Announcement

Audiology: The Best Career of 2008!

By Alison Grimes, AuD
President

It’s true, according to *US News and World Report*, audiology is the first among the contenders (well, truth be told, it’s because it starts with an “A”!). Nonetheless, this is an exciting boost from the popular media, demonstrating again the importance of our chosen field, and, it is to be hoped, encouraging undergraduate students, and even middle-school students, to think of audiology as a career field.

What makes audiology attractive as a career? You could probably ask all 10,673 members of the Academy and get an equal number of slightly different responses. Some may say job satisfaction is gained through influencing people’s lives in making accurate diagnoses, providing evidence-based treatment, being part of a growing field, influencing public policies such as issues involving classroom acoustics, or falls-prevention for elderly people. Enjoying the satisfaction of owning your own practice, being your own boss, and designing the business in the way that best suits you, your community and patients, and your budget. Or providing clinical or basic research, collaborating with other audiologists and scientists, and providing practicing clinical audiologists with the clinically valid procedures and treatments that permit best patient care. The list goes on.

How do we ensure that a continual supply of new audiology students comes up through our graduate AuD and PhD programs to become the next generation of clinicians and researchers? Well, “autonomy, stature, and pay” come to mind.

Autonomy. We have it in some venues (most notably private practice), and less in other venues (the least-autonomous, in my opinion, being an employee of a physician). Autonomy in being able to bill and collect independently for our diagnostic and treatment services. This goal took a step forward last month with CMS’s clarification statement regarding “incident-to,” and how audiology services cannot be billed incident-to physician services. Experts in reimbursement know that CMS has always prohibited this, yet it is still routinely being done (and unfortunately, not infrequently a result of an audiologist in a physician’s employ permitting it!). CMS’s new statement is a reminder to audiologists to get their NPI, and a reminder to billers working in physician offices that services provided by an audiologist, which are a Medicare benefit, cannot be billed incident-to physician services.
Stature. Now that the entry-level degree for practicing audiology is a doctoral degree, it can be argued that our stature has grown. Yes, being able to introduce myself as “Dr. Grimes” is helpful, particularly in a medical center. Yet, stature accrues not by the title but by the actions. Stature is defined as “the degree of development attained or level of achievement.” Development and achievement are demonstrated not by the academic degree or title, but by the way in which the professional comports him/herself. Even small words and actions can bolster, or undercut, the stature of an audiologist.

Pay: *US News and World Report* noted that the national median pay for an audiologist is $64,000. Of course, median hides a multitude of sins, particularly those low-paying positions! For example, my colleague told me that she recently looked at a position at a state school for the deaf and blind as an educational audiologist. For a nine-month contract, the salary scale started at $33,000! There continues to be a gender-gap in pay, unfortunately, with women making significantly lower salaries. The 2006 Academy Salary Survey shows a median for males of $75,000 versus women's median of $60,000. This gap persists, even when controlling for highest degree earned and years of experience. I would argue that $75,000 is still too low for a median salary for a doctoral level profession, however $60,000 is inexcusable. What do we women do that results in significantly lower salaries? And is it the best career if 77% of the profession (women) is paid 20% less than their male counterparts? This needs to change. Yes, women work part-time. And women may have gaps in their earnings due to career-breaks. But everything I’ve read on this subject, across all professions, points to a salary discrepancy that cannot be accounted for by any factor other than gender.

How do we grow and capitalize on this great press that audiology is a career to be considered? We know that the demand for our services outstrips the supply of audiologists, particularly in crucial areas such as pediatrics. We know that other groups, such as hearing aid salespeople and physician groups, pretend that they can do everything that audiologists do. But we also know that being an audiologist is unique career, and provides opportunities for professionalism and success that make this field worthy of being named the “best career of 2008.”

Part of our responsibility as professionals is taking the time and energy to volunteer to speak at high school career fairs and similar activities. Getting undergraduate college students interested in audiology is critically important. While many students in the sciences aspire to go to medical school or other professional schools, being able to reach them before their career decision is firm and let them know about the profession of audiology is a great opportunity to re-direct their interest.

Another important aspect of being a professional is being a mentor to a younger professional. In my early career, I’ve been fortunate to have worked with audiologists who were, shall we say, more mature in their professional achievements, and who modeled professionalism.

Increasing reimbursement will also go a long way to attracting students into our field. With the staggering amount of student debt that is often accrued, students need to know that their professional services will be appropriately reimbursed. Unfortunately, we’ve been stymied on that front by opposition from otolaryngology. Additionally, since the Academy’s voice is heard only via the representative to the RUC named by ASHA, we are limited in our ability to influence important issues related to reimbursement. This must change.

One of the issues mentioned in the *US News and World Report* article on audiology is that the “tools of the trade” get better and better. While we always need to promote the concept that it’s the people, and not the tools, that make audiologists successful, the tools HAVE gotten better. Compare analog hearing aids with potentiometers to digital hearing aids that we can program via computer. Compare the old ABR units that only produced a click stimulus with today’s notebook toneburst ABR and ASSR testing algorithms for infants. Compare body-worn cochlear implants with today’s relatively sleek (and colorful) ear-level processors. One of the challenges/opportunities in promoting audiology as a career to potential students is the ever-present need to
distinguish the “thing” (cochlear implant, hearing aid, audiometer) from the professional whose knowledge and expertise makes “the thing” work.

A challenge we face in attracting professionals to our field is the lingering concept that audiologists are nothing more than “technicians,” or that hearing aid salespeople do the same things that we do. Demonstrating to students and potential audiologists that our value is in our skills as diagnosticians, counselors, and in providing comprehensive treatment (beyond fitting the hearing aid or programming the implant) is critically important to attract bright young people into the field.

Along the lines of demonstrating the value of our profession to students is the Academy’s recent (January, 2008) decision to formalize the American Student Academy of Audiology, or ASAA. Carmen Brewer, Gary Jacobson, and I are co-chairing the Task Force; along with Task Force members yet to be named, from the general membership, students, staff, the specifics of this new organization will be outlined. In this new student-home, audiologists-to-be will have an opportunity to interact with the Academy membership and leadership, and be mentored in professionalism.

The US News article states in part: “But increasingly, lower-salaried ear technicians do much of what audiologists do.” REALLY? I don't think so. We have many opportunities to demonstrate that we are professionals, not technicians. Consider just a few: pediatric audiologists not only diagnose and treat hearing loss in infants and children, but also serve as newborn hearing screening program directors. Audiologists who work with adults not only diagnose and treat presbycusis, but also collaborate with physicians and psychologists to determine whether there is a secondary diagnosis of dementia. The list goes on.

So, we can celebrate that audiology is “the best career of 2008” (only partly because it begins with “A”), and the American Academy of Audiology—the only organization of, by, and for audiologists—is “the best place” for these prospective audiologists to find their professional home.

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Waiting-Room Computers Offer Web, Info
A growing number of companies are marketing small computers and screens for use in the waiting rooms of doctors' offices. Small, inexpensive computer screens give companies a way to reach individual patients who are looking for new ways to spend time in waiting rooms. Cincinnati-based Healthy Advice Networks markets digital screens that air a mix of health-related information and advertising. They estimate that their screens reach over 100 million patients a year. Other companies offer small, handheld computers that give patients Internet access through a wireless network. The computers also offer medical histories and questionnaires, and can be customized to offer doctor-specific information. Many of these companies do not charge doctors for the service, instead earning revenue from advertising. Though the handheld computers give advertisers a captive audience, some question the risk of allowing drug manufacturers and other medical companies the ability to customize advertisements to individual patients. "People are hypersensitive about revealing anything, even if it's rather mundane," said Prof. James Coyle of Miami University's Farmer School of Business. The ads on InfoSlate's handheld devices are not overwhelming and do not offer personal information to the companies who pay for advertising, according to a company spokesman.

*Associated Press (03/26/08)* Paradis, Tim

How to Manage Without Micromanaging
Management advisory firm MindTools defines micromanagement as someone who dislikes delegating responsibilities, is too involved in running others' projects, and fails to look at the big picture because they are too busy with small details. A micromanager also retrieves delegated work before its completion if he or she finds a mistake, and prohibits others from making decisions without consultation. Such a situation might occur if a physician lacks confidence in an office manager. If this is the case, it is important to talk directly with him or her and possibly arrange for additional training in finance, accounts receivable management, or human services if necessary. Some office managers may have never received formal training but might hesitate to ask for help. The office manager might also misunderstand his or her duties and authority level, which should be clarified. If there is a problem with front desk activities, the physician should discuss the issue with the office manager and request that he or she draw up a plan to resolve it. When the plan is completed, it should be reviewed and implemented by the office manager without the participation of the physician. The plan should include ways to monitor and report on the outcomes. If the plan is successful, the approach can be replicated in other areas where the physician is too involved.

*American Medical News (03/24/08)* Schechter, Karen S.

Studies From University of Wisconsin Reveal New Findings on Cochlear Implants in Children
A recent report in Otology and Neurotology finds that children under the age of three who receive bilateral cochlear implants will develop localization acuity, but those who use a single implant will not. More infants are being fitted with bilateral implants, and the report is the first to find localization acuity in young children using two cochlear implants. The study measured localization acuity with a single interval 2-alternative-forced right/left discrimination task, and behavioral data was collected with the observer-based psychophysical procedure, which proved a feasible measurement method.

*Biotech Law Weekly (03/21/08)*

Untangling Spoken Words
Genetics might play a role in auditory processing disorder (APD), say researchers at the National Institutes of Health (NIH). An NIH study published last year found a greater number of auditory processing problems among identical twins compared to fraternal twins. The study involved tests where twins listened to two different one-syllable words or nonsense sounds at the same time in the right and left ears. One test also played words at higher than normal speeds into the right ear. The study concluded that dichotic listening ability--being able to identify words and nonsense syllables entering both ears--is 73 percent because of genetic differences, similar to traits like height and type 1 diabetes. The next goal for researchers involves trying to find the gene or genes that control dichotic listening ability, says Chris Zalewski, a clinical research audiologist at the National Institute on Deafness and Other Communication Disorders. He says auditory processing is very complex, where the "ear receives sound and sends neural signals to the brain." People with APD have difficulty analyzing such things as a sound's localization and lateralization, Zalewski explains.

Washington Times (03/11/08) P. B1; Widhalm, Shelley

FCC Approves Hearing Aid Compatibility Rules Proposed by Atis' Joint Consensus Plan
The Alliance for Telecommunications Industry Solutions (ATIS) recently announced that the Federal Communications Commission (FCC) has adopted ATIS' proposed rules for cell phone hearing aid compatibility. A Joint Consensus Plan was submitted to the FCC by an ATIS workgroup made up of representatives from leading wireless providers as well as advocates for consumers with hearing loss. The Joint Consensus Plan was submitted in response to an FCC notice proposing changes to rules mandating that cell phone manufacturers and service providers create a number of new models designed to be hearing aid compatible. The new rules adopted by the FCC require wireless manufacturers to meet technical standards for Radio Frequency interference reduction on one-third of the new handset models they offer. Wireless service providers must meet these standards either on a minimum of eight hearing aid compatible handset models in 2008 or on 50 percent of the handset models they offer.

States News Service (03/05/08)

Training Your Brain to Ignore Tinnitus
A new digital music player promises to help people with hearing disorders tune out tinnitus. Developed by Neuromonics, the device plays soothing music selections, including classical and New Age. Therapy is customized to the specific needs of the patient, running anywhere from two to three hours a day over a period of six months. White noise like running water is included in the music selection for the first two months of therapy. By the third month, the noise is removed and patients are instructed to raise the volume just low enough so the tinnitus can only be heard during the quiet portions of the recording. By following this pattern, the brain is trained not to react to the tinnitus. Therapy ranges from $3,500 to $6,000, depending on the length of treatment. Some audiologists credit the device with relieving symptoms associated with tinnitus, which typically consists of high-pitched beeps and ringing. Approximately 50 million Americans are afflicted with the disorder, which can be debilitating for some.

Wall Street Journal (03/04/08) P. D3; Johannes, Laura

Look Out for Employment Contract Snags
Preparation is essential to determining whether the medical practice you enter dovetails with your financial and lifestyle objectives, and the employment contract must be studied carefully before it is signed. Before an interview, prospective employees should consider the demand for their specific expertise to better determine the compensation range they can reasonably expect and how negotiable a contract will be, while the size of a practice directly impacts the group's level of flexibility. It also pays to familiarize yourself with national and regional compensation medians for your specialty and prepare to use these figures as a negotiating tool. Mark Smith of MHA notes that compensation in
roughly two-thirds of new employment contracts for physicians includes both a fixed salary and a production-based incentive bonus, and gauging the value of both provisions is critical in the assessment of a job offer. Two-year employment agreements are typical for many contracts, while attention must be paid to a contract's long-term provisions as well as its omissions. A contract ought to specify when you will qualify for a partnership, what standards will be employed to decide whether to make an offer, and the methods that will be applied to evaluate the group's value or estimate the price of a buy-in. Restrictive covenants are another element of an employment contract that demands careful examination, and attorney Steven I. Kern advises physicians to weigh the partnership language in the context of the restrictive covenant. It is the recommendation of internist Mary Ann Bauman that job candidates request a dispute resolution clause in their contracts, and every point a candidate agrees on must be set down in writing, and the contact reviewed by an attorney prior to signature.

Medical Economics (02/01/08) Terry, Ken

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**Consumer News**

**Sprint’s Hard of Hearing Customers Benefit From New and Free Web-Based Solution**

Sprint has introduced a new service that will help its hard-of-hearing customers ensure that they know what the person they are speaking with on the phone is saying. The free service, called WebCapTel, allows Sprint customers in the United States and U.S. territories to log onto a Web site to view written captions of everything the caller says during their conversation. Captions appear in real time, thus allowing users to experience a natural telephone conversation. The service, which was developed by Ultratec Inc., works with any phone and can be accessed from any computer with an Internet connection. However, the service does not work with calls made to or from international locales, including Canada. According to Robert Engelke, the president of Ultratec, the service will help put people who suffer from hearing loss back in control of their telephone conversations. "It gives people with hearing loss the confidence to rely on the telephone again, leveling the playing field for professional opportunities, in social situations, and in matters of personal safety," he said.

Health Business Week (03/21/08) P. 704

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**Guides Lend an Ear to Concerns**

The "Guide By Your Side" program provides free assistance to new parents with hearing-impaired infants and young children. Instituted in late 2006, the program operates in 12 states. The program provides experienced guides--usually parents of deaf or hard-of-hearing children--who are given training so they can help the new parents choose the right treatment options for their children. Each guide is provided with a stipend in return for up to six hours of parental assistance. Many parents of hearing-impaired children are shocked at first, especially if there is no history of hearing loss in the family. Statistics show that over 90 percent of deaf children have hearing parents. There are a number of options for hearing-impaired children, and Guide By Your Side is one tool to help them make the best choice. Some children do well with cochlear implants, while for others the best option may be hearing aids, lip reading, sign language, cued speech, or some combination of the above. Whatever the case, the most important thing is for the family to receive early guidance from an audiologist to avoid the communication and behavioral issues sometimes associated with children who have hearing loss.

Virginian-Pilot (03/20/08) Frankenberry, Rita

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**In a Time of Distracted Ears, Teachers Ensure They’re Loud and Clear**

To help teachers and students improve their hearing, schools can now easily embrace new amplification technology by installing speakers and microphones in
classrooms. The cost ranges from $1,000 to $1,500 per classroom, but the benefits may be priceless. Reading scores at or above grade level rose from 59 percent to 89 percent at the first-grade in St. Cloud Elementary in New Jersey after teachers were supplied with microphones. And the new technology comes hassle-free for teachers. The microphone is small enough that it can be worn on a lanyard and comes with a mute button that teachers can press when they want to talk one-on-one with a student or another teacher. The number of school districts using amplification systems is on the rise; 3,200 districts have installed amplification systems made by California-based FrontRow and somewhere between 125,000 to 200,000 classrooms across the country are equipped with amplification from LightSpeed Technologies of Portland, Ore. "It's a small market that's emerging rapidly," says Jerry Ramey, chief executive of LightSpeed Technologies. Amplification systems also help children who suffer from ear infections, attention-deficit disorders, and other hearing or learning disabilities.

New York Times (03/16/08) Hu, Winnie

Noisy Toys Can Damage Hearing
Some of the loudest toys on the market are made for children age three and younger. One of those toys is Fisher-Price's Shake 'n Go Disney/Pixar Cars' Ghost Light Ramone, which produces 118.5 decibels (dBs) of noise. That is enough noise to damage a toddler's hearing in just 15 seconds. Other extremely loud toys on the market are SRM Entertainment's Power Gear Extreme Command System, which produces 114.5 dB; Fisher-Price's Shake 'n Go! Pixar Cars' the King, which produces 113.5 dB; and Fisher-Price's Disney Little Einsteins Create a Masterpiece, which produces 112.3 dB. There are several steps parents can take to keep their children's hearing from being damaged by these and other loud toys, including putting tape over the speaker to reduce the sound coming out, buying toys with volume control if possible, and turning the volume control down to 50 percent to 60 percent of maximum.

Sacramento Bee (CA) (03/06/08) P. G4; L'Etoile, Gayle

Academy News

CMS and “Incident to” Billing...What Does It Mean for You?
On February 29, 2008, CMS released transmittals 84 and 1470 of Publication 100-02 Medicare Benefit Policy, which clarifies the previous policies regarding “Incident to” billing. These are not new and will go into effect on April 1, 2008, with an implementation date of April 7, 2008. The definition of "Incident to" billing is when a physician bills for audiologic services under the physician's provider number and not that of the audiologist’s.

"Incident to" billing has been an ongoing professional issue for many years. In 2003, Program Memorandum AB-02-080 was published citing that “diagnostic testing, including hearing and balance assessment services, performed by a qualified audiologist is covered as “other diagnostic tests” under §1861(s)(3)” CMS, 2002. This document was to end "incident to" billing for audiologic services.

Medicare contractors are the policy-makers for the beneficiaries of their geographic areas, therefore guidance may differ from region to region. Click here to monitor your Local Coverage Determination (LCD) policy, by state or by contractor.

Listed below are the essential points:

- "Contractors shall not pay for audiological services incident to the service of a physician or nonphysician practitioner."
- "Contractors shall not pay for services provided using computer administered tests that do not require the skills of an audiologist."
- "Contractors shall not pay for services that require the skills of an
What impact do these transmittals provide? For those audiologists employed by a physician, it supplies the vehicle to stop “incident to” billing. If this practice continues and audits occur, payback of fees paid will be mandated. Audiologists have had “any qualified provider” status in the Medicare statute for years, enabling the billing of audiologic diagnostic services within Medicare with a physician referral for a medically necessary reason. It now allows us to correctly bill for those services directly to Medicare with the requirement of the physician referral being met at this point in time.

Information about the CPT codes is contained in the RUC database which tracks those who utilize the CPT codes to name just one feature. If the contractors adopt these as policy, it will clarify who the actual providers of the service are vs. the one who billed the service.

In addition, the guidance specifies that automated hearing tests such as those done by the otogram are not reimbursable by Medicare for diagnostic testing. They may be used as a screening device, but that is a non-covered Medicare service.

Finally, it addresses non-payment of 4th year AuD students’ audiologic services provided to a Medicare beneficiary as only being reimbursable with 100% supervision and the supervisor submitting the claim unless the student has a master’s or doctoral degree, an unlikely scenario.

Furthermore, with audiologists required to utilize their National Provider Identifiers (NPI) per HIPAA mandate, billing Medicare for audiologic services directly and not via physicians’ provider numbers is addressed and consistent with Federal mandates.

If you have any questions, please contact Deb Abel, director of reimbursement, at the Academy at dabel@audiology.org.


OPM Asks FEHB Program Carriers to Enhance Hearing Care Benefits for Adults

The United States Office of Personnel Management (OPM) recently released an open letter, addressed to health insurance companies, known as its annual “call letter.” The call letter (see below) outlines OPM’s policy goals for the coming year and includes an annual call for proposals on benefits and rates from FEHB program carriers. The letter outlined OPM’s goals for 2009 and includes a proposal to strengthen coverage for adults who experience hearing loss or have hearing aids. In the letter, the OPM stated, “In last year’s call letter, we encouraged you to review your hearing benefits for newborns and children. We are pleased many carriers increased benefits with little or no additional premium cost. We are now strongly encouraging you to enhance hearing benefits for adults. We are seeking benefit proposals for professional services as well as hearing aids.”
As mentioned, in last year's call letter OPM encouraged carriers to submit proposals for increased coverage of hearing benefits for newborns and children. The OPM further stated, "Hearing loss is one of the most common congenital birth defects. We urge you to review your current hearing benefits to ensure that newborns and children have coverage for appropriate screenings, testing, diagnostic evaluations, and treatment by licensed hearing professionals, including audiologists. We are encouraging proposals that include benefits for both professional services as well as hearing aids."

In this most recent proposal, it appears that they have extended this policy and are encouraging plans to consider coverage of hearing benefits for adults in this most recent proposal. Academy staff is reviewing this proposal and will provide a complete analysis.

View the [OPM FEHB Program Call Letter (March 2008)](http://example.com)

**Academy's Policy Resolutions**

One of the objectives of the Academy's Strategic Advocacy Plan is to enhance the position/policy development process by addressing timely specific audiology/hearing health issues. This objective recognizes the importance for the Academy to evaluate its existing inventory of policies/position statements to ensure its relevancy and adherence to the state-of-the-art. This objective further underscores the need for the Academy to have a policy/position development process in place that would ensure a timely response as public policy issues arise. The following public policy resolutions are the initial documents developed as a direct result of this process. The Academy is working to develop a centralized searchable policy/position statement database to complement this process.

- [Incident to Billing Resolution](http://example.com)
- [Classroom Acoustics Resolution](http://example.com)
- [Audioprosthology Resolution](http://example.com)

**Special Discount on ABA Certification at AudiologyNOW!**

Apply for Board Certification in Audiology through the American Board of Audiology™ (ABA) at AudiologyNOW! in Charlotte, NC, and receive a 50% discount off the one-time application fee!

Visit the ABA Booth at Academy Central to apply!

Please note that as of January 1, 2007, applicants for Board Certification in Audiology must have earned a doctoral level degree or, for provisional status, currently be admitted into a doctoral program.

For more information on ABA certification, visit the ABA [Web site](http://example.com). Contact us at 800-881-5410 or [aba@audiology.org](mailto:aba@audiology.org).

**Record your AudiologyNOW! CEUs from Home!**

CEU Manager will be available for you to access from your home or office after April 9 at [www.audiology.org/ceumanager](http://www.audiology.org/ceumanager). Deadline to enter CEUs is Wednesday, April 30. To print a transcript from AudiologyNOW! you need to be a member of the [2008 CE Registry](http://example.com).

Questions? Email [cgallow@audiology.org](mailto:cgallow@audiology.org).

**Member Benefit of the Month: Custom On-hold Messages**

Forget the Muzak. Customize your on-hold messages with information about hearing loss. Let [Image Marketing/99 On-Hold](http://example.com) help inform and entertain your callers! Contact Dee Dee at 800-447-1997 for more information.

**Web Seminar: Vestibular Evoked Myogenic Potentials**
This Web seminar will familiarize audiologists with the vestibular evoked myogenic potentials (VEMP) and provide them with the background and understanding to use this test in their clinical practice. Underlying anatomy and physiology will be discussed along with the effects of stimulus and recording parameters.

Upon completion, each participant in the Web seminar should be able to:

1. Describe the anatomy and physiology of the VEMP pathway.
2. Recognize components of the VEMP waveform.
3. Describe the effects of stimulus and recording parameters on the VEMP.
4. List clinical utility and interpretation of the VEMP.

Instructional Level: Intermediate

Earn .2 CEUs

Register Here.

Not able to join the live seminar? Register for the on-demand seminar at your convenience!

For more eAUDIOLOGY Web seminar information, visit the eAudiology Web site, or contact Cornelia Gallow, education manager, at cgallow@audiology.org or 703-226-1068.

Interested in Becoming an Academy Volunteer?
If you are interested in becoming a volunteer with the American Academy of Audiology, 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 turn over each year). Fellow members of the Academy are eligible to serve on committees as voting members. Many committees have a student, non-voting, committee member. Click here to review the committees and complete the volunteer form.

Career Opportunities

Audiologist Brooklyn, New York
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