



The Ohio Academy
of Audiology

**Ohio Supervised Professional Experience Opportunities
Preceptor/Practice Information**

PRECEPTOR NAME: _____

PRACTICE NAME: _____

PRACTICE ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIPCODE:** _____

COUNTY: _____ **PHONE:** _____ **EMAIL:** _____

STATE LICENSE: _____ **CERTIFICATION:** ASHA ABA

HOW DO YOU PREFER TO BE CONTACTED: Phone Email

DESCRIPTION OF EXPERIENCE OPPORTUNITES:

POPULATION SERVED: Birth to 3 yrs 3 to 17 yrs Adult

SERVICES:

- | | | |
|--|---------------------------------------|---|
| <input type="radio"/> ABR - Adult | <input type="radio"/> ABR - Pediatric | <input type="radio"/> HEARING EVALUATION |
| <input type="radio"/> ASSISTIVE LISTENING DEVICES | | <input type="radio"/> HEARING INSTRUMENT SELECTION |
| <input type="radio"/> AUDITORY (RE) HABILITATION | | <input type="radio"/> HEARING INSTRUMENT DISPENSING |
| <input type="radio"/> COCHLEAR IMPLANT | | <input type="radio"/> INDUSTRIAL AUDIOLOGY |
| <input type="radio"/> AUDITORY PROCESSING EVALUATION | | <input type="radio"/> OTOACOUSTIC EMISSIONS |
| <input type="radio"/> AUDITORY PROCESSING MANAGEMENT | | <input type="radio"/> TINNITUS EVALUATION |
| <input type="radio"/> ECOG | | <input type="radio"/> TINNITUS RETRAINING THERAPY |
| <input type="radio"/> EDUCATIONAL AUDIOLOGY | | <input type="radio"/> RECREATIONAL AUDIOLOGY |
| <input type="radio"/> ENG/VESTIBULAR EVALUATION | | <input type="radio"/> VESTIBULAR REHABILITATION |

OTHER SERVICES: _____

EXTERN DUTIES: _____

START DATE: _____ **DURATION OF EXPERIENCE:** _____

NUMBER OF POSITIONS AVAILABLE: _____ **STIPEND AVAILABLE:** _____

APPLICATION PROCESS: _____

SPECIAL REQUIREMENTS: (For example: Do you require the student have experience in specific areas before applying.) _____

RESTRICTED OR OPEN APPLICATIONS: _____

IF AVAILABLE: NAMES OF PREVIOUS EXTERNS AND CONTACT INFORMATION

NAME: _____

CONTACT INFORMATION:

PHONE: _____ **CELL PHONE:** _____ **E-MAIL:** _____

PREFERRED METHOD OF CONTACT: **PHONE** **CELL PHONE** **E-MAIL:**

NAME: _____

CONTACT INFORMATION:

PHONE: _____ **CELL PHONE:** _____ **E-MAIL:** _____

PREFERRED METHOD OF CONTACT: **PHONE** **CELL PHONE** **E-MAIL:**

NAME: _____

CONTACT INFORMATION:

PHONE: _____ **CELL PHONE:** _____ **E-MAIL:** _____

PREFERRED METHOD OF CONTACT: **PHONE** **CELL PHONE** **E-MAIL:**

RETURN PRECEPTOR/PRACTICE INFORMATION TO:

Erin L. Miller, Au.D.
Neuro-Communication Services, Inc.
755 Boardman-Canfield Road, BLdg. C-1
Youngstown, Ohio 44512
FAX: 330.726.8612
OR E-MAIL TO: oaa@ohio-academy-of-audiology.org

**The above information will be listed on the Official website of the Ohio
Academy of Audiology
www.ohio-academy-of-audiology.org**

Membership in the Ohio Academy of Audiology is not required to participate in this program.