

The Children's Hearing Institute Educational Outreach Program

Audiology 101 A Hands-On Workshop

Basic audiology for
Speech Language
Pathologists,
Auditory Verbal Therapists,
Teachers of the Deaf
& Administrators

CONFERENCE LOCATION:

The Ear Institute
380 Second Avenue – 9th Fl.
Corner of 22nd Street
New York, NY

CONFERENCE PRESENTERS:

Reva Batheja, MA, CCC/A
Supervisor, Pediatric Hearing Aid Center
New York Eye & Ear Infirmary

Mary Baumont, MS
Educational Specialist
New York Eye & Ear Infirmary

Sandra Delapenha, MA, CCC/A
Supervisor, Clinical Audiology
New York Eye & Ear Infirmary

Brittany Dhiman, MSW, LMSW
Social Worker
New York Eye & Ear Infirmary

Megan Kuhlmeier, MA, CCC/A
Supervisor, Cochlear Implant Center
New York Eye & Ear Infirmary

Audrey Morrison, AuD, CCC/A
Clinical Audiologist
New York Eye & Ear Infirmary

Katelyn Stoehr, MS, CCC/A
Hearing Aid Audiologist
New York Eye & Ear Infirmary

Elizabeth Ying, MA, CCC/SLP
Director, Hearing Habilitation
New York Eye & Ear Infirmary



Continuum Health Partners, Inc.



About the Program:

This workshop is designed to provide clinicians working with children with hearing loss with the basic audiological information they need to perform their jobs. A segment will also include Center Care for registrants to familiarize themselves with the needs of families with hearing impaired children.

Target Audience:

This conference is recommended for Speech Language Pathologists, Auditory Verbal Therapists, Teachers of the Deaf, Mainstream Teachers, Service Coordinators and Administrators

Learning Outcomes:

Participants will be able to:

- Interpret audiograms and use the information to plan rehabilitation.
- Recognize the need for hearing aids, FM systems and cochlear implants.
- Implement basic troubleshooting of equipment.
- Learn to actively engage patients in the management process.

Audiology 101 Hands-On Workshop

**** This hands-on workshop is LIMITED to only 10 participants. To accommodate all registrants we are offering the same course on several different dates. **Course Dates are listed on the Registration Form.**

8:45am	REGISTRATION & BREAKFAST
9:00am	Understanding Hearing Loss
9:45am	Types of Hearing Tests
10:30am	BREAK
10:45am	Hearing Aids – How do they work?
11:30am	FM Systems – Who needs them?
12:00pm	LUNCH
1:00pm	Cochlear Implants – What are they?
2:00pm	Family Centered Care for the Hearing Impaired Child
2:45pm	Questions & Answers
3:00pm	CONCLUSION

Funding for this conference provided by The Children's Hearing Institute



The Children's Hearing Institute is approved by the Continuing Education Board of the American Speech-Language-Hearing Association (ASHA) to provide continuing education activities in speech-language pathology and audiology. **See course information for number of ASHA CEUs, instructional level and content area.** ASHA CE Provider approval does not imply endorsement of course content, specific products or clinical procedures.

This course is offered for a total of .5 CEU's (Beginner Level, Professional Level).



The Children's Hearing Institute is approved by the Continuing Education Board of the American Academy of Audiology (AAA) to offer continuing education programs in audiology. This program is offered for a total of .5 CEU's (beginner level; professional area). AAA Continuing Education Provider approval does not imply endorsement of course content, specific products or clinical procedures.

Registration Form

REGISTER ONLINE at
www.childrenshearing.org

___ I enclose a check made payable to
The Children's Hearing Institute.
___ Please charge my credit card. Circle one:
VISA/MASTERCARD/AMERICAN EXPRESS
___ PO coming from _____
School District/Program.

Card Number: _____

Expiration Date: _____

Authorizing Signature: _____

Registration Fee: \$110.00

**** Each Course limited to 10 participants.
Please select an alternate date in case your
preferred date is sold out. Thank you.**

	1st Choice	2nd Choice
March 12th	<input type="checkbox"/>	<input type="checkbox"/>
June 11th	<input type="checkbox"/>	<input type="checkbox"/>
September 17th	<input type="checkbox"/>	<input type="checkbox"/>
December 10th	<input type="checkbox"/>	<input type="checkbox"/>

Name _____

Address _____

City _____

State _____

Zip _____

Phone number with area code _____

E-mail Address _____

Work Affiliation _____

**Mail to: The Children's Hearing Institute
380 Second Avenue – 9th Floor
New York, NY 10010**

**Info: Melissa Willis
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