



Mail this form with payment to:
American Tinnitus Association
 P.O. Box 424049
 Washington, DC 20042-4049

Professional Provider Membership Application – Annual Dues: \$75 US/\$95 Outside US

Areas with Red Asterisk * - Required

Renewal of Existing Membership? (Y / N) Member ID Number: _____
First Name: _____ **MI:** _____ **Last name:** _____
***Degree (i.e. AuD, PhD, MD)** _____ ***Credentials (i.e. CH-TM, CCC-A, HIS):** _____
***Job Title:** _____
***Employer/Practice:** _____
Practice Address: _____
City: _____ **State:** _____ **Zip Code:** _____ **Country: (Other than U.S.)** _____
E-mail Address: _____ **Website:** _____
Work Phone: _____

Tinnitus Treatment Information

On average, how many patients with a primary complaint of bothersome tinnitus do you evaluate per month?
 Less than 1 1 to 2 3 to 9 More than 10

On average, how many patients with a primary complaint of bothersome or intrusive tinnitus do you provide counseling and/or extensive (> 30 minutes) counseling?
 Less than 1 1 to 2 3 to 9 More than 10

On average, how many patients per month are you seeing for ongoing tinnitus treatment? (e.g., Tinnitus Retraining Therapy, Neuromonics, Progressive Tinnitus Management, cognitive behavioral therapy, etc.)
 Less than 1 1 to 2 3 to 9 More than 10

Tinnitus Training Information

Please indicate which training/educational courses you have attended:

	Training	Location	Date
	Tinnitus Retraining Therapy (TRT)		
	Progressive Tinnitus Management (PTM)		
	Neuromonics Tinnitus Treatment (NTT)		
	Levo		
	Desyncra		
	Tinnitus Activities Treatment		
	Amer. Board of Audiology (ABA) Tinnitus Certificate		
	Graduate Level Coursework		
	Books		
	On-line program for _____		
	Tinnitus Practitioner Association (TPA) training course		
	Cognitive Behavior Therapy (CBT)		
	Continuing Education – Tinnitus		

Payment made by: Credit Card Check (Payable to "American Tinnitus Association")

Credit Card Type: MasterCard Visa American Express Discover

Credit Card Number: _____ **Expiration Date:** ____/____ **CVC Code:** _____

Signature: _____

Thank you for your support of the American Tinnitus Association!