



Academy of Doctors of Audiology 2010 Mentor Application

Name: _____

Business Name and Address: _____

Current Mailing Address: _____

Preferred Phone Number(s): _____

Preferred E-mail Address: _____

Preferred Modes of Communication (please select all that apply):

- Selected communication options: E-mail, Phone, Text, Face to face, Facebook, Twitter, Fax, Other.

Gender: Male Female (circle one)

Education:

Bachelors Degree, Institution, and Graduation Year: _____
Masters Degree, Institution, and Graduation Year: _____
Doctoral Degree, Institution, and Graduation Year: _____

Clinical Services (please check all that apply):

- Selected clinical services: Audiology Diagnostic Assessments, Vestibular Assessments and Rehabilitation, Hearing Aid Selection, Fitting and Management, Pediatric Testing, Cochlear Implants, Tinnitus Assessment and Treatment, Electrophysiologic Testing, Other, Auditory Processing Assessment and Treatment, Industrial Testing, Intraoperative Monitoring, Hearing Conservation, Aural Rehabilitation, Assistive Listening Devices, Implantable Hearing Aids.

Please rank your top 5 Clinical Foci (with #1 being the one where you devote the most time):

- Ranking options for clinical foci: Audiology Diagnostic Assessments, Vestibular Assessments and Rehabilitation, Hearing Aid Selection, Fitting and Management, Pediatric Testing, Cochlear Implants, Tinnitus Assessment and Treatment, Electrophysiologic Testing, Other, Auditory Processing Assessment and Treatment, Industrial Testing, Intraoperative Monitoring, Hearing Conservation, Aural Rehabilitation, Assistive Listening Devices, Implantable Hearing Aids.

Current Professional Setting:

- ◇ Private Audiology Practice
- ◇ Clinic (non-profit)
- ◇ VA
- ◇ ENT Practice
- ◇ Hospital

- ◇ Industrial
- ◇ Industry
- ◇ Multi-Specialty Medical Practice
- ◇ Other: _____

Current Geographic Business Setting:

- ◇ Urban
- ◇ Suburban

- ◇ Rural
- ◇ International

Current Geographic Region:

- ◇ New England (Maine, Vermont, New Hampshire, Massachusetts, Rhode Island, Delaware)
- ◇ East (New York, Pennsylvania, New Jersey, Connecticut, Maryland)
- ◇ Southeast (Virginia, West Virginia, North Carolina, South Carolina, Georgia, Florida)
- ◇ South (Kentucky, Tennessee, Alabama, Louisiana, Mississippi)
- ◇ Midwest (Ohio, Indiana, Michigan, Illinois, Wisconsin, Minnesota, Iowa)
- ◇ South Central (Texas, Oklahoma, Arkansas)
- ◇ Plains (Missouri, Kansas, Nebraska, Colorado)
- ◇ North (North Dakota, South Dakota, Wyoming, Montana, Idaho)
- ◇ Southwest (New Mexico, Arizona, Utah, Nevada)
- ◇ West (California)
- ◇ Northwest (Oregon and Washington)
- ◇ Hawaii
- ◇ Alaska

Have you ever served as a/an (please check all that apply):

- ◇ Mentor
- ◇ Preceptor
- ◇ Audiology professor or lecturer
- ◇ Other: _____

Would you prefer to mentor a student from your:

- ◇ Current City or Area
- ◇ Geographic Region
- ◇ No Preference

Would you prefer to mentor a student who is:

- ◇ Male
- ◇ Female
- ◇ No Preference

Would you be interested as serving as a (please check all that apply):

- ◇ Preceptor
- ◇ Fourth Year Externship Preceptor
- ◇ Capstone/Research Project Committee Member
- ◇ Capstone/Research Project Clinical Site
- ◇ Guest Lecturer in an AuD program
- ◇ Other: _____

Do you plan to attend the 2010 ADA Convention in San Antonio, Texas?

◇ Yes

◇ No

Are you currently (please check all that apply):

◇ ASHA Certified

◇ AAA Member

Please attach a brief biography.

Signed:

Date: _____

Please return this application by fax, e-mail or mail to:

The Academy of Doctors of Audiology
Attn: Student Mentoring Program
1020 Monarch Street, Suite 300B
Lexington, KY 40513

Phone: (866) 493-5544

Fax: (859) 977-7441

E-mail: mentoring@audiologist.org

Website: www.audiologist.org