

Why should you provide Audiologic Rehabilitation?

- Better patient outcomes
- Develop better rapport with your patients
- More positive patient referrals
- Your patients can learn better communication strategies
- Improved patient quality of life
- Patient self-empowerment
- Educate patients and professionals about the difference between "ears" and "hearing" and "listening"
- Reduce your hearing aid return rate



**Academy of Rehabilitative
Audiology**

PO Box 86

Fontana Dam, NC 28733

Fax: 888-552-7441

**Academy of Rehabilitative
Audiology**

www.audrehab.org



***Audiology's Best
Kept Secret***

The purpose of the Academy of Rehabilitative Audiology is to promote excellence in hearing care through the provision of rehabilitative and habilitative services.

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Why Join ARA?

- Share the company of those who are passionate about audiologic rehabilitation.
- Access our international journal, **The Journal of the Academy of Rehabilitative Audiology (JARA)**.
- Download AR tools and tips from our journal, website and newsletter.
- Learn the latest about best practices in AR by attending the annual conference and receiving the newsletter.
- Receive the ARA directory.
- Help create a fair reimbursement schedule for professionals providing AR.
- Students can apply for the Herbert J. Oyer research scholarship.

Membership Categories

Regular Member: Members hold a graduate degree in audiology, speech-language pathology, education of persons who are hearing impaired, or a related discipline and have two years of post-degree involvement in habilitation, rehabilitation, or education of persons who are hearing impaired.

Associate Member: Associate Members may have the appropriate graduate degree with less than two years post-degree involvement in audiologic rehabilitation; or associate members may also be those whose professional work is in a related field.

Student Membership: Student Members will be students enrolled at least half time in a program leading to a degree in audiology, speech-language pathology, or education of persons who are hearing impaired.

For student membership:

I verify applicant is in good standing and enrolled at least 1/2 time in a degree program.

Signature of Program Director

Institution

Name: _____

Mailing Address: _____

Phone: _____

FAX: _____

Email: _____

Highest Academic Degree: _____

Year Conferred: _____

Primary Specialty:

- Audiology
- Speech-Language Pathology
- Deaf Education
- Other _____

Membership Category:

Regular (\$55.00 /year)

Associate (\$40.00/year)

Student (\$20.00/year)

Make checks payable to ARA and mail to:

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Join ARA by mail or online
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