**University of South Florida**

**Audiology Clinical Site Data**

Date Completed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Clinical Site Name: | Click here to enter text. |
| Address | Click here to enter text. |
|  | Click here to enter text. |
| Contact Information: | Click here to enter text. |
| Name | Click here to enter text. |
| Telephone Number | Click here to enter text. |
| e-mail address | Click here to enter text. |
| Site Website | Click here to enter text. |
| Any additional contact information | Click here to enter text. |

1. Please select the type of facility.

[ ] Hospital

[ ] Private Practice

[ ] ENT Practice

[ ] Community Clinic

[ ] School

[ ] Other Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What is the approximate distance of your facility to the University of South Florida, Tampa Campus?

[ ] 1-10 miles

[ ] 11-20 miles

[ ] 21-30 miles

[ ] 31-40 miles

[ ] 41-50 miles

[ ] More than 50 miles Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please answer the following in regard to the Audiologists

|  |  |
| --- | --- |
| Number of Audiologists? | Click here to enter text. |
| Are all audiologists State licensed? | Click here to enter text. |
| Do any hold AAA ABA? | Click here to enter text. |
| If yes, how many: |  |
| Do any hold ASHA CCC-A? | Click here to enter text. |
| If yes, how many? |  |

1. Please provide an estimate of the number of patients you see on a weekly basis in each category below.

|  |
| --- |
| **AUDITORY DISORDERS** |
|  | Children | Adults | Total |
| Prevention & Identification |  |  |  |
| Evaluation |  |  |  |
| Treatment |  |  |  |
| **VESTIBULAR DISORDERS** |
|  | Children | Adults | Total |
| Prevention & Identification |  |  |  |
| Evaluation |  |  |  |
| Treatment |  |  |  |
| **Specialty Services (Please Specify What Services/Population).** |
|  | Children | Adults | Total |
| Prevention & Identification |  |  |  |
| Evaluation |  |  |  |
| Treatment |  |  |  |

1. What is the age range of each population that you see (if you do not see both adults and children, leave blank

|  |  |
| --- | --- |
| Adults |  |
| Children |  |

1. Is your population culturally diverse? If yes, please provide a very brief description.

7. If there is any additional information you wish to provide, please do so.