



SAA Chapter Application

Student Academy of Audiology (SAA) chapters are affiliated with the Student Academy of Audiology (SAA), the national student organization of the American Academy of Audiology.

- Mission – SAA serves as a collective voice for students and advances the rights, interests, and welfare of students pursuing careers in audiology and related disciplines. SAA introduces students to lifelong involvement in activities that promote the audiology profession, and that provide services, information, education, representation, and advocacy for the profession and to consumers of audiology services.
- Vision – To be essential in the lives of audiology students by equipping them with the knowledge to begin a patient-centered career that promotes the profession and advances research in audiology.

SAA Chapter Application - Instructions:

Complete the SAA Chapter Application (next two pages):

- All information must be completed for your SAA chapter application to be processed.
- Keep copies for your records.
- Type or print all information legibly.

Submit the following information:

- ___ Completed chapter information [Page 1 of application]
- ___ Completed faculty advisor information [Page 2 of application]
- ___ Copy of your chapter bylaws

Mail or fax all items to:

- Mailing Address: Student Academy of Audiology
c/o American Academy of Audiology
11480 Commerce Park Drive, Suite 220
Reston, VA 20191
- Fax Number: 703-790-8631

Questions?

- Contact: Rachael Sifuentes, Director of Membership and SAA
rsifuentes@audiology.org

SAA Chapter Application: Page 1 - Chapter Information

We request that _____
[insert university name] Chapter of SAA be approved and chartered as an affiliated chapter of the Student Academy of Audiology and that the attached chapter bylaws be approved.

Complete the following items:

1. As required by national SAA, the chapter has been approved by:

[Insert name of specific university office granting approval to operate on campus.]

Signature of Presiding Chapter Officer*
*(President or Acting President)

Date

➤ **Presiding Chapter Officer must be a member of national SAA**



Complete the following information – type or print legibly:

Presiding chapter officer’s name: _____

Presiding chapter officer’s national SAA Academy ID: _____

Presiding chapter officer’s anticipated month and year of graduation: _____

Presiding chapter officer’s email address: _____

Presiding chapter officer’s phone number (with area code): (____) ____ – _____

University’s name: _____

Department’s name: _____

Your chapter’s mailing address: _____

SAA Chapter Application: Page 2 - Faculty Advisor Information

I attest as the faculty advisor for the _____
[insert university name] Chapter of SAA that the chapter information provided on Page 1 of this application is true and accurate to the best of my knowledge.

I further acknowledge and accept the following responsibilities as faculty advisor:

- 1) Adhere to faculty advisor responsibilities established by the university.
- 2) Ensure planned SAA chapter activities do not violate federal, state, and local laws, or university regulations or policies.
- 3) Attend SAA chapter board meetings and other SAA chapter activities, as appropriate.
- 4) Provide periodic reports, as needed/required, to the SAA Advisory Committee of the American Academy of Audiology.
- 5) Advise and mentor the SAA chapter president.

Faculty Advisor's Signature

Date

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Complete the following information – type or print legibly:

Faculty advisor's name and degree: _____

Faculty advisor's title: _____

Faculty advisor's email address: _____

Faculty advisor's phone number (with area code): (___ ___) ___ ___ – ___ ___

University's name: _____

Department's name: _____

Mailing address: _____

