

Resume Review Service Request Form

Complete the form and submit with materials to **resumereview@audiology.org**.

Please allow up to 14 days for the review.

Mail:

American Academy of Audiology
Attn: Membership Department
11480 Commerce Park Drive
Suite 220
Reston, VA 20191

Fax:

703-790-8631

Questions?

Contact the membership department at 800-222-2336 or membership@audiology.org.

Disclaimer:

Resume review services provided by the American Academy of Audiology do not guarantee that suggestions regarding your resume will result in job interviews or job offers. The final decision of what information to include or not to include is the responsibility of the individual job seeker.

You think your resume is ready to submit, but is it really? Find out by asking for constructive and qualified feedback. To assist those in the job market, the Academy offers members a FREE resume review service by professional audiologists working in a variety of settings. Job seekers may also submit related items such as cover letters, curriculum vitae, and thank-you notes for review. Please include all items as separate attachments, in .doc or .docx format only. Requests with invalid file types will be asked to resubmit.

Contact Information

FIRST NAME	LAST NAME	ACADEMY ID	DATE
TELEPHONE	E-MAIL		

How would you prefer to be contacted?

Telephone E-Mail

What are the best days to contact you?

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

When is the best time to contact you?

Morning Afternoon Evening

Additional Information

How many years have you worked in the field of audiology?

0-3 4-10 11-15 16-20 20+

What type of position(s) you are seeking? (check all that apply)

Staff Audiologist Faculty
 Manager/Supervisor Researcher
 Director Not Sure
 Owner Other _____
 CEO/Executive Director

What is your preferred work setting? (check all that apply)

University/Teaching Hospital Private Clinic (non-profit)
 Federal Government Public/Private School
 Private Practice (Employee) Industry (Industrial Audiology)
 VA Hospital Other Medical Practice
 Manufacturer University
 Private Clinic (for profit) Private Practice (Owner)
 Hospital Not Sure
 ENT Practice Other _____

What item(s) are you submitting for review?

Resume Curriculum Vitae Other _____
 Cover Letter Thank-You Note