

Practitioner/Facility Registration Form
Virginia Department of Health
Provision of Diagnostic Audiological Assessment for Infants and Young Children

Facility Information:

Name:
Address:

What phone number should families call to schedule an appointment?

Fax:

Equipment*: Booth Audiometer Immittance ABR AC ABR BC
 DPOAE TEOAE VRA ASSR

Do you perform sedated ABR in your office? Or at another location? _____
(Name of location)

Are you willing to schedule just a screening for newborns born outside a hospital (i.e. home births)? Yes No

*Please attach list of equipment, with approximate date of purchase and date of calibration.

Audiologist Information: Each approved site is required to identify one audiologist to serve as the primary contact.

Primary Audiologist: _____ License: _____

Certifications:

Phone: _____ E-mail: _____

Please check the boxes that are applicable to your facility.

Has Liability Insurance Has Malpractice Insurance Technicians administer follow-up testing or screening

Other Audiologists practicing at this location who see pediatric patients:

<u>Name</u>	<u>Certifications</u>	<u>License Number</u>
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If a facility has more than one location, each location will need to be registered independently.

Referral Information:

Does this facility accept Medicaid? Yes No

Please check the Medicaid Managed Care Organization(s) in which you participate:

VA Premier Health? Amerigroup? Optima?
 Anthem? CareNet?

Please check which languages are spoken in your office.

Spanish ASL Other _____

Verified by: _____ Date: _____

TO COMPLETE THE APPROVAL PROCESS, PLEASE REVIEW AND INITIAL EACH OF THE FOLLOWING TERMS AND CONDITIONS OF BEING AN APPROVED SITE.

- _____ 1. Every time a child (born after 7/1/2000) is seen in the office, a follow-up report including test results, diagnosis and recommendations, will be sent to the Virginia Department of Health (VDH) within two weeks of the patient's visit.
- _____ 2. Provide the screening or evaluation results to the parent at the time of the visit and to the child's primary medical care provider.
- _____ 3. Offer referral to early intervention or education programs.
- _____ 4. Give resource information to the parent of any child found to have a hearing loss, including, but not limited to, the degrees and effects of hearing loss, communication options, the importance of medical follow-up, and agencies and organizations that provide services to children with hearing loss and their families.
- _____ 5. Primary audiologist agrees to educate other audiologists and office staff of the overall purpose and reporting requirements of the Virginia Early Hearing Detection and Intervention Program at VDH.
- _____ 6. Audiology facility agrees to notify VDH of any change of contact information, equipment usage, or practitioner information.
- _____ 7. Audiology facility agrees to follow the diagnostic protocols disseminated by VDH. These protocols can be viewed at <http://www.vahealth.org/hearing/Audiologicprotocolfinal904.pdf>.

I have read and agree to follow the Virginia Department of Health's protocols for the provision of diagnostic audiological assessment. I understand that failure to comply with the above terms and conditions or founded complaints reported to the Virginia Department of Health may be a reason for my removal from the approved list.

Signature: _____ Date: _____

Return to: Virginia Early Hearing Detection and Intervention Program
Virginia Department of Health
109 Governor St., 8th Floor
Richmond, VA 23219

Fax: (804) 864-7721

Alternate Fax: (804) 864-7722

