



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
 NSSLHA SAA 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