Finally, screening should include universal molecular testing for four important causes of deafness: newborn screening for just four genetic and environmental causes in the United States would identify the most important genetic and environmental forms of congenital and delayed prelinguistic deafness, and the most important cause of preventable deafness. Such tests would be a powerful adjunct to existing audiologic programs.

For more information on the Marion Downs Lecture and the other programs in research, education and public awareness funded by the AAA Foundation, please visit our Web site at www.audiologyfoundation.org.
The AAA Foundation is grateful to all the individual and corporate donors who made the 2006 Annual Fund an enormous success.

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Hearing is a gift… and every gift matters! Thank you!!!
Why Every Audiologist Should Care about University Program Accreditation

**Competence** is a word used to describe one of the professional qualities audiologists should possess at any stage of their careers, but is of critical concern at that point when the new graduate enters the workplace. Over the past 20 years, innumerable discussions and meetings have been held to determine what the “entry-level” competence should be for persons graduating from our training programs. Beyond what those competencies should be is the question of how we, as a profession, assure the public, including patients, licensure boards, governmental agencies, third-party payers, and other health professionals, that our graduates have these competencies and are prepared to provide services for which they are trained.

The responsibility for these assurances to the public rests with the profession as a whole, not just with the American Academy of Audiology (Academy) or the university academic programs. In the document titled “Profiling the Professions: A Model for Evaluating Emerging Health Professions,” the Center for Health Professions at the University of California San Francisco noted that: “Regardless of the particular track one follows or the portal one uses to enter a profession, the profession (italics added) should be able to demonstrate (through clearly prescribed methods) that its members are competent to provide the care they offer when they enter the profession.” Therefore it is the responsibility of all audiologists to assure the public that those individuals who desire to enter our profession are appropriately trained, possess the requisite knowledge, and are capable of rendering the necessary decisions for quality patient care.

Because graduates enter the workplace in a multitude of environments, there is no work setting of our profession that should not embrace the need for rigorous standards for our graduates. For example, Veteran’s Administration hospitals need to know that our graduates can select and fit hearing aids. Pediatric hospitals need to be assured that graduates can test the hearing of newborns. Private practices seeking partners need to believe that graduates are capable of working independently. Educational settings want to know that graduates understand the unique environments of classrooms.

The military desires individuals capable of providing preventative care to the service men and women, and universities want well-trained clinical preceptors. Therefore, all audiologists, regardless of work setting, area of expertise, or responsibilities, should be engaged in the accreditation process as their own credibility is at risk when we fail to produce graduates who do not have these necessary entry-level competencies.

When the Academy was founded, one of the guiding principles was to elevate the academic education of our graduates to the doctoral level. At the same time Academy was founded, the transition to the AuD began, and these two movements became intimately intertwined. In point of fact, the Academy required that all new members, approximately five years after the founding, would be required to have a doctoral degree. The founders recognized that the respect and recognition we were striving to achieve were coupled to our educational foundation. As part of that vision for the profession, subsequent leaders recognized that this educational foundation must also be responsive to our professional evolution, and this responsiveness could only be achieved through the development of a process which provided a quality control mechanism for our educational system. Hence the Accreditation Commission for Audiology Education (ACAE) was launched in 2003 through the joint efforts of the Academy and the Academy of Dispensing Audiologists.

**WHAT IS ACCREDITATION?**

Accreditation is a process of external quality review used by higher education to scrutinize colleges, universities and academic programs for quality assurance and quality improvement. It is considered a voluntary program as universities or programs are not required to participate in the process. However, for reasons including the desire to comply with professional standards, the requirements of licensure boards, university mandates, or marketing efforts, most programs and universities choose to be accredited.

Most people believe accreditation is a way to force...
programs to assure quality in their graduates through compliance with educational standards promulgated by the profession. Conversely, concerns have been raised about the quality of “some graduates” from “some programs,” and therefore, the responsibility of accreditation to assure quality has been questioned. In one sense, the role of accreditation is to assure that graduates do meet some pre-determined level of competency. However, accreditation is also designed to assure that an academic program is meeting its own stated goals, which consequently should be aligned with the profession’s expectations for graduates. For example, a non-research institution may not require research output from the faculty, but the profession should expect that graduates from that institution learn to be appropriate consumers of research. Accreditation also cannot evaluate the competencies of individuals who graduate from a program; rather, the process of accreditation must focus on the program itself and its methods for assuring the competence of graduates as a whole.

In the United States, there are four basic types of accreditation. Regional accreditation is generally focused on the university as a whole and is provided by one of six regional accreditors. Their focus is on those issues which impact all students or cut across many departments, including the overall administrative structure and operations of the university. Faith-based accreditation focuses on those institutions which generally have a religious orientation, but also focus on the institutions as a whole. Private career accreditation is primarily for institutions which have a singular career focus or prepare individuals for technical careers. Programmatic or specialized accreditation is focused at the academic program level within universities. In the United States, there are more than 18,000 programs in this category which are currently accredited, with the majority being in the health and professional degree areas. Accreditation for audiology programs falls in this last category.

In the United States, the regulation of accrediting agencies is the responsibility of the U.S. Department of Education (USDE). The National Advisory Committee on Institutional Quality and Integrity (NACIQI), a section of the USDE, evaluates accrediting agencies to assure they are performing in a manner consistent with the guidelines of the USDE. Guidelines for student achievement, curricula, faculty, facilities, support services, admissions, complaint resolution, and graduation rates are examples of the criteria which must be included in an accrediting agency’s standards. The stated purpose for the recognition of accrediting agencies by the USDE is to assure that students receiving federal financial support are receiving a quality education. Hence, any academic program in which federal funds provide some level of support for students must be accredited.

The Council on Higher Education Accreditation (CHEA) is an organization formed by the university communities to assure and strengthen academic quality and ongoing quality improvement. CHEA guidelines include the areas of accountability, academic quality, self-study and planning for change, fair decision processes, ongoing review, and that programs have sufficient resources to meet their stated goals. Recognition by either the NACIQI or the CHEA requires that an accrediting agency meet their regulations and guidelines and be operational for at least two years.

**Why do we need accreditation?**

A contemporary, well-respected and standardized educational process is one of the cornerstones of an autonomous, respected profession. Any profession, including audiology, must promulgate educational standards that are rigorous and comprehensive, and only graduates of programs that can meet these standards should gain access to the profession. The judgment as to whether academic programs prepare students to enter the profession is the responsibility of an accrediting agency.

The time when most audiologists likely thought much about accreditation was when they were selecting a graduate program. In reality, a student applying to a program probably does not appreciate what accreditation really means, but assumes it bears some relation to quality. After graduation, accreditation probably does not command much attention for the average audiologist. However, the impact of accreditation goes well beyond assuring potential students that the program meets a set of professional standards.

For our profession, accreditation is one of the key elements of autonomy. While not as dramatic as direct access or developing the AuD degree, accreditation provides the educational foundation on which autonomy is built. Any inconsistencies in the educational system detract from our ability to declare ourselves an autonomous profession. Accreditation is tied to the perception of the profession from other health-care professionals and agencies. The consistency and rigor of our education lends credibility to the perception of the profession. Accreditation is also tied to licensure boards. Most licensing agencies require applicants to be graduates of accredited training programs. Perhaps most importantly, accreditation provides an unwritten blanket of trust for the consuming public. For health-care in particular, the public must have confidence in their providers. Accreditation of training programs, along with licensure, provides that confidence.

If professional autonomy is a goal for audiology, then a rigorous and consistent educational system must be assured. We cannot declare to the public that audiologists have the necessary skills to provide hearing and balance care and then allow academic programs to train audiologists to whatever level they deem appropriate. All audiologists should care that processes are in place to assure that the entry-level competence of new graduates meets our profession’s expectations. In this regard, accreditation is a key element of our vision for an autonomous profession.
I am pleased, as President-Elect of the American Academy of Audiology and Chair of the Government Relations Committee (GRC), to write the “Washington Watch” for this issue of *Audiology Today*. “Washington Watch,” a regular feature in *AT*, has in the past been written by Marshall Matz of Olsson, Frank and Weeda. In the future, we will see this column expand with contributions from Marshall, Phil Bongiorno, Director of Government Relations at the National Office, Patrick Cooney and John Williams of The Federal Group (newly retained by the Academy), and other guest writers.

**What exactly is the purpose of “Washington Watch?”**

“Washington Watch” provides at least two important functions: first, to inform us all about the goings-on in the nation’s Capital that impact our profession directly and indirectly, and secondly, to serve as the membership’s call to action, or how to individually assist in moving these goals forward.

**And what is the charge to the GRC?** GRC deals with all things political and strategic: the myriad of efforts to promote audiology and advocate for the profession and the patients and other stakeholders we serve and with whom we interact. As the saying goes, “all politics is local,” and we who live and work far from Washington can be very effective in promoting and advocating for our profession.

**Who sits on GRC?** Other than the President-Elect are the Chairs of related Committees and Subcommittees: Kadyn Williams, Coding and Reimbursement Committee; Marilyn Neault, Pediatric Subcommittee; Pam Ison, State Licensure Subcommittee; Richard Gans, Political Action Committee (PAC) Advisory Board; Erin Miller, State Leaders Network; Dick Daniel, Member at Large; and Daniel Keller, Student Member (NAFDA).

**What are GRC’s strategic goals?** From the Academy’s Strategic Plan, achieving success in advocacy is “Goal 2: Shape the future of the science and practice of audiology through effective leadership and advocacy.” How do we translate this into action? The Academy’s Strategic Plan for Advocacy, which was discussed in the previous issue of *Audiology Today*, lays out the details.

For 2007, there are no fewer than 25 Legislative and Regulatory Priorities! Some will be familiar to you from the past; for example, redefining “audiologist” in the Standard Occupational Codes (SOC) to remove us from the “therapist” category and recognize audiologists as professionals who diagnose and treat hearing and vestibular disorders. Carol Flexer, in her presidency many years ago, made this a priority, and this goal is now finally close to being met. We anticipate that by the end of 2007, audiologists will be in their own SOC category with the Department of Labor, reflecting our scope of practice accurately. A long time coming, but worth the wait!

Other priorities include the hearing aid tax credit legislation. This initiative was introduced in the 109th Congress, however, it was not passed. This term we anticipate that it will again be active, with Rep. Carolyn McCarthy (D-NY) and Rep. Vern Ehlers (R-MI) as sponsors. Tax credit legislation is good for the consumer and good for audiology. By having a tax credit, patients who might be reluctant to purchase hearing aids will have a financial edge, and audiologists, seeking to reach the large majority of individuals who have hearing loss but who do not avail themselves of our services.

The Early Hearing Detection (EHDI) and Intervention Act continues to await re-authorization. Our friends, Rep. Lois Capps (D-CA) and Rep. James Walsh (R-NY) are expected to again work toward this important goal for funding EHDI Programs around the country. The Academy’s active support of this initiative is most important.

Related priorities involve partnering with other health-care entities to work on issues that are cross-specialty. An example was last year’s thankfully unsuccessful “Health-care Truth and Transparency Act,”—which sought to restrict the rights and responsibilities of a number of allied health-care professions including audiology. By partnering with affiliated professional organizations, we were successful in seeing this bill die.

Perhaps most critical is the myriad of efforts directed at better defining our role in the Medicare program and how audiologists are viewed and reimbursed. As we know, Medicare policy and regulations, as well as reimbursement rates, heavily influence how we are viewed and paid by private insurance as well. There is now a movement to include audiology in the new Physician Quality Reporting Initiative, or “Pay for Reporting” with Medicare, which will provide a slight additional bonus for healthcare providers that meet certain metrics regarding efficacy and benefit of care. Audiology is poised to be part of this important movement.

The single-most important strategic initiative for the Academy remains achieving Direct Access by audiologists in the Medicare program. As I’m sure you well know, audiologists cannot bill the Medicare program for diagnostic or treatment services without a physician referral. This creates a significant roadblock for Medicare patients to be evaluated and treated by an audiologist. The necessity for physician referral (and this can be any physician, not just an otolaryngologist) results in increased cost to the system and increased hassle for the patient. Multiple visits, all charged to Medicare, accrue due to the requirement that the patient first see a physician and then the audiologist, and then possibly back to the physician for the diagnosis and treatment of hearing loss. How much easier, less costly, and more efficient would a single visit to the audiologist be! Particularly in view of the fact that 85-95% of Medicare-
The State Leaders Network is a primary strategy in obtaining Direct Access. Board Members, lobbyists, and other supporters of Direct Access have made a number of contacts (personal and via phone and written material) to educate CMS personnel about the knowledge and skills of audiologists. The focus of this educational endeavor is to demonstrate that patients who visit an audiologist first, and who are referred to physicians for medical evaluation only when indicated, will not be harmed. Importantly, in view of the fact that most hearing impaired adults do not seek diagnosis and treatment for hearing loss, and that untreated hearing loss is known to result in social isolation and possibly depression, Direct Access will be an important step in improving care. The job of educating CMS about audiology is an important strategic goal of the GRC.

The other part of the equation is for us, all of us, to lobby Congress to pass a bill to permit patients in the Medicare system direct access to audiologists. This bill was termed the “Hearing Health Accessibility Act” in the 109th Congress, and as of this writing, does not yet have a name for the 110th. The change in the Medicare program to permit Direct Access could be made either by legislation, or by regulation (administrative rule making). Both the legislative, as well as the regulatory-change, avenues are being actively pursued.

The new 110th Congress will mark the third session in which we will have Direct Access legislation. Creating this legislation requires identifying individuals in the House and Senate to sponsor and introduce the bill on our behalf. What is the strategy for this new congressional session? One of our former co-sponsors, Rep. Jim Ryun, who is hearing impaired and who previously addressed our Annual Convention, was defeated in the last election. In the Senate, our primary sponsor, Sen. Tim Johnson, is currently recuperating from a brain hemorrhage. While his staff has expressed their support for Direct Access, they have asked that we wait until he recovers before having him re-introduce our bill. Therefore, the first strategic challenge is to identify the appropriate individuals in both Houses to introduce our bill, and to re-establish co-sponsorships with our previous co-sponsors, and add to the list.

Legislators want to be responsive to the needs of their constituents—after all, they are elected and keep their jobs by responding to their constituents’ wishes. Constituents also, of course, include consumers. When we contact our legislators to encourage their support, and when we educate them about the profession of audiology, they will be interested in supporting us! We all have legislators—each one gets a vote—and multiple co-sponsors is the ticket to seeing our bill passed. Encourage your patients to write letters, make personal visits, and advocate!

The Coding and Reimbursement Committee deals with the myriad of issues related to how we bill Medicare and other insurances, and how we are reimbursed. An on-going strategic initiative, and one that impacts all of us who seek reimbursement for services, is monitoring and participating in the AMA CPT and RUC/HCPAC processes. Our services are defined by the codes that describe our procedures. The codes that we are able to bill determine what we are paid for our work. Unfortunately, the codes are not owned, nor defined by us. And the biggest challenge in coding and reimbursement is that we, as audiologists, are for the most part not paid for “thinking.” That is, we are paid for performing the procedure, like a technician, but not for the cognitive work related to performing the procedure (taking a case history, summarizing results, counseling patients, treatment planning and the like). By being actively involved in the Byzantine process of code development and definition, we can hope to change this situation and in the future be recognized for the full breadth of our skills in providing diagnosis and treatment, not just the “technical component” of performing the individual test.

Finally, working with CMS to ensure adequate compensation for our services is of greatest importance: gaining Direct Access but being inadequately paid is only half a measure of success.

**What about state issues?** The State Leaders Network is a communications tool to create and foster two-way communication between individual states and the National Office. Issues that arise in one state may well arise in other states, having a mechanism to share information, problems and solutions is of benefit both locally and nationally. To this end, a new listserv is poised to be launched, which will enable state-to-state dialog and discussion of local issues.

Similarly, the State Licensing subcommittee deals specifically with legal and regulatory issues involving the licensing of audiologists. Each state licenses or regulates audiologists; however, the practice acts are not uniform among the states. Problems, concerns or questions that arise in one state licensing board are likely to occur in other states. Recently, the Academy launched a new listserv, License2Hear, to allow audiologists who sit on state licensing boards to rapidly share information. Some of the questions that have been posed on this listserv include provisional licensure for 4th year students, continuing education requirements, and defining and using terms such as “audioprosthologist” and “Auditory Processing Disorder.”

The Pediatric Subcommittee was born out of the recognition that with the advent of Newborn Hearing Screening and Early Intervention Programs, there needed to be a group of pediatric audiologists who could be called upon to develop position statements and react and respond to legislative and policy initiatives that involved pediatrics. An example of the Pediatric Subcommittee’s work is their involvement with the work of the Joint Committee on Infant Hearing, and the development and approval of the 2007 Position Statement. Another example of the work of the Pediatric Subcommittee is the formulation of the definition of “what constitutes ‘disability’ in a hard-of-hearing or deaf child”—a question raised by the Social Security Administration. I was recently privileged to take part, with a number of experts in pediatric audiology, in a series of conference calls with representatives from the Social Security Administration.
Administration (SSA) on this topic. SSA had contacted the Academy for technical information regarding how disability is determined in hearing impaired and deaf infants and young children. We were able to provide expert testimony on the best practices in the diagnosis of hearing loss in infants and children, and the assessment tools and interpretations that we use to determine impairment. At the conclusion of this series of teleconferences, we were stunned to learn that in the SSA regulations, audiologists are not defined as “acceptable medical sources” for hearing impairment! We are able to educate SSA about the intricacies of diagnosing hearing loss, yet we are not recognized as the profession to do the diagnosis! Here’s another example of where “audiology” is not yet a household word in federal regulation, and another example of where our strategic efforts are needed.

How is GRC fueled? By membership dues, and by the PAC. The Academy’s Political Action Committee is a necessary vehicle for achieving face-to-face contact and influence with lawmakers. PAC donations allow the Academy to make carefully targeted donations not only to supporters of our bills but to legislators with whom we would like to gain influence. PAC donations, for better or worse, are the vehicle that enables contacts, creates partnerships, and furthers our strategic initiatives.

What is the role of our lobbying team? Our lobbyists comprise our long-time friend, Marshall Matz, of Olsson, Frank and Weeda, as well as our newly contracted lobbying firm, The Federal Group (Patrick Cooney and John Williams). The recent addition of the Federal Group was necessitated by our ever-expanding strategic focus and the need for more broad coverage and depth in our advocacy efforts. Lobbyists, just like PAC funds, are necessary and important players in our Advocacy and Strategic Initiative endeavors. Lobbyists, through their contacts, their knowledge of the inner workings of Washington, and through their knowledge of audiology, are able to gain entry and persuade and influence key legislators to become supporters of our bills. We are fortunate to have this newly expanded lobbying/advocacy team and their coordinated efforts will, I believe, serve us well in this new Congressional session.

Membership dues also help to pay for our excellent staff resources in the National Office: Phil Bongiorno, the staff Director of Governmental Affairs, and Lisa Miller Jones, Director of Reimbursement. Having staff positions allows for well-coordinated plans for Strategic Advocacy and initiatives, ensuring that our efforts and activities are targeted, effective, and not duplicative.

I hope this snapshot view of GRC and its activities in advocacy has provided you with insight into this important function of our Academy. I encourage you to create your own personal Strategic Plan: visit your legislators, invite them to visit your offices when they are home, write letters, be active in your state organizations, contribute to the Academy’s PAC, encourage your patients to write letters on behalf of Direct Access, and volunteer to serve on Academy committees and task forces that relate, directly or indirectly, to advocacy. Thanks for taking the time to read “Washington Watch!”
ACADEMY HONORS

Join us as we honor these individuals at the Academy Honors Reception on Thursday, April 19, 2007, 6:00-8:00 p.m. during AudiologyNOW! in Denver, CO!

DISTINGUISHED ACHIEVEMENT AWARD

The Academy is pleased to present the Distinguished Achievement Award to five very deserving individuals. These individuals have had an impact on the profession through their teaching, clinical service, research contribution, and/or innovative program development.

Kathy Beauchaine is a master audiologist and clinician-scholar who exemplifies what every clinician strives to be. She is an exceptional clinician, researcher, speaker and educator. She received her BS in audiology from the University of Wisconsin at Oshkosh and her MA in audiology and Aural Rehabilitation from the University of Denver. She took her first job as a Clinical Audiologist at Boys Town Research Hospital in Omaha, Nebraska, and has been there since her early career as an audiologist. Ms. Beauchaine has been the Coordinator of Audiology there since 1992. While Ms. Beauchaine sees patients of all ages, she is nationally known for her long, exceptional audiological care for pediatric patients and their families. She has been pushing the envelope of best practice for care of infants and children long before the current surge of interest in this area. Because of her exceptional abilities in critical thinking, creativity and compassion for each child, she has risen to be a leader in pediatric audiology.

Attesting to this fact are her invitations to be a member of working groups that write guidelines in audiological assessment of children and skills and knowledge needed by audiologists who perform pediatric assessment. Ms. Beauchaine’s creative curiosity has led her to clinical research, in addition to being actively involved in patient care and clinic management. Ms. Beauchaine has authored or coauthored 33 publications in peer-reviewed journals, 9 book chapters and 12 other articles. She has given over 60 presentations at local, national and international meetings. One of her nominators commented that she receives excellent reviews for her presentations because she provides critical information about best practice along with good ideas and techniques that clinicians can “go home and use.” In addition to educating others through professional presentations, Ms. Beauchaine has been an instructor at Creighton University School of Medicine for over 20 years. She routinely supervises students who go to Boys Town National Research Hospital for their clinical training. She currently is a member of the Board of Audiology and Speech Language Pathology at the State Board of Health, which indicates that others recognize her high standards and ethics. The nominators of Ms. Beauchaine remark that her superb accomplishments are not often ones that can be displayed on a certificate or a plaque. She strives to provide the best patient care by critically scrutinizing new techniques, devices, procedures and protocols. She is described as “creative,” “detail-oriented,” “motivated,” “enthusiastic,” and “loyal.” Her unique combination of clinical skills, clinical experience and attitude toward learning and educating others places her among the Academy’s Distinguished Achievement Award recipients.
Dr. Ted Glattke has made monumental contributions to the field of audiology as an educator, researcher, administrator and mentor. His selfless dedication to students, his service to American Indians and children in Mexico, his pioneering research in evoked potentials and otoacoustic emissions, his administrative service to university, local, national and international organizations and his enduring support of colleagues places Dr. Glattke among the most accomplished members of our profession. Dr. Glattke received his bachelor’s degree in Speech from the University of Arizona in 1962 and his master’s degree in 1963 in Speech Pathology and Audiology from the University of Michigan. In 1968 he received his PhD in Audiology from the University of Iowa and served as a postdoctoral fellow at Stanford University from 1968–1970. Dr. Glattke remained at Stanford School of Medicine until 1975. He accepted a position as Associate Professor in the Department of Speech and Hearing Sciences at the University of Arizona in Tucson, where he has remained for the past 31 years. Dr. Glattke is the quintessential scholar, investigator, educator and mentor of students and colleagues. He has authored, edited, or coedited over 75 scholarly publications and has presented more than 200 invited lectures. He received the American Speech-Language-Hearing Association’s (ASHA) Editors Award in 1977. He directed the research and degree programs of 51 graduate students, including eight PhD dissertations. He has been honored with the Career Teaching Award of the Faculty of Science from the University of Arizona. He developed the American Indian Training Program in Speech-Language Pathology and Audiology at the University of Arizona, and under his direction, 35 American Indians have received Master of Science degrees. Throughout Dr. Glattke’s leadership, the first AuD program at the University of Arizona was established. Dr. Glattke has a long and distinguished career in clinical service. He has developed and maintained several audiology clinics for underserved populations. He has been active in the Health Hearing Program of the Special Olympics, establishing that program in Arizona. He has served as a member of the Communication Disorders Review Committee for the NIH, for the US Department of Education and for the National Science Foundation. He has also served as committee chair and/or board member for both ASHA and the American Academy of Audiology. He has been actively involved in the International Society of Audiology and served as President of the XXVIth Biennial Congress. Dr. Glattke has contributed to audiology’s science, its education of students and professionals, its organization affairs, and its clinical services.
Dr. David Goldstein is well known as one of the early promoters of the expansion of audiologists’ scope of practice to include hearing aid dispensing. He knew that hearing aid dispensing by audiologists was essential for best patient care and for the profession of audiology. However, Dr. Goldstein probably is best known for his determination that audiology must become a doctoral-level profession for best patient care and for the profession of audiology. Each position faced widespread and determined opposition, including from within audiology. Yet both hearing aid dispensing and the AuD degree have proved to be in the best interests of the patients we serve and of our profession. Clearly, the current state of audiology and its future as a health-care profession would be very different had the goals of hearing aid dispensing and the AuD degree not been achieved.

Dr. Goldstein received his master’s degree and his PhD in Audiology from the University of Wisconsin. He joined the faculty at Purdue University during 1963. He was promoted to Professor during 1973. He retired from Purdue University 33 years later. While at Purdue, Dr. Goldstein was a teacher and a scholar, and he provided professional service. Dr. Goldstein was a prolific researcher whose publications focused primarily on amplification and speech perception. He wrote extensively about auditory rehabilitation and provided models of university-based service delivery that are still found at academic institutions across the nation.

Dr. Goldstein is one of the American Academy of Audiology’s founders. He is the founder of the Audiology Foundation of America. Dr. Goldstein received the Lions International Award, the Joel Wernick Award, and the Clinical Achievement Award from the American Speech-Language-Hearing Foundation. Dr. Goldstein was among the first presidents of the Academy of Rehabilitative Audiology. He was integral to the development of the Academy’s paper on the role of audiology in health care that was sent to the Clinton Administration. During recent years, he served as President of the National Council of State Boards of Examiners for Speech-Language Pathology and Audiology. While on this board, he set the path for changes in state license laws to recognize the expanded scopes of practice and training for the two professions of audiology and speech-language pathology. As both an educator and visionary, Dr. Goldstein recognized the need for practitioners to have the knowledge and skills necessary to serve persons with hearing and balance disorders today and in the future.
Dr. Gyl Kasewurm began her private practice, Professional Hearing Services, in St. Joseph, Michigan, during 1983 when audiologists were not dispensing hearing aids. She was among the first audiologists to petition the Michigan Commercial Hearing Aid Dealer’s Licensure Board to allow audiologists to dispense hearing aids. Following her successful petition during 1983, Dr. Kasewurm dedicated herself to improving patient care. Her patient care innovations include a virtual real-world simulation to investigate hearing outcome measures, a community education series featuring nationally respected presenters, and the development of a Patient Advisory Board for her practice. Advance for Audiologists awarded Professional Hearing Services the Audiology Practice of the Year 2005. Better Hearing Institute chose her practice to be featured in the 2006 PBS Spotlight on Hearing. Dr. Kasewurm was awarded the Chamber of Commerce Entrepreneur of the Year Award in 2003. The New York City School of Business awarded her service delivery model second place of 144 entries in the National Plan Competition during 2005.

Dr. Kasewurm received a Bachelor of Science degree from Andrews University, a Masters of Arts degree in Audiology from Western Michigan University, and a Doctor of Audiology degree from Central Michigan University. Dr. Kasewurm served as the editor for the Michigan Academy of Audiology newsletter. She has served as President of the Michigan Academy of Audiology Board of Directors. Dr. Kasewurm has been a leader in the American Academy of Audiology, where she has served as a member of the Board of Directors and also the Board of Trustees for the American Academy of Audiology Foundation. She chaired the American Academy of Audiology Membership Committee, the Marketing Committee, the Audiology Task Force to Develop a Position Statement on Audiologists’ Assistants, and the Business Enhancement Strategies and Techniques (B.E.S.T.) Committee. Dr. Kasewurm chaired Publicity for the Academy convention for two years, and chaired the Featured Session Committee, the Round Table Committee, and the Employment Services Center. Dr. Kasewurm chaired the Program Committee for the 2003 American Academy of Audiology Convention. Dr. Kasewurm serves on the editorial staff of Audiology Today. She has written many articles for Audiology Today, including a column, “The Marketing Scene.”

Dr. Kasewurm has published numerous articles regarding how to provide patient service, and she has presented more than 50 programs to audiologists. Dr. Kasewurm is always willing to share her ideas with her peers.
Dr. Sharon Lesner has excelled as an educator, clinical service provider, administrator, mentor, and researcher. Dr. Lesner possesses an abundance of tenacity and commitment. Her students and colleagues praise her broad range of abilities.

Dr. Lesner earned her Bachelor of Arts degree in Psychology from Hiram College and her Master of Arts degree in Psychology from Kent State University. She received her Master of Arts degree in Audiology from Wayne State University and her PhD in Audiology during 1979 from Ohio State University.

During 1979 Dr. Lesner was appointed Assistant Professor at the University of Akron in the Department of Communicative Disorders. During 1985 she was named Fellow of the Institute for Life Span Learning and Gerontology. Dr. Lesner was promoted to Professor at the University of Akron during 1988. From 1998 to 2002 she served as a Research Scholar for the Cleveland Clinic Foundation.

Early during her career at the University of Akron, Dr. Lesner began her work on a plan to establish a clinical doctorate in audiology. Dr. Lesner was the driving force behind the development of the Northeast Ohio AuD Consortium, NOAC. While attending a conference during 1988, she recognized that Dr. David Goldstein shared her passion for transitioning audiology into a profession with a clinical doctorate. She invited Dr. Goldstein to Akron to speak to the faculty of the school of Communicative Disorders. Their shared passion was the impetus for the faculty to vote unanimously to develop a clinical doctorate in Audiology at the University of Akron. Dr. Lesner led a team that developed the curriculum for the new AuD degree. However, before the program could begin, the Board of Regents of the State of Ohio announced that no new doctoral degrees would be approved. This did not deter Dr. Lesner. Kent State University, only 15 miles from Akron, had masters and PhD programs in Audiology. The Graduate Dean at Kent State University supported the concept of a joint clinical doctorate. This was an excellent way to combine the clinical program at the University of Akron and the research program at Kent State University to develop a new clinical doctorate in Audiology, the AuD.

Dr. Lesner is always the first to congratulate someone on a job well done. She is humble about all of her accomplishments. She is the type of colleague with whom professionals hope to work.
Dr. Peter Blamey is known as an outstanding research scientist who has made significant and sustained contributions to the field of audiology and to hearing-impaired adults and children worldwide. Dr. Blamey received his PhD in physics during 1980 from Monash University in Australia. Dr. Blamey’s excellence as a researcher has been shown by many appointments as Chief Investigator on multiple National Health and Medical Research Council project grants and was a National Health and Medical Research Council Senior Research Fellow. He has given 15 invited presentations at international conferences, published 150 papers on psychoacoustics, speech perception, language development, and sound processing in books and peer-reviewed journals. Dr. Blamey has supervised 10 PhD students. Among his past students are three professors and a Marie-Curie Fellowship winner.

Dr. Blamey is founding member and past president of the Australian Speech Science and Technology Association. Dr. Blamey is a member of the Australian Institute of Physics, the Acoustical Society of America, the American Academy of Audiology, and the Advisory Council for Children with Impaired Hearing.

Dr. Blamey was a pioneer in the development of the cochlear implant. He also led seminal research into the use of a cochlear implant and hearing aid in opposite ears. His research provided new theoretical perspectives regarding the relationship between hearing and language development. His findings led to the development of a language-based criterion for cochlear implantation in children.

Dr. Blamey invented the Adaptive Dynamic Range Optimization sound processor (ADRO) speech processing strategy for digital hearing aids and cochlear implants, for which he won the Australian Cooperative Research Centres Commercialization Award for Excellence in Innovation and which prompted the establishment of Dynamic Hearing Pty Ltd, of which he was cofounder. Dynamic Hearing’s research development plans have attracted a $2.4 million grant from AusIndustry to develop signal processing technologies in the hearing aid, handset, and telephone industries.

Dr. Blamey is currently a Director and Chief Technical Officer of Dynamic Hearing Pty Ltd and an Honorary Professorial Fellow in the Department of Otolaryngology at the University of Melbourne. Dr. Blamey’s colleagues over many years state that he has always maintained the highest ethical standards in the conduct of his research and in his treatment of others. In a competitive research environment where there is never enough time, mentoring and encouraging students and colleagues has always been a high priority for Dr. Blamey.

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Richard Seewald, PhD

Dr. Richard Seewald has contributed research findings in pediatric amplification for more than 25 years. Dr. Seewald’s 1985 paper entitled “Selecting Amplification Characteristics for Young Hearing-Impaired Children” quickly became a classic in pediatric audiology. His critical approach to determine the amplification needs for infants and young children raised the bar in pediatric hearing aid research. Dr. Seewald’s Desired Sensation Level Approach (DSL) hearing aid fitting method is used worldwide to ensure that infants and children receive appropriate amplification for loudness comfort and speech-language development.

At last count he has more than 60 publications in professional and peer-reviewed journals and 13 book chapters. Dr. Seewald has presented 149 papers at scientific meetings and given 178 invited presentations throughout the world.

Dr. Seewald was named a Fellow of the American Speech-Language-Hearing Association and the Canada Research Chair in Childhood Hearing (Tier 1), and he has received the Career Award from the Canadian Academy of Audiology, to name just a few of the honors he has been given. Dr. Seewald has served on the editorial board or as an editorial consultant for *Seminars in Hearing; The Iranian Journal of Audiology; the Australian and New Zealand Journal of Audiology; The Hearing Journal; the British Journal of Audiology; Language, Speech and Hearing Services in the Schools; American Journal of Audiology; and the Journal of Speech-Language Pathology and Audiology*. He has been a grant reviewer for the Hearing Foundation of Canada, the Canadian Institutes of Health Research, and the Alberta Heritage Foundation.

Dr. Seewald is known as an excellent teacher. In addition to his many publications and presentations, Dr. Seewald has mentored 47 masters and two doctoral students. One of the highest compliments a teacher can receive is praise and admiration from former students. Clearly this is the case with Dr. Seewald. He has taught students and practicing clinicians that audiology care for infants and young children is a science and an art. An audiologist who worked with Dr. Seewald in Nova Scotia stated that he not only has an excellent understanding of technological and theoretical issues, but he also is a clinician with compassion and interpersonal skills to work with children and their families, always going the extra mile to serve his patients. Dr. Seewald has brought his research findings into the clinic of every pediatric audiologist.

His critical approach to determine the amplification needs for infants and young children raised the bar in pediatric hearing aid research.

Dr. Seewald’s Desired Sensation Level Approach (DSL) hearing aid fitting method is used worldwide to ensure that infants and children receive appropriate amplification for loudness comfort and speech-language development.
JAMES JERGER CAREER AWARD FOR RESEARCH IN AUDIOLOGY

This award honors individuals who have had a distinguished career in the field of audiology. Recipients must not only be productive researchers but must have made significant contributions to the practice and/or teaching of audiology as well.

Dr. Robert Margolis is a scholar, scientist, clinician and teacher whose career achievements follow in the tradition of Dr. James Jerger, for whom this prestigious award is named. Dr. Margolis received his BS and MA degrees in Audiology from Kent State University and his PhD from the University of Iowa. After doing a postdoctoral fellowship at the University of Wisconsin in Madison, he took a position at the UCLA School of Medicine. He then moved to Syracuse, New York, where he was a Professor of Communication Sciences and Disorders and Professor of Neuroscience, all while being the Director of the Gebbie Hearing Clinic. Since 1988, Dr. Margolis has been a Professor of Otolaryngology and Professor of Biophysical Science and Medical Physics at the University of Minnesota, where he was the director of the audiology clinic from 1998 to 2003. From 1971 to 2006, Dr. Margolis had 130 manuscripts and book chapters published in peer-reviewed journals and prestigious books. Fifty of those publications include graduate-student coauthors, attesting to his passion for teaching future generations of audiologists. We hear quite a bit these days about “translational research,” meaning basic science applied in the clinic. Dr. Margolis was performing translational research long before its popularity of today. Dr. Margolis is one of the world’s leading authorities on the measurement of human middle ear function. One of his main accomplishments is leading the profession to our current use of quantitative measures for tympanometry. Moreover, much of his research has led to norms that clinicians use today. He was one of the first to explore tympanometry in infants and has continued to publish in that area with colleagues, most recently in 2003. In addition to tympanometry, Dr. Margolis has numerous scholarly publications on the middle ear muscle reflex, energy reflectance of the middle ear, electrocochleography, diagnostic audiology, speech perception and various topics in the area of otitis media. Dr. Margolis’s research has been funded by the National Institutes of Health, as well as various other foundation and government agencies. Dr. Margolis has held many offices in professional societies at the local, state and national levels and been invited to serve on policy-making committees and task forces. He has been the recipient of the Journal of the American Academy of Audiology Editor’s Award and the Larry Mauldin Award for Excellence in Education and received Honors of the Association from the Minnesota Academy of Audiology. In 2000 he was the recipient of the AAA Humanitarian Award for his enormous personal effort in the schools for the deaf in Chile. Dr. Margolis’ nominators describe him as a “trusted mentor” and “esteemed and respected colleague,” having “exceptional honesty and personal integrity” and “promoting the careers of students over his own.”
His research on electrophysiology and central auditory processing has led to the discovery and implementation of numerous tools that are widely used for assessment of the auditory brainstem and central auditory pathways. His research career has contributed to our fundamental understanding of the anatomy, physiology, and neurophysiology of the human auditory system.

Dr. Musiek has demonstrated his dedication to educating students from undergraduates to postdoctoral research associates. He received his PhD degree from Case Western Reserve University in 1975 and began his professional career as Director of Audiology at Dartmouth-Hitchcock Medical Center (DHMC). After more than 25 years at DHMC, Dr. Musiek moved to the University of Connecticut where he currently serves as Professor of Audiology and Director of Auditory Research. He has published over 140 referred articles and presented more than 220 invited lectures and seminars and nearly 300 papers at national and international conferences, research symposia and other venues around the world. He has developed four clinical audiologic tests, three of which are mainstays of the clinical central auditory test battery. He has published nine books and authored no fewer than 35 book chapters. He has received numerous awards, including editor’s awards and the “Friends Forever” award in 2006 at the VIIIth International Conference for Diagnosis and Treatment of Auditory Disorders in Warsaw, Poland. Dr. Musiek has served as a primary investigator or coinvestigator for research grants received from NIH, the Deafness Research Foundation and several other private foundations and companies. He has served on scientific and professional boards and committees. He is a founding member of the American Academy of Audiology and a Fellow of the American Speech-Language-Hearing Association. Throughout his career Dr. Musiek has provided quality services to patients with neuroaudiological disorders, and he has been directly involved in the education and mentoring of students and early career professionals in audiology. As Director of Audiology at DHMC he supported and mentored more than 25 audiology fellows—all of whom have gone on to become successful professionals. Dr. Musiek embodies the hallmarks of a true researcher and scientist by his continued and persistent pursuit of understanding the human auditory system. His research has had a substantial impact on the fields of audiology and auditory neuroscience. It is truly fitting that he be recognized for his scientific contributions by receiving the James Jerger Career Award for Research in Audiology.
While we have made great strides to ensure that the voice of audiology is heard in Washington, your continued support is needed to expand the Academy's political influence. Contribute $300 or more to receive an entire set of PAC commemorative posters. Make a minimum contribution of $25 to receive one poster. Poster supplies are limited, so make a contribution today while supplies last!

If paying by personal check, please make it payable to AAA Inc. PAC and mail to the address below. If you wish to charge your contribution, please fax the form below to 703-790-8631 or visit http://www.audiology.org/govtrelations/advocacy/pac and contribute online.

- Contributions will be used to support political candidates and Congressional leaders who support or are in a position to advance audiology issues.
- Contributions to the AAA Inc. PAC must be personal and voluntary.
- Corporate contributions are prohibited.
- Contributions are not tax-deductible.

The American Academy of Audiology PAC is a bipartisan political action committee operated by and in accordance with the guidelines established by the Federal Election Commission. This political action committee is open to all members of the Academy to join together and contribute volunteer funds collected from Academy members to support candidates in federal political races in accordance with federal election laws. Contributions to the PAC are not deductible for federal income tax purposes, and are not coordinated with any candidate. In accordance with federal election laws, all contributions must be made by individual citizens.

11730 Plaza America Drive, Suite 300, Reston, VA 20190 • Fax 703-790-8631
Every climb requires a unique approach, whether it’s up the face of Everest, the corporate ladder or into a position of market leadership. Keynote speaker Alison Levine will demonstrate that the skills that keep you alive in the wilderness are equally important to survival in the working world.

No stranger to risk-taking, Levine has survived sub-zero temperatures, hurricane-force winds, sudden avalanches, and a career on Wall Street — all without the use of supplemental oxygen. In her presentation “Oxygen Not Included™” she focuses on the parallels between staying alive on the world’s most dangerous peaks and succeeding in a fast-paced business world and offers a unique perspective on the topics of leadership, teamwork, innovation and dealing with a changing environment. Her breathtaking visuals will take you on a journey to Mt Everest, the North Pole and up the slopes of mountains from every continent on the planet — where determination is every bit as important as skill when it comes to survival… and will power is the most essential piece of equipment.

In 2002, Levine was recognized for her track record of leadership and success in the mountains when she was invited to serve as the team captain of the first American Women’s Everest Expedition, a history-making climb that would put her heart and her spirit to the test. An avid explorer and adventurer, Levine also traveled across the Arctic Circle on skis for more than 100 miles to successfully reach the top of the world — the geographic North Pole.

Surprisingly, Levine was born with a life-threatening heart condition that precluded most demanding physical activities. But 13 years after her initial diagnosis, she had surgery that changed her life — and climbing stairs soon gave way to climbing mountains, a passion that Levine continued to pursue despite her initial health setbacks.

Levine has made numerous appearances on The Today Show, CNN, CNBC, Fox, ABC News, CBS Evening News, and other national programs. Her story has been the subject of articles in Oprah Magazine, National Geographic, Lifetime Magazine, Sports Illustrated Woman, Outside and other publications. She was named one of San Francisco’s Top Business Leaders Under 40 and was listed as one of Arizona’s (her native state) Most Interesting People.

Ms. Levine’s 18-year business career encompasses healthcare, technology and finance. After earning her MBA from Duke University she moved to New York to work for one of the top investment banks on Wall Street. In 2003, she left Wall Street to serve as Deputy Finance Director for Arnold Schwarzenegger in his successful bid to become Governor of California. Levine is the founder and President of Daredevil Strategies, a consulting firm specializing in organizational effectiveness, leadership development and team dynamics. In 2005, Levine founded the Climb High Foundation, a nonprofit organization dedicated to improving the lives of jobless women in third-world countries by training them to be trekking guides and porters in their local mountains so they will have the skills to benefit from climbing and trekking-related tourism. Levine also raised funds to build two schools in Nepal and helped raise funds for the construction of a school for AIDS orphans in Uganda. Over the past few years she has conducted numerous speaking tours to raise awareness and money for girls’ scholarships in third-world countries.
Audiology NOW!

ELEVATE YOUR EXPERIENCE

ACQUIRE knowledge

• SuperTracks in Hearing Loss Prevention, Pediatrics, Sensory Technology and Vestibular

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• Grand Round sessions in Adult Diagnostics, Pediatrics, and Vestibular and Balance

• 80 peer-reviewed Learning Modules in six learning cores: Diagnostics, Disorders, Hearing Loss Prevention, Hearing & Balance Sciences, Professional Issues & Practice Management and Treatment

Opportunities to connect and collaborate with colleagues at fun social events

ADVANCE science

• WOW! Session headlining Jos Eggermont, a true legend in neurophysiology: Developmental and Adult Auditory Nervous System Plasticity

• AAA Foundation Marion Downs Lecture featuring Walter Nance, a preeminent expert in genetics: Pediatric Audiology: How Can Newborn Hearing Screening Be Improved?

• Three Symposia: Evidence-based Hearing Instrument Design, Vestibular Compensation and NIHL Prevention for Kids of All Ages

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• The New Product Showcase: view the new and exciting technologies on display

• See technology up close with hands-on Learning Labs

• Journey Through the Ear: walk through an interactive educational exhibit

Abstracts, learner outcomes and presenter listings for sessions are available at www.audiology.org by accessing the itinerary planner.
RESEARCH FOCUS:

Launching Your Research Career: Navigating the NIH/NIDCD
Thursday, April 19, 3:30 pm–5:45 pm

The National Institute on Deafness and Other Communication Disorders (NIDCD) encourages PhD- and AuD-trained audiologists to integrate research into careers. This course is designed to demystify the process of obtaining research funding and provide guidance in: (1) navigating the NIH/NIDCD funding system; (2) identifying the appropriate grant mechanisms for audiologists at the research training and new investigator career stages; and (3) crafting a competitive grant application with tips from successful grant recipients. Additional tips on grant writing will be shared from two experienced audiology researchers: Craig Champlin, PhD, and Jill Firszt, PhD.

A SAMPLING OF RESEARCH POSTERS WITHIN THE FOUR SUPERTRACKS

HEARING LOSS PROTECTION
► Localization by Motorcyclists Wearing Hearing Protection
► Magnesium’s Role in the Reduction of Noise-Induced Threshold
► Survey of College Students’ iPod Use
► Factors Influencing Hearing Protection Use in Young Adults
► Frequent Music Listeners: Listening Levels & Hearing

PEDIATRICS
► The Effects of Hearing Loss and Age on 3 Tests of APD
► Survey of EHI Services in a Developing Country
► Effective Classroom Activities Using Videoconferencing
► Screening Young Children For Auditory Processing Disorders
► Effects of FM Trainer with Video on Communication in Autism
► Auditory Pathology in At-Risk Infants with Maternal HIV/AIDS
► Bone Conduction ASSR for Infants with Hearing Loss

SENSORY TECHNOLOGY
► Temporally-based Pitch Perception in Cochlear Hearing Loss
► Efficacy of Solar-Powered Rechargeable Hearing Aid Batteries
► Hearing Preservation with the Hybrid Cochlear Implant
► Tinnitus Sound Therapy with Open Ear Hearing Instruments
► Auditory Skills & Verbal Comprehension of Children with Cls
► Beta Version of Appreciation of Music by Cochlear Implantees
► Effects of Auditory Experience on Electrical Hearing

VESTIBULAR
► Prolonged Neck Hyperextension As a Factor in BPPV
► VEMP Absence, Caloric Weakness, and Hearing Loss
► Vestibular Symptoms in a Population with GJB2 Deafness
► Development of a Vestibulo-ocular Reflex Assessment Tool

Denver is the most beautiful city with blue skies and the mountains as our backdrop. Denver is the home of 4 generations of the best audiologists starting with Marion Downs to our newest graduates. Denver is where you can ski in the morning and bike in the afternoon. Denver is a city filled with culture, shopping, hiking, biking and just enjoying the sun—which we have 300 days out of the year!

–Vicky Thompson, MA, Denver Audiologist
My City. Your Experience: AudiologyNOW!

HAVEN’T REGISTERED YET?
Register online by March 28th to receive the discounted Advance Rate. Visit audiology.org for more information.
DENVER MUSEUM OF NATURE & SCIENCE, ZOO & GATES PLANETARIUM

Located within Denver’s City Park, these three outstanding venues can provide a full-day of interesting sightseeing. Located about 4 miles east of the Downtown Denver.

DOWNTOWN AQUARIUM

This beautiful 106,500 square foot aquarium holds 320,000 gallons of water and features not only a multitude of fish species, but houses mammals and birds as well. Located on the edge of downtown Denver, the aquarium tells the tale of two rivers: the Colorado River and Indonesia’s Kampar River. Exhibits highlight the various ecosystems along each of the rivers. Allow 1 hour, 30 minutes to tour.

MILE-HIGH TRAIL

To get a sense of the downtown area, you may want to try out this trail if you think you are up to it. There are six different walking tours to enjoy while visiting the Denver area.

LoDo is the affectionate name that Denverites call the Lower Downtown Historic District and mixed-use neighborhood. LoDo, the city’s birthplace, is the most exciting, fun, and hip part of the city of Denver! LoDo is the place in Denver to eat, shop, and stay.

RED ROCKS PARK AND AMPHITHEATRE

The park welcomes 750,000 visitors and 350,000 concertgoers each year, and with good reason. Situated 6,200 feet above sea level, Red Rocks is the only naturally occurring amphitheatre in the world. This unique venue is nestled between dramatic 440-foot-tall red sandstone rocks that create awe-inspiring beauty.

DENVER ART MUSEUM & HAMILTON BLDG.

The fabulous Denver Art Museum is located a few blocks from the Convention Center. Faceted glass tiles make up the 28-sided, award-winning building of seven floors with art objects from around the world, with special displays from early Native American cultures. The new Hamilton Bldg. designed by renowned architect Daniel Libeskind opened this year with an incredible collection of contemporary art.

US MINT

The Denver Mint is a popular tourist destination located within walking distance of the Convention Center. Exhibits explain the history of money and the process of making coins. Visitors view the presses that operate around the clock producing more than 2 million coins each hour. (Including the new dollar coin.) The 20-minute tours fill quickly, leaving every 15 minutes.
What Is the Employment Service Center?

Each year the Academy provides an area at AudiologyNOW! where employers and job seekers can meet and make a connection; this area is the Employment Service Center (ESC). For AudiologyNOW! 2007 the ESC is located in Audiology Solutions (the exhibit hall). Enter through lobby B and make an immediate right; the ESC will be along the perimeter of the hall. A map to the ESC is available on the HearCareers homepage: http://www.audiology.org/membership/careers/.

The ESC houses nine interview rooms in order to provide a private environment in which to discuss employment opportunities. Employers who post jobs on the HearCareers Web site (provided that they flag their job with an AudiologyNOW! logo to show they will be attending) will have the ability to set up interviews with interested job seekers before they get to Denver. When an employer registers as an attendee and marks their position with an AudiologyNOW! logo, they will automatically have an internal scheduling and messaging system built into their HearCareers account. Instructions for using this system are available on the HearCareers homepage. On-site reservations are accepted at no charge for employers who have posted their position on HearCareers. If you have not posted a position but would still like to reserve a room, there will be a fee for the space.

The ESC is also equipped with theater space where non-CEU classes will be given to assist both those looking for employment and those looking to employ. Let the expertise of your colleagues work for you; it could be the difference between getting the job and almost getting the job.

The current schedule is as follows:

**THURSDAY, APRIL 19, 2007**

**Successful Interviewing: Tips and Techniques**  
Presented by Linda Guenette, MA  
1:30pm–2:30pm

**Mock Interviewing**  
Presented by Barbara Wendt-Harris, PhD  
3:00pm–4:00pm

**FRIDAY, APRIL 20, 2007**

**Putting Your Best Foot Forward: Preparing a Great Resumé**  
Presented by Don Vogel, AuD  
9:45am–11:45am

**Using Your Academy Benefits: Obtaining the Best Insurance While Still Saving Money!**  
Presented by Stuart Pase, MGA  
12:00pm–1:45pm

**Behavioral Based Interviewing: Hiring the Right Person**  
Presented by Kathryn Kerst, MA  
2:00pm–3:00pm

Finally, there will be a job board area in the ESC where those looking for work can leisurely browse through available openings. Jobs posted by employers who are attending AudiologyNOW! will be marked accordingly to increase a jobs seeker’s chance of having a face-to-face meeting. Computer stations will be available so employers and job seekers can check their HearCareers accounts to see if anyone has tried to contact them. You can also use this area to post your job or resume while at AudiologyNOW!

We strive to provide those in the audiological community with an opportunity to continue on the career path they have chosen. We hope that you stop by.

UNDERGRADS AT AudiologyNOW!

We are again targeting undergraduates to come experience what our profession is all about. We believe if they have the opportunity to see our profession—up close and in person—they’ll understand why audiologists have one of the highest job satisfaction levels around. Thus, we are offering a complimentary registration to any undergraduate students interested in learning more about our profession. Watch for more details or e-mail skelley@audiology.org.
## 2007 DEMO Theater

**April 19 - Thursday, 12pm - 6pm**

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**April 20 - Friday, 10am - 5pm**

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**April 21 - Saturday, 10am - 2pm**

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### NEW PRODUCT SHOWCASE

(as of Jan 19, 2007)

**Showcased Companies:**

- Auriplex, Ltd
- COSELGI S.P.A.
- GN ReSound
- Hansaton Hearing Systems
- Health Enterprises, Inc
- Magnatone
- Neuromonics, Inc
- Oticon, Inc.
- Phonak Hearing Systems
- Sprint
- Starkey Laboratories

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Since I am an avid sports fanatic, Denver to me is the Denver Broncos, Colorado Avalanche and the forever struggling Colorado Rockies. I always look forward to attending a home game for any of our local professional teams.

I am also a small town girl at heart, and Denver of course is “The Big City,” the place to go when you have some serious shopping to do.

—Jacki Buffington-Reider, MA, Colorado, Clinical Audiologist

My City, Your Experience: AudiologyNOW!
Want to Get Published?

We can tell you how!

The Academy Publications Committee will host a Discussion Group at AudiologyNOW! 2007 (Noon to 1:00 pm, Saturday, April 21) on how to get that first peer-reviewed article published. Audiologists will gain a better understanding of scholarly publishing from the perspectives of editor, reviewer, and successful author. If your research excites you but you aren’t quite sure how to turn that knowledge into a publishable paper, register for AudiologyNOW! and participate in this Discussion Group.

James Jerger Award for Excellence in Student Research

Supported by the AAA Foundation

Plan to attend the AAA Foundation Research Awards Reception and Poster Presentations Friday, April 20 from 5:30 – 7:00 pm to see which two posters, authored by a student, will be selected for a $500 Award. The Student Research subcommittee will be judging the posters onsite.

Clinical Education Site Registry

The Academy’s new Clinical Education Site Registry is making its debut at AudiologyNOW! The registry was initiated by the Clinical Education Subcommittee with the purpose of improving communication and access to sites, and to facilitate the quality of 4th year externship experiences. The Academy Registry is a web-based resource that describes, in detail, prospective externship sites. Those who elect to be listed agree to abide by the clinical education guidelines set forth by the Academy. Universities, students, and clinical sites have free access. Stop by the Site Registry Kiosk to take a look at this new Academy-sponsored resource. Clinical sites can learn how to join the Registry, and universities can view the type of information that sites will provide.

CE Registry

SAVE TIME AT AUDIOLGYNOW! AND JOIN THE CE REGISTRY BEFORE YOU LEAVE FOR DENVER!

As a member of the CE Registry, you will be able to print a transcript from AudiologyNOW! using CEU Manager. The CE Registry service also provides tracking of all Academy CEUs earned and an annual transcript of all CEUs earned that year. For more information go to www.audiology.org/education/. To check your 2007 CE Registry status, email continuingeducation@audiology.org

eAudiology Web Seminars

Selected Featured Sessions from AudiologyNOW! will be available in an on demand Web seminar format. To register, please visit eAudiology.org following AudiologyNOW!

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AudiologyNOW! is made possible through our sponsors, exhibitors, registration fees and the support of people like you!

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Denver is a city of beautiful vistas of the Rocky Mountains to the West and the rolling plains to the East. The beauty of the mountains and wide open spaces is available in and around Denver. It was founded in the frontier attitude, which can still be experienced in many of its historical venues and events like the Buckhorn Exchange, the Grizzly Rose or the Stock Show. The culture, shopping and nightlife of Downtown Denver offers something for everyone from sports fans to intellectuals.

—Karen Swope, AuD, Denver, Audiologist
My City. Your Experience: AudiologyNOW!
3D Systems
Able Planet
Academy of Doctors of Audiology (ADA)
Academy Store
Accumold
Acoustic Systems
ADCO Hearing Products, Inc
ADVANCE Newsmagazines
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Auditing Group LLC
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Audiology Awareness Campaign
Audiology Foundation of America
Audiocan
AudiNet, Inc
Auricle Ink Publishers
Auriplex, Ltd
Balanceback
Beltoon Electronics
Bernafon LLC
Bio-logic Systems Corp.
CareCredit
Children’s Healthcare of Atlanta
Clarity
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Cochlear Americas
Colorado Academy of Audiology
Comfort Audio, Inc
Computers Unlimited
Convexo Limited
COSELGI S.P.A.
Discovery Hearing Aid Warranties & Repair
Doc’s Proplugs, Inc.
Dpt Veterans Affairs Denver Acquisition & Logistics Center
Dreve Otoplastik GmbH
DST-Swiss AG
Duracell / The Gillette Co.
E-A-R Auditory Systems
Ear Pro by SureFire
Ear Technology Corp.
EarGard
Earmold Design Inc.
EATrak Pty Ltd
Eckel Industries of Canada Ltd.
Educational Audiology Association
Egger Corp.
Einstein Medical
Elec tone inc.
Emtech Laboratories Inc.
Energizer Battery Co.
ENT News
Envisiontec, Inc.
EPIC Ear Professionals Int. Corp.
ESCO - Ear Service Corporation
EtyMatic Research
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G.R.A.S. Sound & Vibration
Gemnum Corporation
GlaxoSmithKline Consumer Healthcare
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GN Otometrics
GN Resound
Hal Henn Company Inc.
Hansaton Hearing Systems
HARC Mercantile, Ltd.
Health Enterprises, Inc
Healthcare Providers Service
Organization HPSO
HEAR USA
Hearing Basic Publishers
Hearing Components
Hearing HealthCare News
Hearing Loss Association of America
(historically SHHH)
Hearing Products Report
Hearing Technologies
HearingMed
Hermetic Switch, Inc.
HIMSA, Inc
HITEC Group / ClearSounds Communications
ICellTech Corp
Industrial Acoustics Co.
innoForce Est
Insta-Mold Products, Inc.
Institute for Hearing Aid Technology
InTech Industries Inc.
Intelligent Hearing Systems
IntelliNex
Interacoustics
International Society of Audiology (ISA)
Interton
Intri Con - Resistance Technology Inc.
(JTI)
JEDMED
Kaiser Permanente/The Permanente Medical Group
Knowles Electronics
Larson Davis
Lawrence Earlbaum Associates
Lifeline Amplification Systems
LightSPEED Technologies, Inc.
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Magnatone
Maico Diagnostics
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Materialise
McKeon Products Inc.
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Micromedical Technologies Inc.
Micropower Battery Company
Microsonic Inc.
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Oaktree Products, Inc.
Objet Geometries
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Sahara Dry Ear
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Sennheiser Electronic Corp.
Sensimetrics Corporation
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The Ear Q Group, Inc.
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Uniltron Hearing
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University of Texas Medical Branch
VA RR&D National Center for Rehabilitative Auditory Research
Varta Microbattery Inc. (POWER ONE)
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Vivatone Hearing Systems
Vivosonic Inc.
Warner Tech Care
Western Systems Research Inc.
Westone Laboratories Inc.
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Zeni Power, Zhi Li Battery Co., Ltd.
Ethical Practices Committee

2006 CASE SUMMARIES

To aid in the understanding of how the Code of Ethics (COE) is applied and interpreted, the Ethical Practices Committee (EPC) publishes on an annual basis a summary of cases. Following is a summary of cases reviewed by the EPC in 2006. Identifying information has been removed. In cases where disciplinary actions were taken, the action was taken after members were granted member’s rights and procedures as outlined in the Code of Ethics.

CASE SUMMARIES

06-01 A consumer complained regarding the lack of a refund for returned hearing aids. The audiologist was not a member of the Academy. The case was closed without action.

06-02 An anonymous complaint against a member convicted of two felonies, grand larceny in the second degree and tax evasion. The state disciplinary action was a three year suspension of licensure with two years stayed. The member practiced audiology while the license was suspended. License was then voluntarily surrendered. EPC found the member in violation of the COE, and the member agreed to Revocation of Membership.

06-03 The complaint involved an audiologist teaching cerumen management to hearing aid dealers at a state university. It was alleged that the speaker was incorrectly described as a university staff member. Upon seeking further information the EPC determined the audiologist was on staff at the university. The case was closed without action.

06-04 The complaint reported the inappropriate use of the term “doctor” by another audiologist. The title “doctor” was used in conjunction with selling hair, skin and herbal products, some of which were reportedly helpful with hearing and balance. The complaint did not provide the name of the audiologist or supporting documentation; therefore, EPC was not able to move forward. The case was closed without action.

06-05 A consumer complaint about an audiologist who refused to see a newborn referred for ABR evaluation, who arrived approximately 20 minutes late for the appointment. The family asked to speak with the audiologist; the audiologist refused to speak to the family and requested the family reschedule the appointment. The EPC did not believe this rose to a potential violation of the COE. The case was closed without action.

06-06 The complaint involved an audiologist working with several hearing aid dealers. They advertised that all insurances were accepted and offered free hearing tests. The concern was that the practice was billing Medicare for hearing evaluations and not charging other patients. The audiologist refused to speak to the family and requested the family reschedule the appointment. The EPC did not believe this rose to a potential violation of the COE. The case was closed without action.

06-07 A consumer purchased hearing aids, returned them and tried several other pairs. After using the last set of hearing aids for a few months and not obtaining expected results, the consumer sought a refund. EPC determined there was no violation of the COE. The audiologist followed state and federal guidelines, used reasonable return periods and state of the art products. The case was closed without action.

06-08 A consumer complained of not receiving a refund for returned hearing aids. The complainant later withdrew the complaint after coming to an agreement with the audiologist. The case was closed without action.

06-09 An AuD audiologist was listed under physicians in the User Friendly Yellow Pages. It was determined that someone from the User Friendly Yellow Pages, unfamiliar with audiology, placed the ad in the physicians section without the audiologist’s knowledge. The audiologist agreed to provide greater oversight with future advertisements. The case was closed without action.

06-10 This case involved advertising materials which made disparaging remarks about the AuD and the Academy. The member also used abbreviations of the university attended, associations and other noncredentials after the member’s name, confusing the public as to the actual credentials of the audiologist. The case was closed following the member’s assurance that it would not happen again.

06-11 An audiologist used a professional title and business name employing a questionable use of “doctor.” On printed materials the title appeared with the trademark logo. The title was not trademarked. The member agreed to use another name consistent with the Advisory Opinion on The Use of the Title Doctor and to not use the trademark logo until after a trademark was granted. The case was closed without action.

06-12 An advertisement in a local newspaper identified an audiologist as a doctor but did not identify the individual as an audiologist. EPC reviewed the member’s other advertisements and found that all of the other ads clearly identified the member as an audiologist. The member agreed to provide greater oversight in advertising. The case was closed without action.

06-13 An Academy member was using the title “Doctor” in advertisements, business cards and stationary without identifying that the doctorate was in audiology. The member was contacted by the EPC and agreed to discontinue using the title without clarification. The case was closed without action.

06-14 An Academy member’s advertising materials allegedly contained misleading and or false information. The case is still open.
Florida Audiologists

Return to Guatemala

Academy member Fred Rahe recently returned to Guatemala with colleague John Chonka and four Nova Southeastern University Doctor of Audiology students to provide assistance in a program to fit over 450 children with hearing aids. The team had traveled to Guatemala in 2005 and fit over 200 children with hearing aids. Students Brooke Muskat, Brandi Pouliot, Stephanie Born and Allison Shapiro accompanied Drs. Rahe and Chonka. The new digital hearing aids were paid for by a grant of over $170,000 from McDonalds Corporation in Guatemala. Every year on “McDia Feliz,” McDonalds donates all the proceeds from sales of “Big Mac” hamburgers to the Ronald McDonald Children’s Foundation in Guatemala. While they normally sell about 5000 Big Macs on a typical weekday, this year over 200,000 Big Macs were sold on McDia Feliz. Guatemalan audiologist Patricia Castellanos de Munoz organized the hearing aid program that identified 450 children with hearing loss, made ear impressions and ordered ear molds. The Florida team fit and adjusted the hearing aids on the children in Guatemala City as well as Quetzaltenango and Coban, two cities in more rural areas of the country.
This summer, the Academy debuted a new look for www.audiology.org. We hope that you’ve found it easier to navigate and find what you seek online. Along with the redesign came a change in some functionality of the Academy Store. You still have several options for ordering items—most of which can be accessed from the store’s home page (www.audiology.org/academystore/).

You can order online, download the order form to fax or mail to the Academy, or as always, you can phone in your order.

If you choose to order online, click on the link to be taken directly to that portion of our store. Here you can browse through different categories such as brochures and multimedia and learn more about each of our products. When you’re ready to check out, you’ll notice the biggest change. After you have selected all your items, you must manually select your shipping options by clicking on the link titled “Select Shipping Options,” which is located to the left of the total order price. Then, depending on your geographical location and the subtotal of your order, choose the corresponding shipping amount, click SAVE and it will be automatically added to your order total. Please note that unless you choose your shipping, the system will default to the maximum shipping charge of $27.50.

If you have further questions regarding the Academy’s shipping policies and procedures, please visit www.audiology.org/academystore/shipping for more information.
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and every gift matters.

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Hair Cells in a Dish...or Something Like That?

Hearing impairment is often due to damage or death of hair cells in the inner ear. Since the lives of patients with hearing impairments can be significantly affected both socially and professionally, there is a great deal of interest in the development of therapeutic interventions to prevent or even reverse this disability. An understanding of the cellular and molecular mechanisms underlying the development, function, death and regeneration of hair cells is crucial in order to reach this goal.

Unfortunately, progress in auditory research using experimental models that rely on cultured mammalian (mostly rodent) inner ears is difficult for several reasons. First, each organ of Corti contains a relatively small number of hair cells. Moreover, mammalian hair cells do not divide post-natally. Thus, the use of rodent hair cells for biochemical and molecular biology experiments is often hampered by the small numbers of hair cells obtained from a single inner ear (or even several inner ears). Another problem is that mature cochlear hair cells die rapidly in culture conditions, so mature mammalian cochlear explants often cannot be used for in vitro studies of the auditory system. In addition, a cultured cochlea contains many different kinds of cells in addition to hair cells, which can create difficulties in the interpretation of biochemical experiments aimed at understanding hair cells alone. Finally, scientists are always striving to minimize the numbers of animals that are required for biomedical research. For all of these reasons, the establishment of mammalian hair cell lines would greatly foster auditory research. Cell lines allow scientists to grow as many cells as they need for a given experiment; all the cells in the culture dish will be the same, and no animals are required once the cell line is established.

Several cell lines, including hair cell-like lines, have been derived from a transgenic mouse (Immortomouse™) that carries an immortalizing gene in every cell in its body. This immortalizing gene allows cells that don’t normally divide to continue to divide indefinitely. The immortalizing gene is the SV40 tumor antigen gene, and its expression in the Immortomouse™ is carefully regulated by both temperature and the presence of a molecule called γ-interferon. This allows control over the expression of the immortalizing gene. The SV40 protein is not stable at body temperature (39°C) and is rapidly degraded in the mouse (or in culture) at this temperature. Hence, the animal itself is not affected by the presence of the immortalizing gene. Immortalized cell lines can be created from cells taken from this transgenic mouse because at 33°C and in the presence of γ-interferon, the SV40 protein is expressed (and not degraded) in the cells, and they can readily proliferate in a culture dish. Removing the γ-interferon and raising the culture temperature to 39°C in vitro will interrupt cell proliferation and allow cells to differentiate.¹

Attempts to create mammalian hair cell lines were begun in the last decade. In 1997, Barald et al. established a cell line from the Immortomouse™ otocyst at embryonic day 9.5.² At this time during mouse development, the isolated cells are still multipotent, meaning that their fate is not yet determined, and these cells can still develop into different cell types. Furthermore, the cultured cells were shown to express proteins that are known to be present in the early developing otocyst. In 1998, Rivolta et al. derived two cochlear cell lines (UB/OC-1 and UB/OC-2) from the organ of Corti of the Immortomouse™ at embryonic day 13, during early stages of hair cell differentiation.³ More mature organ of Corti cell lines from postnatal day 14 (OC-k1-4) were developed by Kalinec et al.⁴ These cell lines represent model systems of auditory cells at different stages of development that can serve as tools to study the development, differentiation, function, and death of auditory cells at the respective stages.

The HEI-OC1 hair cell line developed by Kalinec et al. is a cell line of particular interest to investigators interested in otoprotective agents. While HEI-OC1 cells are similar to hair cells, they don’t have some of the primary features of hair cells. For example, they don’t grow stereocilia bundles. Therefore, the search for the most hair cell-like cell line continues.

In 2004, the VOT-E36 cell line was derived from the Immortomouse™ otocyst at embryonic day 10.5. This cell line is representative of sensory and non-sensory epithelial cells of the auditory system.⁵ Lawoko-Kerali et al. created this cell line as a model system to study cochlear development. Recently, Liu et al. have set out to determine whether the overexpression of Math1, a transcription factor required for the differentiation of hair cells,⁶ could result in VOT-E36 cells that resemble hair cells even more closely. This idea is supported by studies showing that Math1 expression can convert adult nonsensory (support) cells into
Hair cells in vitro and in vivo (also see the “Moment of Science” discussion of Math1 in the Nov/Dec 2004 issue of Audiology Today). VOT-E36 cells express proteins that are characteristic of hair cells at different stages of development, including myosin VIIa, a protein expressed by mature hair cells. However, key characteristics of hair cells, such as stereocilia bundles, are not apparent in VOT-E36 cells. Using this cell line, Liu et al. were able to show that Math1 overexpression changes the characteristics of VOT-E36 cells such that they are more representative of adult hair cells. For example, Math1 overexpression resulted in the expression of additional adult hair cell proteins Brn 3c and Espin. VOT-E36 cells overexpressing Math1 underwent further changes when they were co-cultured with spiral ganglion neurons (SGNs). Spiral ganglion neurons are the first relay station of auditory signal transmission to the brain. In the presence of SGNs, VOT-E36 cells overexpressing Math1 displayed changes in morphology more suggestive of hair cells. While stereocilia bundles were still not observed, Math1 overexpression and co-culturing VOT-E36 cells in the presence of SGNs did allow approximately one-third of the VOT-E36 cells to respond to mechanical vibrations that mimic sound waves and to even transmit the signal to the SGNs. These data suggest that VOT-E36 cells overexpressing Math1 and co-cultured with SGNs represent the most hair cell-like cell line developed to date. In addition, these findings support the notion that environmental factors influence cellular development, and they indicate that VOT-E36 cells may be a helpful model system in the quest to understand the physiology of hair cells.

In summary, there are several hair cell-like cell lines, each with specific advantages. First, the HEI-OC1 represents a model that can be used for ototoxicity studies because of its susceptibility to ototoxic drugs, and it may potentially lead into the discovery of otoprotective agents. VOT-E36 cells overexpressing Math1 displayed changes in morphology more suggestive of hair cells. While stereocilia bundles were still not observed, Math1 overexpression and co-culturing VOT-E36 cells in the presence of SGNs represent the most hair cell-like cell line developed to date due to their mechanosensory properties. Together these cell lines might aid in the quest to restore auditory function in hearing-impaired patients. The further development of hair cell-like cell lines will undoubtedly provide important tools for auditory research.

REFERENCES:
Medical practices can be a valuable resource for gaining audiology referrals of appropriate patients. It is well established that the single most important factor that motivates patients to seek help for their hearing problem is their physician’s medical recommendation. The suggestion to visit an audiologist, when heard by the patient from their trusted medical doctor, will more than likely move the patient, or at least give the patient’s spouse new leverage to encourage the patient to seek help for their hearing difficulties. The marketing challenge for audiologists is to create a relationship with the physician’s office so that the referral information includes your office name and telephone number. The potential partnership between your audiologic practice and your community medical practices can serve as a needed bridge for all patients with hearing loss.

Audiologists are often uncertain about how to introduce themselves and their practice to physicians in their community; how to position themselves as trusted colleagues and resources for referral of patients with suspected hearing loss; and how to create lasting professional relationships with physicians. Although it is an obvious and necessary activity to connect with physicians in your area, many audiologists simply put off this contact because they are uncomfortable approaching medical offices or they just don’t have the appropriate materials in hand to leave at the doctor’s office.

To facilitate contact with physicians and medical practices, the American Academy of Audiology is pleased to announce the development of a new Hearing Health Kit. Members of the BEST Marketing Subcommittee have put together a proven package of tools developed for physicians that audiologists can provide to the potential referring doctors during personal office calls and visits. These will be valuable materials, many of which physicians can immediately begin using in their practices with their patients who have hearing difficulties. From waiting room to examination room, the kit will help to raise the awareness of physicians and patients about hearing loss. For example, the contents of the kit include various hearing health questions and simple office screening procedures.

Each physician kit contains:
- Two EarPeace™ hearing screeners, which have the capability to test patients at four frequencies. Physicians can place one screener in their waiting room with the hearing health display box and keep one for use in the examination room.
- Physician’s handbook on hearing loss, including incidence, etiology, identification and consequences of hearing loss.
- Patient education and counseling materials
- Hearing health quick tests for patients.
- Hearing loss brochures for patient distribution.
- Hearing aid selection brochure for patient distribution.

In addition to providing resources for the physician, the Hearing Health Kit comes complete with a CD specifically designed for use by the audiologist. The CD contains sample introduction letters to physicians; a selection of lunch-and-learn PowerPoint presentations that can be individualized, if desired; tips on how to personalize your kit with your practice logo, business cards, brochures, etc.; as well as flyers to announce a lunch-and-learn session where the audiologist might visit the office for an in-service presentation to the referring doctor and his office staff.

Greater awareness by physicians of your audiological services can not only help patients improve their quality of life but also add value to your practice. Be sure to stop by the Academy Store at AudiologyNOW! 2007 in Denver in April to see a sample of the kit and the materials. The new American Academy of Audiology Hearing Health Kit will be available in June 2007.

Sally Jessee, AuD, Denver, CO, is the Marketing Subcommittee Chair of the BEST Committee.
Time is going by quickly and AudiologyNOW! in Denver, Colorado, is rapidly approaching. I would like to take this opportunity to encourage students to attend and make the most of their convention experience. There are so many ways for students to enhance their trip to AN! Of particular interest for students at this year’s convention will be the American Board of Audiology’s (ABA) annual “Meet & Greet” event. This is a great opportunity for students to talk with some of the leading Board Certified professionals in the field who have similar interests. Students are matched to mentors based on their field of interest and geographical location. Frequently, students and their mentors forge long-term relationships, corresponding over many months or even years.

At last year’s Meet & Greet, I had the chance to speak with several audiologists regarding research, how they entered the field, as well as various professional issues. Also, I had the opportunity to meet other students from different universities and learn more about their experiences in graduate school. It was an inspiration to meet and talk with so many people who share my passion for audiology. The mentors shared ideas for research and stories about their work experiences, and were encouraging about the demands inherent to graduate studies. For those of you beginning to search for your fourth-year placements, the ABA Meet & Greet provides a wonderful opportunity to network and explore possible fourth-year sites. Whether you are attending to meet the Board of Governors of the ABA, to make great contacts for fourth-year extern sites, or to find out how to become Board Certified, the ABA Meet and Greet is a must-attend event at AudiologyNOW!

Other exciting events to check out while at AudiologyNOW! include Audiology Solutions (the Expo), Trivia Bowl and the tremendous variety of instructional classes available. Audiology Solutions provides a wonderful opportunity to become familiar with the newest technology, meet manufacturing representatives and even investigate possible fourth-year opportunities. The first Expo experience is overwhelming, and your feet will hurt by the end of the week, so wear comfortable shoes! I was in awe of how many manufacturers, large or small, offer products and services for audiology.

The convention itself also offers tremendous opportunities to talk with knowledgeable professionals about where the field of audiology is heading, current events and issues, and networking. The Trivia Bowl is always fun and entertaining, especially when awards are given for the most creative team name. You may be surprised at how much information you already know about audiology! Lastly, rest before you go—the AudiologyNOW! experience can be tiring, but the personal, professional and educational benefits are definitely worth it!

Of all the great activities, one of the definite highlights of AudiologyNOW! is the ABA’s Meet and Greet. I can’t recommend it highly enough! Plan now to attend on Thursday, April 19, from Noon to 2 pm in Rooms 103/105 of the Convention Center. This year’s event will feature a pizza party and some publishing giveaways! If you’re a student seeking a mentor, send an e-mail to ABA Board member Dr. Bettie Champion Borton at bchampion1@aol.com. If you’re an ABA certificant, please consider sharing some of your time at convention with a student. You can volunteer by sending an e-mail to Dr. Borton as well. The ABA Meet & Greet is an excellent way to make the most of AudiologyNOW!
My decision to be a mentor at a professional convention two years ago was a fortuitous decision that ended up being serendipitous. At the time, experienced practitioners were being solicited to be matched with third-year students based on the students’ interest in terms of practice setting. I spontaneously agreed to do it thinking it might be fun to meet some new recruits and to share the joys and challenges of the profession.

As planned, I met my student match for a social breakfast gathering early on at the convention. As we chatted, I was impressed by her ability to communicate and her self-confidence. Then, as I escorted her in the exhibition hall introducing her to vendors with whom I have relationships, I was able to assess how she presented herself in a business environment.

Over the ensuing months, my student and I would periodically touch base via email. Initially, our emails were confined to sharing information about interesting cases. But eventually, the emails became more personal. For example, as she would lament about the challenges of being a graduate student with examinations pending and too many projects underway, I would lament about annual pricing of hearing aids and the need to balance multiple unit discount incentives versus overstock in inventory. Gradually, we became more comfortable with one another, and I encouraged her to make an on-site visit to our practice during spring break. The full workday visit that ensued allowed me to personally assess her interest in audiology and to watch her interactions with our patients and office personnel.

When it came time for my mentored student to pursue a fourth-year externship, a position at our practice was suggested. The externship presented a long-term opportunity for me to evaluate and enhance her skill level and to determine more intangible qualities such as personal motivation, work ethic, and the ability to be a “match” with our corporate culture. As the externship came to a close, our long-term relationship enabled me, with full confidence, to offer her a position with our practice. My evolution from mentor to preceptor and from preceptor to employer was a natural progression — a seamless process — cemented after multiple-year contact.

I believe the mentoring process is a positive endeavor for the student, for the practitioner, and for the profession. I recommend it highly. Make sure you allow yourself the same opportunity by attending the American Board of Audiology’s student mentoring session at the Meet & Greet at AudiologyNOW! 2007 in Denver on April 10.
I Just Need to Hire an Audiologist,  
the Mona Lisa Can Wait!

If you wanted the best sushi, you would go to Japan. If you wanted great art, you might visit the Louvre. If you needed to hire an audiologist, you would go to the Employment Service Center at AudiologyNOW! I know, a bit of a stretch comparing a convention to the signature tastes of another country or the works of DaVinci, but follow along with me on this one.

If you are looking to hire someone, odds are that you won’t run into out-of-work audiologists roaming the streets of your neighborhood. I don’t know if this is true of every town, but I am guessing it is a safe bet. If you are going to AudiologyNOW!, the largest gathering in the world strictly devoted to the field of audiology, the chances of running into an audiologist are greatly increased. Last year there were over 7,000 people attending AudiologyNOW!; it is likely that some of them were looking for their first job or a change from their current situation. Does an announcement of a vacancy in a local paper give you that kind of job pool in which to cast your net?

If you find this argument compelling, your next step is to post your job as an attendee of AudiologyNOW! on the Academy’s employment service Web site, HearCareers (go to www.audiology.org and click on “HearCareers” under the “Quick Links” section on the right-hand side of the page). First, log into your HearCareers account and register as an attendee. You will then be given the option to pay for a career fair posting. When you fill out the job description, check the box next to the AudiologyNOW! logo. The logo will then appear next to your job post on the Web site to identify you as an attendee to job seekers. Jobs posted by attendees will remain on the Web site until the last day of AudiologyNOW! or the full 30 days, whichever is longer. Your job will also be listed on the job boards in the Employment Service Center at AudiologyNOW!

**JOB SEEKERS! Opportunities Are Waiting**

Are you looking for change? Have you ever wanted to go somewhere different to see if the grass really is greener on the other side? If yes, then check out the job postings on the HearCareers Web site. Opportunities are available across the country to find your new adventure. If you are not looking for adventure and just want a nice place to work and live, HearCareers will work for you too.

If you are attending AudiologyNOW!, make sure to mark your resume with an AudiologyNOW! logo. This will let employers know that you will be in attendance. Employers have the ability set up interviews in the Employment Service Center at AudiologyNOW! (enter Audiology Solutions through Lobby B and make an immediate right), but they can’t set up interviews before you get to Denver unless you apply. It is up to you.
The Academy would like to remind members that on May 23, 2007, the National Provider Identifier (NPI) will replace all other health-care provider numbers that are in use today in HIPAA (Health Insurance Portability and Accountability Act of 1996) standard transactions. HIPAA requires issuance of a unique national provider identifier to each physician, supplier, and other provider of health care (45 CFR Part 162, Subpart D [162.402-162.414]). All HIPAA covered health-care providers, whether they are individuals (such as physicians or non-physicians) or organizations (such as hospitals, clinics, nursing homes, etc.) must obtain an NPI to identify themselves in HIPAA standard transactions. Once enumerated, a provider's NPI will not change. The NPI remains with the provider regardless of job or location changes.

What Is NPI?
The NPI is a 10-position, intelligence-free numeric identifier (10-digit number). This means that the numbers do not carry other information about health-care providers, such as the state in which they live or their medical specialty. Beginning May 23, 2007 (May 23, 2008, for small health plans), the NPI must be used in lieu of legacy provider identifiers.

Medicare Legacy Numbers
After the compliance date, Medicare providers must begin submitting their NPIs instead of their Medicare legacy identifiers on claims they send to Medicare. Taxpayer Identification Numbers (TIN), which is the provider’s Social Security Number or Employer Identification Number, will continue to be used when a provider needs to be identified as a taxpayer in HIPAA standard transactions. The Implementation Guides for each of the standard transactions indicate when it is necessary to identify a provider as a taxpayer and can be viewed on CMS’s Web site at https://nppes.cms.hhs.gov/MattersArticles/downloads/MM4023.pdf.

Legacy provider identifiers include:

- Online Survey Certification and Reporting (OSCAR) system numbers;
- National Supplier Clearinghouse (NSC) numbers;
- Provider Identification Numbers (PINs); and
- Unique Physician Identification Numbers (UPINs) used by Medicare.

They do not include taxpayer identifier numbers (TINs) such as:

- Employer Identification Numbers (EINs); or
- Social Security Numbers (SSNs).

Applying for NPI
The National Plan and Provider Enumeration System (NPPES) is the only source for NPI assignment. Providers and suppliers may apply for their NPI on the NPPES Web site in one of three ways:

- An easy Web-based application process is available at https://nppes.cms.hhs.gov.
- A paper application may be submitted to an entity that assigns the NPI (the Enumerator). A copy of the application, including the Enumerator’s mailing address, is available at https://nppes.cms.hhs.gov. A copy of the paper application may also be obtained by calling the Enumerator at 1-800-465-3203 or TTY 1-800-692-2326.
- With provider permission, an organization may submit a request for an NPI on behalf of a provider via an electronic file.

If you have not already done so, you should apply for your NPI as soon as possible. This will facilitate the testing and transition processes and will also decrease the possibility of any interruption in claims payment. The following key points will assist you as you transition from the application stage to the implementation stage to ensure NPI readiness.

Electronic File Interchange (EFI)
Health industry organizations that are approved by CMS as Electronic File Interchange Organizations (EFIOs) can submit NPI application data for health-care providers, including Medicare providers, in electronic files to the NPPES after obtaining the permission of the health-care providers to do so. This process is called Electronic File Interchange (EFI). For health-care providers who are approached by EFIOs, EFI is an alternative to having to apply for their NPIs via the Web-based or paper application process. Providers who are enumerated via EFI receive their NPI notifications from the EFI that had them enumerated. These notifications are not generated from NPPES.

Designation of Subparts
Organizations, such as hospitals, suppliers of durable medical equipment, pharmacies, and so forth may be made up of components (e.g., an acute-care hospital with an ESRD program) or have separate physical locations (e.g., chain pharmacies) that furnish health care but are not themselves legal entities. These entities are referred to as “subparts” to avoid confusion with the term health-care “components” used in HIPAA privacy and security rules. Subparts cannot be individuals such as physicians. While group practices may have more than one NPI, individual members of that group practice by definition are not and cannot be “subparts.” CMS invites Medicare providers to visit Medicare’s Subparts Expectation Paper (entitled, “Medicare Expectations on Determination of
DO YOU HAVE YOUR NPI YET?

Subparts by Medicare Organization Health Care Providers Who Are Covered Entities under HIPPA") located on their Web site at www.cms.hhs.gov/NationalProvIdentStand/Downloads/ Medsubparts01252006.pdf for suggestions on how to determine their subparts. Remember, no health plan, not even Medicare, can instruct a provider on how to enumerate subparts. This is a business decision that the organization must make considering its unique business operations.

USE OF NPI ON PAPER CLAIMS

Medicare as a health plan will require use of the NPI on its paper claims. The paper claim forms used by Medicare have been revised to accommodate use of the NPI. There will be transition periods for each of the revised forms; however, the CMS-1500 (08-05) form became effective January 1, 2007, but will not be mandated for use until April 2, 2007. Providers may begin using their NPI on the UB-04 form effective March 1, 2007.


Information on transition from CMS-1500 (12-90) to the CMS-1500 (08-05) can be viewed at www.cms.hhs.gov/MLNMattersArticles/downloads/MM5060.pdf.

REQUIRED USE OF TAXONOMY CODES

Effective January 1, 2007, institutional Medicare providers who submit claims for their primary facility and its subparts (such as psychiatric unit, rehabilitation unit, etc.) must report a taxonomy code on all claims submitted to their Fiscal Intermediary. Taxonomy codes shall be reported by these facilities whether or not the facility has applied for NPIs for each of their subparts. Institutional providers that do not currently bill Medicare for services performed by their subparts are not required to use taxonomy codes on their claims to Medicare. A recent MLN Matters article, MM5243, discusses this requirement in more detail and may be viewed on CMS’s Web site at: www.cms.hhs.gov/MLNMattersArticles/downloads/MM5243.pdf.

The following Taxonomy Codes apply to audiology professionals:

• Audiologist—231H00000X
• Audiologist-Hearing Aid Fitter—237600000X
• Hearing Instrument Specialist—237700000X
• Audiology Assistant—2355A2700X

For a complete listing of Health Care Provider Taxonomy code sets, please visit the National Uniform Claims Committee Web site at www.wpc-edi.com/taxonomy.

Still not sure what a NPI is and how you can get it, share it and use it? Come to the NPI: A Legacy for All Times Learning Module at AudiologyNOW! on Friday, April 20, 2007, from 4:30 p.m. to 5:30 p.m. to learn more. Kadyn Williams, AuD, Chair of the Coding & Reimbursement Committee, and Debra Abel, AuD, Board of Directors member and Board Liaison to the Coding & Reimbursement Committee, will present the Learning Module. Check the ProgramNOW! book for room location.

As always, more information and education on the NPI can be found on the CMS Web site at www.cms.hhs.gov/NationalProvIdentStand.
FEEDBACK

letter to the editor

AD #1

Want to ... save money?
You SAVE 50% off MSRP
Factory sale – ONE WEEK ONLY
Satisfaction Guaranteed
90 Days Same as Cash
FINANCING AVAILABLE
WE WILL MATCH
ANY COMPETITORS PRICE

AD #2

____________‘s
GREATEST 3 DAY EVENT
FINAL DAY! Open ‘til 9 pm
Exceptional Value!
0% Financing for 18 Months!

AD #3

HOLIDAY SALE
This week only
We have the
LARGEST SELECTION.
EXCLUSIVE AUTHORIZED
DEALER for ....
GUARANTEED BEST DEAL
MSRP $3995 -- SALE PRICE $1995.
No down payment
90 Days Same as Cash

The ads above were copied from actual newspaper advertisements. Can you tell what the products are? Circle any of the choices below as to what the advertised products might be:

a. hearing aids   c. appliances   e. eyewear
b. furniture      d. pianos       f. could be any
                   of the above

What if I tell you that at least one of the ads is for hearing aids? Can you determine which ad it might be? Or could all of the ads be for hearing aids? OK, here is the answer: the first ad is for hearing aids from a business operated by a person with a terminal degree in audiology; the second ad is for furniture; and the third is for pianos.

I have no quarrel with a business saying whatever it wants in an ad (provided it is ethical and honest). Ad #1 above for hearing aids is in its entirety not unethical nor is it misleading. Indeed, such advertisements might well pay off by attracting more patients. So, why am I concerned about ads? Because in the long run, I believe, such ads are detrimental to the profession as a whole. If our profession relies on a style similar to that of the retail-oriented hearing aid dealer, we will get what we deserve—the image of persons selling hearing aids as a commodity.

The field of audiology has long been on a path of raising its education, standards, and image to the point of requiring a doctorate degree. So, the question remains, how do we want to present ourselves to the public? Is our primary purpose to be purveyors of a technical device or as health care professionals? Whenever we emphasize our products and finances over the value of our hearing healthcare services, we erode audiology’s grounding, reputation and status.

—Jim Peck, Jackson, Mississippi

Audiology Today welcomes letters from readers. The AT Editorial Advisory Board offers the following guidelines: All letters are subject to editing for brevity and clarity. Letters should be limited to one subject or theme. Letters should not exceed 175 words. Invective and derogatory comments will not be published.
Kathleen Campbell, previous member of the Academy Board of Directors and currently a researcher at Southern Illinois University School of Medicine, has developed a protein component mix that alleviates soreness in the mouth and throat. She has received a license to develop a proposal for clinical trials for the product which might be used to reduce the painful side effects of radiation treatments for oral cancers. Campbell holds several patents and is currently conducting animal research with D-methionine, an orange-flavored liquid component found in cheese and yogurt, which shows potential for protection against noise-induced hearing loss.

Southern Illinois University audiologist Kathleen Campbell’s research may lead to important treatment or prevention of types of inflammation and noise-induced hearing loss.

In January, 2007, Dr. Merle Lawrence passed away. He was an eminent auditory physiologist, researcher and teacher. Born in 1915, Dr. Lawrence graduated from Princeton University where he continued to work on his PhD in 1941 under the mentorship of E. Glen Wever. During World War II he served as a Naval aviator, seeing action in the South Pacific. In 1946, Merle joined Princeton University as an Assistant Professor and continued research collaborations with Dr. Wever. He also was appointed as an Associate Researcher at the Lempert Institute of Otology in New York City (1946-52). The late 1940s were golden years of middle ear physiology and middle ear reconstructive surgery. His early master-work, published with Dr. E.G. Wever in 1954, *Physiological Acoustics*, became essential reading for scientists and clinicians alike. Dr. Lawrence joined the Otolaryngology Department at the University of Michigan in 1952 and remained at Michigan for the rest of his career, founding the Kresge Hearing Research Institute in 1963 and acting as its first Director until retirement in 1983.

Merle’s name is intimately associated with inner ear physiology where, among other accomplishments, he characterized the cochlear microphonic, a receptor potential from sensory hair cells. He also pioneered the study of cochlear vascular physiology at the level of the capillaries. His insights into the underlying physiology impacted advances in middle ear functional restoration and reconstruction, including the tympanoplasty and stapedectomy procedures. Merle was a creative scientist publishing extensively in research articles, chapters and books. His work has aptly been recognized by his peers with awards and honors, among them the Service Award of the American Academy of Ophthalmology and Otolaryngology; Award of Merit of the Association for Research in Otolaryngology; Gold Medal Award of the American Otological Society; and selection as the Carhart Lecturer of the American Auditory Society in 1982. Dr. Lawrence was honored with the first Distinguished Lifetime Achievement Award of the American Academy of Audiology at the Denver Convention in 1991.
AFA LEO DOERFLER MEMORIAL SCHOLARSHIP

The Audiology Foundation of America (AFA) is now accepting applications for the Leo Doerfler Memorial Scholarship. The Leo Doerfler Memorial Scholarship has been made possible through memorial gifts given to the AFA in honor of Dr. Leo Doerfler. The $5,000 scholarship is awarded annually to a PhD student who holds an AuD degree and is determined by the scholarship committee to have the greatest potential impact on research that will benefit the practice of audiology. Applications will be accepted until May 1, 2007. Dr. Doerfler was a founding director of the AFA, the founding president of the Academy of Doctors of Audiology (ADA), and a Founder of the American Academy of Audiology. For detailed information about the scholarship and application, visit www.audfound.org/files/Doerfler%20Scholarship%20Application.

STUART GATEHOUSE, PhD,
passed away suddenly while attending a hearing aid research meeting in Erlangen, Germany. Dr. Gatehouse was Scientist-in-Charge at the Institute of Hearing Research in Glasgow, Scotland and a recipient of the American Academy of Audiology—International Award in Hearing presented in Minneapolis in 2006. Dr. Gatehouse was a major contributor to audiolologic research over the past 35 years with studies of auditory disability, handicap and hearing aid benefit, self-report instruments, outcome measures and the use of generic quality of life and health status for audiology services. He was perhaps most noted for his development of the Glasgow Profile of Hearing Aid Benefit (GPHAB) and the Speech, Spatial, and Qualities of Hearing Scale (SSQ).

DR. JOHN K. DUFFY, a true pioneer in the field of audiology, died recently following a series of strokes (1914 – 2007). As a student of Dr. Robert West at the University of Wisconsin, Dr. Duffy earned his PhD in 1949. He began his career by establishing the first academic audiology program at Brooklyn College and established an audiology and speech pathology center at Lenox Hill Hospital in New York City where he served as Director for 22 years. He was in charge of the Audiology and Speech Pathology Department at Kings County Hospital where his college students received their clinical training. During WWII, he served as an instructor and supervisor of auditory training at the United States Army Aural Rehabilitation Center at Borden General Hospital in Chickasha, Oklahoma. After the war, on a Fulbright Scholarship at the invitation of the Indian Medical Association, Dr. Duffy traveled throughout India and set up the first hearing and speech centers and ultimately brought many Indian students to the US for training in audiology and speech pathology. In the 1960’s, a rubella epidemic in NY resulted in hundreds of babies born hard of hearing leading Dr. Duffy to be among the first to place hearing aids on infants. Dr. Duffy developed a unique and effective “Reading to Speak” method for teaching deaf and severely hearing impaired children verbal language. Dr. Duffy was one of the leading audiologists contributing to occupational-industrial hearing conservation. He died at 93 years of age.

ATTENTION ALL BICYCLE RIDERS!!

How about joining us in a unique celebration of the 20th Anniversary of the American Academy of Audiology while raising worthwhile contributions for charity? We are seeking Academy members who enjoy distance bicycling to ride in a fun but challenging adventure. This multi-day event will take riders through scenic routes, complete with support vehicles, overnight lodging, and great food! Funds raised by participants will be donated to the AAA Foundation and to a local charity. If you like cycling, love the outdoors and a reasonable physical challenge, and you want to enjoy the company of other audiologists, this event is for you. If you are interested in participating or you would like to be placed on the "please send more information list," email pdybala@audiologyonline.com or call Paul Dybala at 214-329-4545. Also, this trip is BYOB (Bring Your Own Bicycle).
**This Just In!!!**

The Academy and AAA Foundation Join HLAA to “Walk4Hearing”

The Academy and the AAA Foundation are 2007 National Supporters of America’s (HLAA) Walk4Hearing program. The Walk4Hearing fundraisers will occur at 17 locations around the nation to increase awareness about hearing healthcare and issues faced by those with hearing loss, and to raise funds for hearing-related causes.

The Academy and AAA Foundation are encouraging audiologists and their friends and family members to participate in one of the 5K walks that begin this spring. All walkers (and runners too) are asked to solicit pledges to assist in the fundraising efforts. Look for more information at the AAA Foundation booth at AudiologyNOW! and on the Academy Web site in the near future. In the meantime, “Save the Date” for the walk in your hometown!

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Fall and summer walks will be scheduled in Fort Worth, Baltimore/DC, Boston, Seattle, Long Island, NY and Odessa, TX. We hope you’ll join the Academy and AAA Foundation in supporting these worthwhile and fun events! For more information, contact Kathleen Devlin Culver at kculver@audiology.org.

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**Modern Developments in Audiology Conference**

On May 18 and 19th, 2007 the Vanderbilt Bill Wilkerson Center for Otolaryngology and Communication Sciences, Nashville, TN, is sponsoring a workshop on Modern Developments in Audiology. Topics will include the assessment and auditory habilitation of infants and young children, recent advances in cochlear implants, selection and assessment of modern hearing aids for adults, adult rehabilitative audiology, and recent advances in balance function assessment. The Vanderbilt faculty for the conference includes: Fred Bess, Tamala Bradham, Bill Dickinson, Linda Hood, Ben Hornsby, Gary Jacobson, Todd Ricketts, Devin McCaslin, Gus Mueller, and Anne Marie Tharpe. The Keynote speaker is David Hawkins of Mayo Clinic Jacksonville. For additional information and registration materials contact kate.carney@vanderbilt.edu.

**Auditory Processing Disorders: 30 Years of Progress**

In 1977 the first national conference to explore “Central Auditory Dysfunction” was held in Cincinnati, OH. The 2007 APD Conference, to be held October 25-27 at the University of Cincinnati, celebrates 30 years of progress in understanding Auditory Processing Disorder (APD). The program plans two days of presentations from experts and will explore our current understanding of assessment and management of children and adults with APD and suggest future directions. An optional third day will provide a hands-on workshop opportunity for demonstration and practice of test administration, intervention strategies and case presentations. Robert W. Keith, David K. Brown and Dorsey Ann Heithaus are the conference organizers. For additional information, e-mail info@APDcincinnati.com or call 513-558-4863.

“Beyond Newborn Hearing” Program Planned for Denver

Frontiers in Hearing: Beyond Newborn Hearing Screening is a one-day symposium to be held in Denver, CO, on April 17, 2007, sponsored by the Marion Downs Hearing Center, and will be held at the University of Colorado Health Sciences Center. The multidisciplinary conference is planned to facilitate the exchange of information and sharing of ideas necessary to provide early and appropriate services for infants with suspected or confirmed hearing loss and their families. The faculty includes Steve Ackley, Arlene Stredler Brown, Janet DesGeorges, Marion Downs, Sandra Gabbard, Herman Jenkins, Cheryl DeConde Johnson, Al Mehl, Anu Sharma, Vicki Thompson, Kristin Uhler and Christine Yoshinaga-Itano. CEUs will be available. For additional program and registration information call 720-848-2970 or e-mail mdhc@uch.edu.
ASSISTANT PROFESSOR, California State University, Sacramento. Begins Fall 2007. Tenure-track appointment in a CAA accredited program. PhD in audiology or related area. ABD considered. For additional information, please see the posting at www.csus.edu/fas/Vacancies/SpeechAudiology.doc. Review of applications began January 24, 2007 open until filled. AAIEO.

For information about our employment Web site, HearCareers, visit www.audiology.org/hearcareers or contact Vanessa Scherstrom at vscherstrom@audiology.org or 1-800-AAA-2336 ext. 1044. For information or to place a classified ad in Audiology Today, please contact Christy Hanson at chanson@audiology.org or 1-800-AAA-2336 ext. 1062.