KSHA Student Application

Member Information

Name: ___________________________________________ Credentials: ____________

Address: _________________________________________________________________
_______________________________________________________________________

City: __________________________ State: ___________ Zip: ______________________

work #: __________________________ cell #: _____________________________

email: _________________________________________________________________

☐ Please remove me from the KSHA Listserv.

☐ Check here if you want your information omitted from labels sold for CEU offerings and profession-related opportunities.

County: _______________________________________________________________

Employer: ______________________________________________________________

Position: ______________________________________________________________

KY License (check all that apply):
☐ SLP ☐ AUD ☐ Dual (AUD/SLP) ☐ SLP Assistant ☐ Interim SLP
☐ Interim SLPA ☐ Interim AUD ☐ Hearing Instrument Specialist

Highest Degree Earned: ☐ Bachelor ☐ Master ☐ Doctoral

Memberships and Certifications

☐ ASHA Member ☐ CCC-AUD ☐ CCC-SLP ☐ CCC-AUD & CCC-SLP
☐ NSLHA ☐ NAFDA ☐ CFY SLP ☐ CFY AUD
☐ SLP with KY teacher certification ☐ SLPA with KY teacher certification
☐ Teacher certification in other states ________________________________

Work Setting

☐ School ☐ Private Practice
☐ Preschool ☐ Long-Term Care
☐ University/College ☐ ENT/Medical Practice
☐ Hospital/Rehab ☐ Retired
☐ Federal or State Agency ☐ Other ________________________________

Student Information

Student Membership – FREE

To qualify, individual must be currently enrolled full-time in SLP or AUD degree program. May not vote, hold office or chair committees. Membership Application Required.

Graduation Date: _________________ ☐ SLP ☐ AUD

University: ______________________________________________________________

Signature of Program Director or faculty member ________________________________

☐ If still available, please send me a KSHA t-shirt.

T-shirt size: ☐ small ☐ medium ☐ large ☐ extra large

Mail or Fax Application

KSHA Office
838 East High Street, Suite 263
Lexington, KY 40502
FAX: 888-729-3489
EMAIL: kshaoffice@ksha.info

Want to Get Involved?

Serving on a committee is a great way to show your support!

☐ Convention ☐ Newsletter
☐ Public Schools ☐ Scholarships
☐ KY Governmental Affairs ☐ Membership/ Promotions

Ages Served

☐ Newborn ☐ Adult
☐ Preschool ☐ Geriatric
☐ School Age ☐ All Ages

Kentucky Speech-Language-Hearing Association
Professional Development | Advocacy | Collaboration | Education
838 East High Street, Suite 263, Lexington, KY 40502
Website: www.ksha.info • Email: kshaoffice@ksha.info • Phone: 800-837-2446