Introducing **Oticon Intiga**¹
– a new invisible custom solution

**Intiga**¹ is a small, custom-made solution for patients wanting the ultimate in discretion with the audiological advantages of the Intiga family.

**Immediate Acceptance.**
**Immediate Benefits.**

**Intiga** appeals to first-time users looking for a solution that combines design and the most advanced performance.

For more information about Oticon Intiga, call your Oticon representative at 1.800.526.3921 or visit us online at www.oticonusa.com.
Over the years the relationship between the International Hearing Society (IHS) and the National Board for Certification in Hearing Instrument Sciences (NBC-HIS) has evolved from a single entity to two neighboring organizations with a common goal: elevating the standards for hearing aid dispensing professionals.

Government officials, elected or appointed, can have a significant role in developing, influencing, and implementing local, state, provincial, and federal policy that affect nearly every aspect of the hearing aid practice. Some of the areas they effect involve marketing, insurance, taxation, labor/employment laws, licensing laws and rules, and consumer concerns, to name a few.

Expensive dinners or designer doughnuts are not necessary to persuade doctors to look at your information but a consistent, door-to-door plan is. It will involve, quite possibly, taking a step out of your comfort zone but the face-to-face visit will begin to warm the hearts of the gate-keepers, more so than the most tech-savvy email or colorful tri-fold brochure sent in a lonely envelope ever could.

“I worked in homes, we became friends with our clients—sometimes even seeming like family. About two years later, I moved to Pensacola, Florida to attend Seminary and manage Miracle-Ear Centers in Pensacola, Fort Walton Beach, and Destin. Miracle-Ear’s modus operandi at the time was to utilize your sphere of influence. Business was generated by word of mouth as no advertising was done.”

IHS webinars typically last for one hour and you can register up until the webinar begins. After the webinar presentation, attendees have a chance to submit questions for 10-15 minutes of focused Q and A. Quizzes are made available for webinar attendees to take and return to IHS. Those passing with at least 70% and paying the $29 fee ($59 for non-IHS members) receive 1 CE credit.
With so many changes and uncertainty within the industry, I find myself thinking a lot about what the future holds and what our profession will look like in 20 years. Will the scope of practice for hearing aid specialists change? What alternative delivery methods for hearing aids will be adopted by consumers? And, will there be enough hearing healthcare professionals to fulfill the rapidly increasing population of hearing impaired? These are some of the questions I think about as your President and subsequently what keeps me motivated to help protect our scope of practice and support new professionals entering the field.

I know these questions, along with many more, are also on the mind of your forward-thinking staff and Board of Governors and in fact were the topics of discussion during the recent Board meeting. We spent a lot of time talking about our efforts to protect the profession – and the consumer – against illegal Internet and direct-to-consumer sales, as well as how we can help bring more professionals into the field while raising the bar to ensure the highest educational standards for hearing aid specialists. These continue to be top priorities for IHS.

In the last issue of *THP* you saw firsthand some of the outcomes of our efforts with our timeline of activities related to direct-to-consumer sales, a position statement on the same topic, and joint statement with the allied groups. In this issue, you can further see our continued momentum and commitment with the introduction of three new position statements on pages 16-17, which not only affect us as professionals but also affect the future of the profession. Our government affairs activities have never been more proactive and will continue to drive us forward.

If you are like me and have been in the business for several years, you know we have had our share of ups and downs. We are an incredibly well-educated, specially-trained, licensed group of professionals and it is our job to not only protect the profession but also do our part to grow it. I encourage each of you to continue supporting your Society through donations to the Advocacy Alliance fund so we can keep the momentum going and also ask you to look for opportunities to educate others on the countless rewards this profession can offer. It is up to all of us to keep the profession thriving so we can continue to improve the lives of the hearing impaired community we serve.

Sincerely,

Alan Lowell, BC-HIS, ACA
Individual Donation Form

The International Hearing Society provides essential advocacy functions on issues of critical importance to our members by engaging with Members of Congress, federal agencies and workgroups, and state elected officials. These activities are funded *solely* through the generosity of our members and organizational partners. By making a contribution to IHS’ advocacy efforts, you are making a tangible difference in the strength of our programs, which, in turn, go to work for you and the future of your practice.

**Critical activities for the International Hearing Society and its members include:**

- Working towards solutions on internet/mail order hearing aid sales
- Engaging at the federal level, including on the Hearing Tax Credit Act
- Defending state scope of practice and licensure issues, and against advertising restrictions
- Advocating on private and public payer issues

*Please contribute today by making a one-time donation, or becoming a member of our Monthly Donor Club* by authorizing continuous monthly payments.

**Donor Information**

Name (First, Middle, Last) ________________________________

Preferred Address (City, ST, Zip): ________________________

Email (print clearly) ________________________________ Fax No. ____________________

**Contribution Amount Payable**

To contribute, check the box that indicates your level of support:

- [$5000] Leadership Circle*
- [$1000] President’s Circle
- [$500] Governor’s Circle
- [$250] Capital Club
- [$100] Statesman’s Society
- [Other] $ ____________________

Please check one of the following:

- [ ] One-time donation
- [ ] Donor Club/Monthly donation* (you authorize your credit card to be charged the amount indicated monthly until you indicate otherwise; $20/mo. minimum)

*Receive additional recognition and special gift

**Payment Method:**

- [ ] Check [ ] Cash [ ] Credit Card

*Please make checks payable to “International Hearing Society”.

If you wish to pay with a credit card, please provide the following information:

- [ ] Visa [ ] Master Card [ ] Discover [ ] American Express

**Cardholder Information**

Name on Card: ________________________________

Card Number: ________________________________

Expiration Date: ________________________________

---

Please return completed forms via mail, e-mail, or fax to:
International Hearing Society
16880 Middlebelt Rd, Ste. 4
Livonia, MI 48145
Email: rfrancis@ihssinfo.org | Facsimile: 734.522.0200
From the Executive Director

Dear Members,

When an acquaintance asks me to explain what a hearing aid specialist does, I kick right in to business mode and my passion takes over. I am so proud to describe this unique profession! I begin by describing the unique attributes of hearing aid specialists: “…these are well-rounded individuals who possess a desire to help others in a healthcare role AND they are intelligent business owners…” Both the left and right side of the brain are working in equilibrium. I go on to describe the current marketplace, the role of our Audiologist and ENT colleagues, as well as various business models. I always end the conversation by saying, “…if I had known about this profession when I was in graduate school pursuing my MBA I surely would have developed a business case on entering this field as a part of my capstone – my thesis paper and project.” It’s true this profession is a hidden gem, not that there aren’t challenges, but there are numerous opportunities for incredible rewards. Awareness of these opportunities is crucial to helping bring more Hearing Aid Specialists to the market.

In addition to making the opportunities known to help grow the profession, equally important is advocating for the profession to protect it for future generations. The more I work with Audiologists, I am quite impressed to learn that their curriculum often includes a course on how to be advocates for the profession. It reminds me that as your Society it is our job to provide you with the tools to do the same. As IHS continues to develop in to the “New” IHS, it is our role as a staff to service our members and make sure that we are providing information, knowledge and tools that allow you to continue to set yourselves apart from others in the field and shine as the true professionals you are.

This issue of THP is full of such kernels – demonstrating the importance of gaining supporters within your local legislators and with the physicians that service your current (and potentially new) clients. By taking these steps you are gaining respect from important leaders in your community, solidifying your place as a significant healthcare specialist, and ultimately elevating the image of Hearing Aid Specialists. Perhaps you never thought of doing this before, but I encourage you to be proud of your accomplishments and be comfortable sharing them. Just think about all of the patients you have helped during your career – you are a life changer.

Sincerely,

Kathleen Mennillo, MBA

As a Hearing Aid Specialist, you have likely become an expert at communicating with your patients and their family members. Now it’s time to take those honed skills on the road to meet with local leaders and physicians. Be proud of what you do and how well you do it.
IHS and NBC-HIS: 
Two Organizations Working to Strengthen the Profession

While these two organizations are independent companies, with separate governing bodies, executive directors, staff, and their own Code of Ethics, the symbiotic relationship between the two supports thousands of hearing healthcare professionals worldwide.

Over the years the relationship between the International Hearing Society (IHS) and the National Board for Certification in Hearing Instrument Sciences (NBC-HIS) has evolved from a single entity to two neighboring organizations with a common goal: elevating the standards for hearing aid dispensing professionals. While these two organizations are independent companies, with separate governing bodies, executive directors, staff, and their own Codes of Ethics, the symbiotic relationship between the two supports thousands of hearing healthcare professionals worldwide. In fact, the connection is so prominent that many IHS members and NBC certificants – as well as many professionals not in either category – are not even aware the two groups separated several years ago.

Let’s take a closer look at some of the important milestones that brought these two powerhouse organizations to where they are today.

A Need for Certification
Since its inception more than sixty years ago, IHS has been committed to raising the bar in dispensing education to ensure high professional standards. This desire brought forward by a group of members of the International Hearing Aid Association (IHAA) in 1951 resulted in the creation of a separate organization, with its own Board of Directors, that would require members to meet educational standards. This new group which would eventually become IHS was called the Society of Hearing Aid Audiologists and in the beginning all members of SHAA were
required to meet certification standards. In 1954, the main focus for SHAA was the development of a National Board of Examiners and a National Board of Certification and instructional courses to help members prepare for the certification examination.

In the early 1960s another group of professionals, the Council of State Hearing Aid Associations (CSHAA), was formed and unlike SHAA, members were not required to be certified. In 1965 both organizations agreed there was not a need for competing organizations and SHAA and CSHAA were merged, becoming the National Hearing Aid Society (NHAS); IHS’ predecessor. The newly joined organization allowed for both certified and non-certified members.

With a continued focus on increasing educational standards, NHAS formed a new educational committee, the National Institute for Hearing Instrument Studies, now called the International Institute for Hearing Instrument Studies (IIHIS), to oversee the Society’s educational programs and provide for the accreditation of educational programs. The Institute was responsible for approving programs that qualified for continuing education credits based on specific criteria; a tremendous responsibility the group still holds today.

Key Dates for IHS and NBC-HIS:

- **1948** - The International Hearing Aid Association (IHAA) was formed.
- **1951** - The Society of Hearing Aid Audiologists (SHAA) was formed as a separate body open exclusively to dispensers who met certification standards.
- **1954** - IHAA was officially dissolved
- **1963** - Council of State Hearing Aid Association (CSHAA) was formed. Members of CSHAA were not required to be certified.
- **1965** - SHAA and CSHAA were merged into one organization and the newly united group was called the National Hearing Aid Society (NHAS). All SHAA members and CSHAA members were made members of the newly formed NHAS.
- **1980** - NHAS voted seed money to develop and independent certification program and the National Board for Certification in Hearing Instrument Sciences (NBC-HIS) was formed.
- **1982** - First national competency exam was given to 174 candidates.
- **1991** - NHAS changes its name to the International Hearing Society (IHS).
- **1996** - IHS bylaws modified to make certification for all full-voting members to begin in 2000.
- **2000** - IHS and NBC-HIS separate into two organizations.

In 1980 NHAS voted to provide seed money to develop an independent certification program. The National Board for Certification in Hearing Instrument Sciences (NBC-HIS) was formed as a department of NHAS and a standardized test for measuring competency of hearing aid dispensing professionals was established. 174 candidates took the first exam in 1982. In the years following, NHAS began promoting BC-HIS as the “gold standard” to its members and began lobbying to get individual states and provinces to accept it as a licensure standard. Individuals who passed the NBC-HIS National Competency Examination were granted Board Certified Hearing Instrument Specialist (BC-HIS) status.

**A Mutual Split**

In 1996 at the 45th annual convention, the members voted for a change in the IHS bylaws that would require all full-voting members to be certified within one year of becoming a member. The bylaws were modified and the change was scheduled to go into effect beginning January 1, 2000. This new model however created some concerns and after much consideration, it was decided that a separation of IHS and its certification department would be beneficial. NBC-HIS was officially formed as a separate entity.

As NBC-HIS began to build their infrastructure, which included hiring
two organizations working ... cont’d.

an executive director and appointing board members, the two groups worked hand-in-hand to ensure a smooth transition. IHS agreed to continue promoting BC-HIS to its members and NBC-HIS supported IHS with regular donations to the IHS Advocacy Alliance fund. Since their split in 2000, IHS has remained the accrediting body for continuing education credits for NBC-HIS certification and the IHS Distance Learning for Professionals in Hearing Health Sciences is recommended by NBC-HIS as a study guide for certification. Likewise, NBC-HIS continues to support IHS through donations to the Advocacy Alliance fund. At the 61st IHS Annual Convention & Expo in Boston, Massachusetts where NBC-HIS celebrated their 30th anniversary, they pledged $30,000 to the fund.

Understanding Who Does What

Both IHS and NBC-HIS play very important roles in setting educational standards for hearing aid dispensing professionals however the roles they play are very different. Today, IHS remains a professional membership organization focused on professional development and supporting hearing healthcare professionals. IHS develops and manages programs in competency accreditation, education and training and continues to encourage BC-HIS certification for its members.

IHS is an accrediting body for continuing education programs for practitioners and with input from IHS’ educational committee, the International Institute for Hearing Instruments Studies (IIHIS), is responsible for ensuring that only programs which are in compliance with IHS standards are approved for credit. IHS also maintains continuing education records for every hearing healthcare professional that receives IHS-approved credit and produces certificates that are accepted in nearly all of the states and provinces mandating continuing education as a requirement for license renewal.

IHS works directly with hundreds of education providers who must submit an application for course approval at least 30 days prior to the first course offering.

IHS is also responsible for providing the International Licensing Exam (ILE) for Hearing Aid Specialists. The ILE is used to measure candidate competency and is required to enter the field of hearing aid dispensing in 39 states and 4 Canadian provinces. On average nearly 1,000 exams are administered annually.

As a Society, IHS’ scope goes well beyond education. Supporting members, protecting the profession, and promoting healthy hearing is the focus of everything we do. IHS does this in a variety of ways including:

- The Hearing Professional quarterly magazine
- SoundBoard e-newsletter
- Annual Convention & Expo
- Complimentary Webinars
- Collaboration with the allied associations
- High-level communications with manufacturers
- Federal and state legislative support including real-time bill tracking

©2007 Better Hearing Institute

You can’t win at life when you start losing your hearing. People who solve their hearing problems re-connect with those they love and bring back the joy to their relationships. So get your ears tested in case they need a little help. Go see a hearing health professional to find out the options available to help you live life to the fullest.

For a free “Guide to Better Hearing” and other help call or visit betterhearing.org 1-800-EARWELL

Give yourself the best ears of your life.
To learn more about these organizations and their roles in the professional development of hearing aid specialists contact the following:

The International Hearing Society  
16880 Middlebelt Rd., Ste. 4  
Livonia, MI 48154  
734.522.7200  
www.ihsinfo.org

National Board for Certification in Hearing Instrument Sciences  
33966 W. 8 Mile Road, Suite 101  
Farmington Hills, MI 48335  
734-522-2900  
www.nbc-his.com

• IHS Action Center  
• Creation of policy statements  
• Supporting the network of state associations and licensing boards  
• Hearing Aid Helpline for consumers  
• Advocating against illegal direct-to-consumer sales of hearing aids  
• Initiatives to bring individuals into the profession  
• Relationships with research and consumer groups

NBC-HIS is an independent, nonprofit, credentialing organization, established to promote continuing competency assurance of hearing health professionals and to provide a standard of excellence in hearing healthcare. It is the only board certification program in the hearing healthcare industry accredited by the National Commission for Certifying Agencies (NCCA). The achievement of board certification represents the initiative to excel beyond the normal requirements for operating a hearing instrument dispensing practice. The designation, BC-HIS (Board Certified in Hearing Instrument Sciences), distinguishes the Board Certificant’s outstanding skills and professional expertise needed for completion of the National Competency Exam.

The certification process for hearing health professionals consists of a psychometric exam developed by the NBC-HIS Exam Committee. Compiled by a professional testing service, each exam is reviewed and revised on a regular basis by a team of trained individuals from the hearing health profession. This advanced exam is based on practical knowledge of dispensing and decision-making capability designed to test the knowledge and skill levels required to excel as a hearing health professional in the industry.

Exam candidates must meet a minimum of two (2) years of full-time dispensing experience within the last five (5) years, have a current State/Provincial Dispensing License or Certificate of Registration (where applicable), or a diploma from the Grant MacEwan Hearing Aid Practitioner Program to be eligible to take the National Competency Exam (NCE). Once a candidate completes the exam – with a passing grade – they are able to use the BC-HIS designation.

NBC-HIS certificants are required to recertify their credentials every three years. At the time of recertification, NBC-HIS contacts IHS to obtain certificant continuing education records to ensure they have met the required twenty-four (24) hours of CE credits. Then, NBC-HIS provides the certificant with their statement and the instructions necessary to complete the recertification process. Individuals wishing to recertify must comply with NBC-HIS’ recertification requirements including meeting the required IHS-approved credits.

In today’s ever-changing marketplace, where hearing aid specialists continue to be challenged on the topic of education, these two organizations firmly stand behind the professionalism and competency of the profession. While the groups no longer share the same address – or even the same building as of 2011 – there is regular communication between staff and volunteer leaders. NBC-HIS often offers the exam, and study courses alongside IHS chapter events.
Engaging with Elected Officials: At Your Office

What does it mean to you to invite a government official to your office? A tremendous opportunity! Over the next several issues of The Hearing Professional, we will be sharing with you some ways to increase your impact and influence on the laws and lawmakers that affect your ability to do business. This first installment focuses on site visits and best practices for hosting elected officials at your place of business. We welcome your feedback and suggestions, and hope the series will help you identify simple, yet effective, ways in which you can become more involved in advocacy.

Government officials, elected or appointed, can have a significant role in developing, influencing, and implementing local, state, provincial, and federal policy that affect nearly every aspect of the hearing aid practice. Some of the areas they effect involve marketing, insurance, taxation, labor/employment laws, licensing laws and rules, and consumer concerns, to name a few.

Given the sheer breadth of policy issues considered by these officials it is impossible for any one individual to be an expert in all the fields in which they may play a critical role. As a result, they must often rely on staff, agencies, lobbyists, organizations, and consumers for information on issues relative to a given profession.

In the case of hearing healthcare, most government officials would have about the same level of understanding as the general public relative to the prevalence and criticality of hearing health and the psychosocial, social, health, and economic implications arising from it. They may not be aware, for instance, that hearing losses vary dramatically from person to person, or that there is urgency in resolving impairments.

And, while some losses are amenable by medical treatment, in an estimated 90% of hearing loss cases, the patient could benefit from help of a hearing aid by way of a hearing aid dispensing professional. Perhaps they may not know that the hearing aid is only a part of the total package of services provided by dispensers, and that without counseling, fitting, and servicing expertise of a specialist, hearing instruments cannot adequately meet the needs of consumers.

Officials may not realize that there is an estimated 10-12% of persons in any given community who suffer from various levels of hearing impairment and deafness.
Officials may not realize that there is an estimated 10-12% of persons in any given community who suffer from various levels of hearing impairment and deafness. They also may not know that there is a huge loss to the local, state/provincial, and national economies due to unaddressed hearing loss; a large number of hearing impaired seniors are at risk of misdiagnosis/overdiagnosis of cognitive disorders; or that unmitigated hearing losses in children and youth are often neglected, bringing unnecessary cognitive developmental delays and learning disorders.

Furthermore, government officials may not be familiar with the extensive training, equipment, technologies, and resources that hearing aid specialists and other dispensing professionals offer people with hearing loss in their community. They need to know about the altruistic services that are provided to less fortunate hearing-impaired individuals through various national and international foundations, and uncountable local and state programs that provide millions of dollars of services each year through local specialists. These save government at all levels in vital services to an important segment of every community.

**Whom should I invite?**

You should consider hosting any elected or appointed officials – federal, state/provincial, or local – who hold some sway over the success of private dispensing practices, or who could gain a better understanding of what they do and what they have to offer. Invitees could include Members of Congress or their district staff who oversee health care issues (oftentimes the staff member is preferred over the Member of Congress), state legislators, Attorneys General or staff who participate in licensing and disciplinary issues, insurance agency officials, and even mayors or city council members.

By understanding the process and expertise required to properly evaluate hearing and dispense hearing aids, officials are much better able and prepared to influence policy outcomes in a more favorable way. In addition, you will position yourself as a community resource, and may even help them detect hearing loss needs of which they were not aware.

**How and, more importantly, why do I invite them?**

You may find that an event, such as the opening of a new or relocated office, introduction of new equipment, or office renovation, is a marketable reason to reintroduce the community to your business. By having an elected official attend, your event may be a bigger draw to the local press, which not only increases the business’ visibility, but provides the elected official a mention in the local paper, which is typically appreciated. Even candidates for office during an election cycle can be a newsworthy event for your practice.

By virtue of their many hats and time demands, it is best to begin by inviting elected officials early and in writing. In fact, many legislators require a written invitation be sent that includes all the details of the event before their staff is able to work with you. This enables them to review the invitation with the official, if necessary, and be prepared with a response when you make a follow-up call – the critical next step. Federal and state legislators receive many invitations daily and it is necessary for them to weed out the important invitations from the more generic invitations sent to all legislators by a special-interest group. By calling to inquire about the invitation and official’s availability, you are letting the office know how important their participation is to you and forcing a reply.

There are better times to try to schedule a visit. Congressional recess is a great time of year for an event because your Members of Congress are likely to be in the district and use this time to reconnect with their constituents. Extended Congressional recesses take place in August and December. For state-level legislators, prior to and after the legislative session they are often more available, and sometimes very early on in the session before committee work is in high gear. Again, call your legislator’s office directly to find out what works best for them.

**Setting the agenda for your site visit**

Of course, your agenda will be somewhat tied to the reason for your continued on page 14
engaging with elected officials ... cont’d.

event, such as the introduction of a new piece of equipment or opening of a new office. If the event is a public one, you will probably want to make remarks about your business, particularly if the press is attending. Be sure to check with the official to see if he/she would like the opportunity to make some remarks as well, and do so ahead of time in case they’d like any background information to help them prepare. Consider inviting a loyal customer to also make a few comments about what your services have meant to him/her and their family.

Plan to have the official arrive early to give them a tour and walk them through a comprehensive hearing evaluation and hearing aid fitting and adjustment. This will allow the official an opportunity to gain a greater understanding of the process, which he/she may reflect in his/her comments to the press, if applicable. This is also a great time for a one-on-one discussion about any pending legislative or regulatory issues.

Highlight the different regulations and regulators that affect you as you tour them through your office facility, such as HIPAA, insurance, Medicaid, FDA, interdisciplinary inclusion, state licensing board, and tax or labor laws. They just may be surprised by how many checks there are on your business practices.

I’ve hosted an official.
Now what?
Whatever you do, don’t let your relationship end when that official leaves the door! As soon as the event is over, send a thank you letter and be sure to include any nice photos taken during the event. Increasingly, legislators and other elected officials are using social media to update constituents on their recent activities, so you may find your photo appears on a twitter feed, blog, or website.

You can also help legislators by providing a pre-written press release that they can alter as needed. Beyond the thank you, you can continue to cultivate your new relationship by sharing important updates and relevant articles, notifying them of legislation and/or regulation that you feel requires his/her attention, and engaging with him/her at other local events.

Federal and State Advocacy Committee member Max S. Chartrand, PhD, BC-HIS, has hosted many elected officials over his long career in the hearing healthcare field. Recently, IHS Government Affairs Manager Alissa Parady sat down with Chartrand to learn more about his experiences and gain his insights on best practices.

Parady: I understand you have hosted a good number of legislators over the years, both federal and local, including former U.S. Congressman Richard Armey (R-Texas) and House Majority Leader Charles Stenholm (D-Texas). Tell us, what were the impetuses of the visits and how did they contribute to the efforts at hand?

Chartrand: Yes, each of these and, of course, others had specific purposes in their visit. Reasons for having Congressman Richard Armey (R-Texas) involved was that pending legislation that was about to exclude inclusion of hearing aid specialists in the new Medicare Part C. Fortunately, hearing aids did not become subject to that law, but we did gain a friend in Congress from that timely visit. During the onslaught in the early 1990’s (from Ralph Nader and the newly-appointed David Kessler of the FDA) against traditional dispensers; we invited Congressman Ralph Hall (D-Texas) to our facilities to talk about the invaluable services provided by hearing aid specialists, the IHS Code of Ethics, and the extensive education and training resources involved. He became an instant ally to the plight of the traditional dispenser. The same occurred later with a visit from then-U.S. Congressman Charles Stenholm (D-Texas).

Parady: What about local and state officials?

Chartrand: Over my 35 years in this field, I’ve owned three hearing instrument practices, each of which grew into regional or larger enterprises over time. It has always been my
practice to host mayors, city council members, county commissioners, school superintendents, and state and regional officials to our facilities. It helped that I was usually serving in positions of leadership in the local Chambers of Commerce, so that many Hearing Awareness or Better Hearing Month events we sponsored often had one or more of these officials. We have also had state board executive directors visit our offices to show them the latest in equipment or techniques, or to visit about licensing or regulatory issues affecting dispensers. Each of the visits was productive far beyond expectations and developed long-term relationships with these influential people.

Parady: Was there any portion of your agenda or tour that worked especially well?

Chartrand: Well, our goal was often to showcase the practice and our role in the community. We felt we were representing our competitors, as well, as it was important that there be a positive reflection on the need for handling the many needs of the deaf and hearing-impaired community. A working display of assistive devices, along with a television screen playing a video on a hearing health or technology theme was played continuously in the waiting room. We wanted staff to be positioned in real life situations: servicing hearing aids, testing patients, performing soundfield, programming, or real ear measures so the visitors could get a feel for the thorough and vital nature of our work. They would usually come away shaking their heads and saying something to the effect, “I had no idea so much was involved in hearing aids and caring for these people!”

Parady: For your colleagues who are thinking about hosting a site visit, do you have any words of wisdom you can share?

Chartrand: Yes, I do. Too often, we feel isolated in our work. The population we serve needs us but they sometimes do not realize it until we actually do something for them. The same applies to the community at large. They need us, but have no idea how much until we bring them to our offices and demonstrate it. They need to know the high human costs that go with hearing loss and the tremendous value that comes with alleviating those who suffer with hearing deficiencies. Get out and meet those who have influence in the community. More importantly, invite them to meet at your office. Show them around, let them walk around and talk to your staff and see them in action. Most of the visits we have hosted have been everyday affairs, so we were always ready for a good visit.

Parady: Thank you, Max, for the great advice and I hope our readers will use your experiences and our tips to host some elected officials in the near future. It is clear that the short and long term benefits of such a visit are hugely worthwhile and a win-win for everyone involved!

If you’ve hosted an elected official or plan to in the future, please let us know! We’d love to learn more and find ways to feature your local efforts. You can contact us at advocacy@ihsinfo.org or 571-212-8596.

A Few Hints for a Meaningful Visit

• Read through your elected official’s website, recent articles, and blog posts to better understand his/her areas of interest in order to make the visit and discussion more meaningful.

• Invite the official to bring members of his/her staff – the more, the merrier! Especially since it’s typically staff who answer the phones and read the emails before sharing them with the legislators, and oftentimes oversee certain policy areas.

• Having a hard time getting a visit scheduled? If your legislator is not receptive to a visit, do some research on local clubs they belong to, identity a mutual friend, and ask the friend to convey how important your business is to the community and help facilitate the official’s involvement.

Max Chartrand, PhD, BC-HIS
IHS remains on the forefront of addressing and responding to current issues that affect hearing healthcare professionals across the globe. Our Board of Governors meet twice a year with Executive Director Kathleen Mennillo to examine and construct a unified and comprehensive response to relevant issues that may impact the professional position and livelihoods of IHS members. The Board reviewed several important issues in their last meeting and prepared official responses to the subjects of hearing aid taxation, personal sound amplifiers, and entry paths into the hearing aid dispensing profession. Please read these statements and know that IHS is committed to protecting and growing the quality of life of all our hearing healthcare professionals.

International Hearing Society
Position Statement on Personal Sound Amplifiers

The International Hearing Society believes that there is the potential for confusion by the public about the appropriate use of hearing aids and personal sound amplifiers. While the differences between the two devices have been delineated by the Food and Drug Administration (FDA) – hearing aids being meant for hearing-impaired consumers and personal sound amplifying products (PSAPs) for normal hearing consumers – consumers need to be aware of the risk of utilizing a personal sound amplifier when hearing loss exists.

Hearing loss is a medical condition that can be caused by a variety of medical, genetic, and/or environmental factors. The FDA has determined that hearing aids are medical devices, and prior to purchasing a hearing aid, consumers are advised to seek a hearing aid evaluation and obtain medical clearance to ensure no medical and/or treatable conditions exist and that the hearing aid will be of benefit to the end user. Personal sound amplifiers, which are not meant to compensate for impaired hearing, are not regulated by the FDA, and therefore do not carry the same consumer protection and medical evaluation requirements as a hearing aid. The FDA’s October 2009 publication, “Hearing Aids and Personal Sound Amplifiers: Know the Difference,” states, “Choosing a PSAP as a substitute for a hearing aid can lead to more damage to your hearing.” In the same publication, Deputy Director Eric Mann, MD, PhD, goes on to say, “It can cause a delay in diagnosis of a potentially treatable condition. And that delay can allow the condition to get worse and lead to other complications.”

IHS cautions prospective users to be wary of personal sound amplification devices that claim to address hearing loss issues. According to the FDA, “promotional materials that make claims or suggest the use of a PSAP for hearing impaired consumers, establish an intended use that causes the product to be a [hearing aid] device and therefore subject to the regulatory requirements for a hearing aid device.”

For these reasons, IHS advises those who suspect hearing loss to seek evaluation by a hearing healthcare professional – a hearing aid specialist, audiologist, or otolaryngologist – to determine whether hearing loss exists, and determine whether a hearing aid is appropriate or further medical evaluation is warranted. Additionally, IHS recommends consumers contact the FDA if they have concerns about devices that may be inappropriately being marketed as personal sound amplifiers.

Approved by the Board of Governors on April 21, 2012.

1 Hearing Aids and Personal Sound Amplifiers: Know the Difference, FDA Consumer Health Information / U.S. Food and Drug Administration, October 2009.

International Hearing Society

Position Statement on the Taxation of Hearing Aids

The International Hearing Society (IHS) believes that hearing aids should be exempt from taxation at the federal, state, and local level. Hearing loss is a major health problem in America, affecting over 30 million people. Current technology is extremely effective, yet only approximately 6 million people now take advantage of it. As a society, we must do all we can to enable people to benefit from this wonderful technology.

The overwhelming majority of states do not tax hearing aids at any level. In fact, the state of Georgia in 2010 repealed its tax on hearing aids. Federal law mirrors most state laws by not taxing hearing aids. The 2010 Patient Protection and Affordable Care Act specifically exempts hearing aids, which are an FDA-regulated, Class 1 medical device, from its 2.3% medical device excise tax.

The main reason hearing aids are not taxed is that hearing aids are an out-of-pocket expense for most consumers, unlike devices used by doctors or in hospitals. Additionally, the majority of insurance plans, including Medicare, do not cover hearing aids. For various reasons, not the least of which is cost, only about 20% of people who could benefit from hearing aids are currently wearing them.

As healthcare costs skyrocket, consumers should not be saddled with a tax on devices which are already difficult for them to afford. To tax hearing aids would only further impede hearing-impaired consumers from getting the help they need.

Approved by the Board of Governors on April 21, 2012.

International Hearing Society

Position Statement on Entry Paths into the Hearing Aid Dispensing Profession

The International Hearing Society (IHS) supports two comparable and valid paths for entry into the hearing aid dispensing profession leading to eligibility for hearing aid specialist1 licensure or registration: the Academic Training Model and the Practice-based Training Model. The Academic Training Model, currently offered by several U.S. and Canadian colleges and universities, is approximately two years in length during which students may or may not be employed in the profession. The Practice-based Training Model consists of on-the-job training and education provided by a licensed hearing aid specialist to a trainee. The trainee may be required to hold a trainee, apprentice, or similar license or permit by the state or province and may typically perform services related to hearing aid dispensing under the supervision of a licensed hearing aid specialist. Trainee education may be supplemented through a home-study module, such as the IHS course, Distance Learning for Professionals in Hearing Health Sciences.

Following completion of either approach the candidate will then need to comply with other conditions to be licensed, which may include, but is not limited to, passing a licensure exam(s), completing an application, and paying applicable fees.

IHS maintains that these two models for entry into the hearing aid dispensing field are both necessary to meet the growing demand for services, and allow both traditional students and non-academic trainees the opportunity to prove entry-level competence.

Approved by the Board of Governors on April 21, 2012.

(Endnotes)

1 Also known as a hearing aid dispenser, hearing instrument specialist, hearing aid dealer, hearing aid practitioner, hearing instrument practitioner or hearing aid fitter.
practice management

Reaching out and educating doctors will uplift your profession as a whole, and will increase your business, if done properly.

Reaching Out To Doctors

A symbiotic relationship with physicians in your town or county may seem like a pie-in-the-sky idea, as most doctors are often so busy meeting their own patient’s appointments that they don’t have time to take on an appointment with a stranger wanting to talk about hearing aids. However, reaching out to the physician offices in your area is necessary to educate local doctors and their staff about the value you can offer people who struggle with hearing issues. Your hearing healthcare practices should be known by the general practitioners in your area, so that they can confidently refer patients, knowing they will be treated well. Reaching out and educating doctors will uplift your profession as a whole, and will increase your business, if done properly.

Where To Begin

Expensive dinners or designer doughnuts are not necessary to persuade doctors to look at your information but a consistent, door-to-door plan is. It will involve, quite possibly, taking a step out of your comfort zone but the face-to-face visit will begin to warm the hearts of the gatekeepers, more so than the most tech-savvy email or colorful tri-fold brochure sent in a lonely envelope ever could. And, a gatekeeper is the key to making your worthy information visible and accessible to his/her doctor.
Walking through the office door of a local general practicing physician is the first step in trust and relationship building. It’s important to remember that doctors need the information you are offering to help them better serve their patients, and that most doctors do not have time to give hearing tests and focus on hearing solutions such as amplification.

Creating a Packet

The key to remember in this exercise of sharing information is: Keep it Simple! A packet of every single service and product that your office can possibly offer a potential patient is information over-load. Go for short and sweet instead. Look for an easy-to-read, engaging article that is brief, such as the articles found on the Better Hearing Institute website (which exists, in part, to educate the medical profession on hearing loss) www.betterhearing.org. Something like, “Myths About Hearing Loss” or “Tinnitus” would be a good place to start. You can also ask your manufacturers to see if they have a valuable info-piece on a relevant hearing issue that you can distribute. Include a map to your office with some referral cards. Place all the above in a folder or a plastic sleeve that can be read by gatekeepers and office staff alike. Keep in mind that they are often spending more time with patients suffering from hearing loss and can also serve as valuable conduits of the life-enhancing services and products that you have to offer. Adding a chocolate ear or other candies for nurses and aides can sometimes create a pathway straight to the in-box of your doctor.

Repetition is The Key

It is important to establish goals and a plan and then stick to it. Schedule a monthly or quarterly afternoon appointment to create your packets and personalize them to your target audience. Then block off an afternoon to deliver packets to your targeted offices with a smile. The people you are handing the information off to have a full load of responsibilities (just like you). So, they will appreciate a swift and friendly delivery of information and a reminder that you will be back next month. They will soon catch on that you are not a time waster and they won’t engage in the duck-and-roll behind the counter when they see you walk into the waiting room. It is an easy task to let slide but if you stay committed and keep your appointment it will reap a harvest in due time.

Intimidation

Visiting doctors’ offices may feel quite awkward if you are not used to outside sales—so realize that fear and insecurity are normal emotions that

continued on page 20
the doctor will see you now ... cont’d.

may arise when walking into your first office. To ease the first step out of your comfort zone consider trying a familiar doctor’s office as a first step. Try out your own personal doctor’s office or perhaps a clinic where you know either the gatekeeper or a nurse who works there. When asked if it is intimidating to go on these calls, Diane Fox answered, “Absolutely!!! Anything that takes me out of my comfort zone is where the growth is.” This initially daunting task is an investment in time with low risk and potentially high returns. Consider this, if you won’t take the emotional risk, there probably is another hearing healthcare professional down the street who will invest the time necessary and enjoy the rewards.

**Make it Quick,**

**Make it Concise**

While you are in any doctor’s office, you should keep in mind that his/her time is his/her money. The key is to take up a minimal amount of time in their day while reminding them of your willingness to assist their hard of hearing patients. At one visit, Diane dropped off a hand-held $20 hearing screener and suggested, “While your patients are in the waiting room, I invite you to use this two-minute hearing screener. If they’re having troubles hearing, refer them to my office and I’ll give you a copy of their complete hearing report at no charge. One doctor actually brought his own hearing test to me—coming to me as a result of getting to know me through my campaign.” Recall when reps have visited your office, and (in turn) be as small an interruption in their day as possible. As Diane says, “I am not there to interrupt their day, I am there to add to it.”

**ENT’s or General Practitioners?**

You may find that ENT’s already have a dispensing professional with which they are affiliated. If that is the case, focus your efforts on general practitioners, notably those specializing in geriatrics. Doctors have such limited time with their patients, they are often looking to refer them out for hearing care. The goal should be that you are the professional that gets the doctor’s referral because you have developed a reputation as a reliable, consistent professional who can help their patients live better lives. Periodically, you should invite the doctors and their entire staff to come in and have their hearing checked. This will get them to see exactly how your office is run.

**Gauging Results**

Be mindful that it takes someone more than one time to make a connection. It is like the commercials on TV—people need to see them over and over, before a recall chord is struck when they are in the store, face-to-face with the advertised product. Visiting doctors’

---

**Meeting With Doctors**

If you are fortunate to get an appointment with a doctor and their staff, here are some key components you may want to cover.

1. Keep your meeting to no more than 15 minutes.
2. Show them the battery of testing that their patients will experience.
3. Give them a hearing screener and show them how to use it.
4. Bring a few hearing aids to test.
5. Impress them by taking off your hearing aid and showing them the product. (This last tip has been very helpful for Diane in winning over the trust of her doctors.)
6. Tell them to encourage their hard of hearing patients that today’s instruments will put them in the center of the world—that they don’t have to live on the fringe.
7. Invite them and their entire staff to your office for a free hearing evaluation. This will help them understand what their patients will experience when they visit you.
8. Be personable and forthright and express that you care, and will do the best job for them and their patients. Reassure them that you will do whatever they need for their customers.
offices is an easy thing to let slide but it can prove to be a gold mine if you keep chipping away at it. The results will be measured by an increase of referrals of focused and proactive patients because their doctor has given them a sense of what they will get when they come see you. Diane has also found that her referred patients are typically more accountable and do not let their instruments sit in a drawer. Then, when they are happy they tell their friends and family, yielding even more referrals.

Take Her Advice
Diane began this practice of building a professional relationship with her own personal healthcare providers. Once those professionals were educated in the services Diane had to offer and were confident in the level of care she provided, referrals began to appear. It was actually the suggestion of American Hearing Aid Associates (AHAA) Vice President Dom Spadaro who encouraged her to continue educating more local doctors about the ways Diane could enhance their patient’s lives. AHAA actually has a whole doctor referral plan but Diane wanted to create her own plan with her own personal trademark. She admits that marketing to physicians is intimidating and a lot of people avoid it because of that fact alone, but it also is extremely rewarding. And, each month it brings in a measurable increase of motivated patients that have become her treasured clients.

After successfully campaigning her town’s medical professionals, she admits that half of her business is now due to word of mouth. Her next info-packet is going to be on “How to Perform a General Instrument Cleaning” as many doctors report that patients express concern that their hearing aids are not working properly.

Diane Fox has found her niche in life and really enjoys helping people with hearing. She encourages others to open their own practice as there are so many people that need the services of a hearing healthcare professional. She advises to offer more than one manufacturer and not limit your practice to only one line of product. That’s another factor that sets her apart from others in her Washington town. She is very glad that she made the leap into hearing and tells her friends, “Ear wax is my life!”
Interview with Clark Barnes

You may recall his involvement in halting the deregulation of the hearing aid dispensing profession in Indiana, highlighted in the previous edition of THP. We sat down with him to learn more about this multi-talented businessman, politician and family man and came away with some timely advice on how to protect and grow the profession and practices of IHS members.

Senator Clark Barnes is an accomplished owner of several hearing aid dispensing offices in multiple states, is a member of the NBC-HIS Board, is a state senator in West Virginia, president of the West Virginia Hearing Aid Society, and long-time IHS member.

**THP**: Thank you for your time this morning, Senator Barnes. Let’s begin with how you got your start in the hearing aid business.

**Barnes**: After I completed my military service in 1976, I returned home to West Virginia to attend college at Davis & Elkins. I had the GI Bill for education but desperately needed income to support my family. I was married with one child at that time. So, I sold Electrolux vacuums door-to-door while in school and then went on to sell insurance after graduation. My home state of West Virginia was particularly challenged by the economic downturn of the 1970’s, so we moved to Staunton, Virginia. I began selling cars for a Chevy dealer but soon realized that selling cars was not my forte. I saw an ad looking for an individual to work in the “burgeoning” hearing healthcare field and applied. It was 1981 and I was hired by Tony Hagedorn with Miracle-Ear to work a territory of about 10 counties. (Tony Hagedorn and Ken Dahlberg, founder of Miracle-Ear, were WWII pilots of dirigibles near Switzerland.)

We had no offices, worked entirely from leads provided by Tony, and used a little battery-powered, single-channel audiometer. I loved it. Working in homes, we became friends with our clients—sometimes even seeming like family. About two years later, I moved to Pensacola, Florida to attend Seminary and manage Miracle-Ear Centers in Pensacola, Fort Walton Beach, and Destin. Miracle-Ear’s modus operandi at the time was to utilize your sphere of influence. Business was generated by word of mouth as no advertising was done. I shared an office with an optometrist and listened to him sell contact lenses using an assumptive and authoritative approach and adapted that to my system. I then returned to Staunton, VA and purchased my first
independent hearing aid office. From there I spread to other Virginia, and then West Virginia offices.

**THP:** What led you into politics?

**Barnes:** I remember as a boy, standing in front of the Harrison County Court House in Clarksburg, West Virginia, listening to Nelson Rockefeller in his quest for the Presidency. The battle was beginning between modern day liberals and conservatives. Rockefeller was one of the last Republican liberals and was defeated that year by Barry Goldwater (a conservative) for the Republican nomination. I’ve always had an interest in politics but raising four children, growing a business, and coaching three seasons a year of soccer, sure didn’t leave much time. (Oh yes, by the way, I coached soccer for about 25 years—the last eight at our local AAA High School.) During my youngest daughter’s senior year, I first ran for the State Senate in 2004. I was intensely convinced that most elected officials were not representing the interests of the people, particularly hard-working, blue-collar families and small business owners which employ 70% of our workforce. I knew I could do it.

Two years earlier, I ran unsuccessfully for County Commissioner. When you run for state office, you are looking for votes and for financial backers. It’s important to be able to afford the campaign. As a newcomer, rarely do candidates receive financial support from their party or anyone. This time I was running against an incumbent who was wealthy. He spent $500,000 in his first campaign. We had budgeted $50,000 (‘we’ being my campaign committee—which was comprised of family and close friends). My opponent’s weakness was that it was widely recognized that he was self-serving in his role. I was the fresh alternative.

To overcome the cash shortfall I left my practice in June of 2004 in the hands of others and ran a full-time campaign across 9 counties. I applied those experiences from business, doing the hard work of knocking on hundreds of doors. My experience in developing and watching effective marketing campaigns for my business became very important in ensuring that my limited resources were used effectively. In the end we were successful by going out in the evenings, knocking on doors and speaking with folks. During the days, I visited towns, courthouses, business communities, rotary luncheons, and chamber of commerce events where networking was the name of the game.

The key to succeeding in any business is prospecting. Nothing happens in business until a sale is made. Those same principals apply to politics. Every potential voter is a prospect. In sales, the question is, “How do we relate to our potential customer?” We need to listen and to be reactive to their needs, and, the same truths apply to campaigning.

**THP:** What do you enjoy most about this very public role?

**Barnes:** Believe it or not, I enjoy the part that most candidates dislike – campaigning! I love to get out and meet people, hear their stories, field the complaints and consider solutions.

**THP:** In addition to your business and political endeavors, you also serve on the NBC-HIS Board. Can you share with us the importance of certification, especially as it relates to the states considering eliminating licensure of hearing aid specialists?

**Barnes:** There are still many trades that require an apprenticeship for entry. However, we’ve always considered dispensing more of a professional career rather than a trade. I am amazed at the number of graduate audiology programs that have no course work or requirements for dispensing within the curriculum. Many audiologists, if their internship did not involve dispensing, learn the “trade” by trial and error or by working with an experienced dispenser. Most states have established guidelines for the entry into dispensing by non-audiologists and require strict oversight as well as a competency exam. Formal training and certification of experience and competency (such as NBC-HIS) will become more important in the future.

**THP:** You recently worked with IHS to help licensed hearing aid specialists in Indiana to preserve licensure. Do you believe other states

continued on page 24
are also looking at deregulation of the hearing aid specialist profession?

**Barnes:** All states are looking to cut expenses, and specifically looking at licensing boards as an opportunity to reduce spending. One of our primary responsibilities as elected officials is to protect consumers against unscrupulous business practices, which is why I agreed to fly to Indiana and testify.

**THP:** What can individual hearing aid specialists do to protect their profession, which is their livelihood?

**Barnes:** We, as dispensers, must educate our legislators. Hearing aid specialists should invite local legislators to visit their practices. During the visit, provide a complete hearing evaluation and clearly explain the audiogram. Cover such things as how we determine loss; types of loss; and counseling for the next step, whether hearing aids or a possible medical referral. Let law-makers see, first-hand, your knowledge as a dispenser, and the value of your presence in the community. If those individuals who determine regulations are able to understand the complexity, science, and art that are required for professional dispensing of hearing aids, we will not see the proliferation of internet or big box store sales. However, our professional and state organizations must be active in marketing our profession to legislative leaders and regulatory authorities.

**THP:** Do there other ways for IHS members to get involved in the political arena apart from running for office, regarding hearing healthcare?

**Barnes:** West Virginia has a legislative website which permits everyone to follow the workings of the legislature. I suspect that most states do the same. Monitor legislation that could affect you. Hopefully, each state chapter has a legislative liaison which carefully monitors legislative activity. IHS has a very effective program (and attorney with whom I work) in monitoring state legislative and rule-making activity.

**THP:** Do you ever attend hearing aid dispensing office openings/events as an elected official? If so, is it common for you to receive such requests?

**Barnes:** I am a personal member of the WV State Chamber of Commerce as well as several of my county’s chambers of commerce, so, I am given an invitation to several business openings a month. The geography of my territory makes it a challenge to attend all events but I get to about 12 a year. If I receive a personal invitation followed by a phone call, those events receive a priority on my calendar. I am happy to work with any dispensing practice which needs my assistance but I don’t recall having been invited to participate in events such as “Grand Openings.”

**THP:** Do you have any advice for IHS members who are considering public office?

**Barnes:** Yes. Don’t do it unless you are totally committed to the decision, your family is completely supportive, and your business is capable of running without your day-to-day supervision. It is expensive to run for office and I recommend you don’t take resources from your business or family needs to run your campaign.
**THP:** Do you have any significant accomplishments you are particularly proud of that you’d like to share with our readers?

**Barnes:** Well, I’m particularly proud of having raised four great children that are succeeding in each of their own lives. None have elected to enter our profession but all are doing well at their chosen fields. As a businessman, I’m proud to have built our business without debt. Over the years, we have had many offers to be locked into a single manufacturer by accepting offers of equipment and incentives but have refused. Although we have worked with one primary supplier for a number of years, I like the independence of trying various technologies, marketing, and ideas from an array of suppliers. In politics, I’m proud of my record of service. I have been a successful advocate for improvement in our domestic violence laws and violent sexual predator legislation. I am an avid sportsman and have been instrumental in passing legislation which protects 2nd Amendment rights. I am a conservative by nature and am pleased to be part of a legislature which continually balances the budget and operates at a surplus, year after year.

**THP:** What is the biggest change you have seen in the hearing healthcare profession?

**Barnes:** Without a doubt, the biggest change in the industry has been the development of digital technology. I remember Miracle-Ear had about seven choices in circuitry when I began, and our clients had to adapt to whatever the factory chose. It became a true “art” to effectively dispense balancing gain, ventilation, and compression.

**THP:** What is the biggest mistake you’ve seen hearing healthcare professionals make in growing their business?

**Barnes:** Debt. I have helped several of my employees start their own businesses and those that have not been successful purchased expensive equipment, invested in ineffective advertising, and leased offices that were overpriced and underutilized. There’s often a temptation to spend money without looking down the road at future expenses. Unnecessary spending and overextending are personal practices that will drain a professional business.

**THP:** What advice can you give to hearing aid specialists trying to grow their practices?

**Barnes:** Find your particular comfort zone. Not everyone is cut out to run multi-office practices, such as ours. Make your practice the best. Service is the key to long-term success. There are often decisions that can be made which may benefit you now but could be detrimental to long-term success. Always keep the long-term effects in mind when making business decisions.

**THP:** What is a time or project management trick that you can share with our busy readers?

**Barnes:** In politics, I need to be multi-focused, with an ability to change directions in mere seconds. Within the Judiciary Committee I could be dealing with animal fighting one minute and scope of professional practice the next. In business, I am project-oriented. I close my office door, don’t accept phone calls and address the issue at hand, whether it be a marketing project, personnel issue, or administrative changes. I work through it until it’s done. My secret of success is establishing priorities and sticking with it. As a matter of fact, while we have been talking, my phone has rung constantly but I have ignored those calls and have remained focused.

**THP:** You wear a lot of hats—hearing aid specialist, West Virginia Hearing Aid Society President, IHS State Chapter President, NBC-HIS Board member, and state senator. How do you manage all these roles?

**Barnes:** Actually, I’m not sure. I’ve always been a high-energy person, starting early and working late. Needless to say, I can’t tell you much about what’s on TV. I do not play golf or spend time at the tennis courts and I do not feel as if I am missing anything because I enjoy what I do. My favorite hobby is work.

**THP:** Thank you, Clark. You are a strong advocate for hearing healthcare professionals across the globe and a worthy candidate to serve the citizens of West Virginia. We appreciate your time and service to advancing and protecting the profession. We wish you all the best in your future endeavors.
THP wants to share your great news with the IHS community. IHS exists to grow, support, and connect members of the hearing healthcare profession. So, we are adding a new feature to THP that will let others learn from and be inspired by what is going on in your corner of the profession but we will need your input to make this happen. Please send us information about your recent professional activities, including: nominations, awards, community involvement in the hearing healthcare realm, office expansions and innovative best practices.

Send us your member news today!

Email Address: __________________________________________
URL link to your website: __________________________________________
First Name: ___________________________ Last Name: ___________________________
Address: __________________________________________
City: ___________________________ State: ____________ Zip/Postal Code: ____________
County: ___________________________ Country/Province: ___________________________
Phone: ___________________________
Office/Other Phone: ___________________________
Your news in 250 words or less:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Send your stories to:
Kara Nacarato, Editor
knacarato@ihsinfo.org
Fax: 734.522.0200

or mail to:
International Hearing Society
16880 Middlebelt, Suite 4
Livonia MI 48154

Photo: Please include a high resolution photograph (300 dpi, head shot or publicity photo preferred)
The IHS extends a cordial welcome to the following new members

New members from January 1, 2012 through March 31, 2012

Mooyad Mansour Alloof — Adelaide, S. Australia
Travis T. Allyn — Santa Cruz, CA
Sarah Andreozzi — Cambridge, MA
Carl Arends — East Wenatchee, WA
Douglas M. Atkins — Phoenix, AZ
James A. Ball — Hoffman Estates, IL
Jorgen Bang — Veradale, WA
Ralph E. Barker — Bristol, VA
Sherri R. Barker — Carroll, OH
Dawn R. Barrett-Lauer, BC-HIS — Milbrae, CA
Debra Lynn Bartley — Jasper, IN
David G. Bassiri — Hagerstown, MD
Cecilia L. Bessette — Cookeville, TN
Jimmy B. Blagg — Albuquerque, NM
Andrew C. Bliss — Port Orange, FL
Shelly Boelter — Portland, OR
Tama R. Bogert — Keyport, IN
Wes Bossard — Summerfield, FL
Damon C. Boyce — Colorado Springs, CO
Cynthia M. Bradley, BC-HIS — Park Hills, MO
David G. Braun — Racine, WI
Aaron B. Cardin — Welch, MN
Esmeralda Carroll — McAllen, TX
Michael Edward Carver — Jacksonville, FL
Debra A. Coffman, BC-HIS — Glendale, AZ
Vala M. Conklin — Poughkeepsie, NY
Allan T. Cross — New Carlisle, OH
Susannah Darger — Colorado City, AZ
McKay N. DeMeester — Hoffman Estates, IL
Jean Duncan, AUD — Edmonton, AB
Ginger R. Eberhart — Douglasville, GA
Megan E. Eggleston — Cheyenne, WY
Suzanne Marie Eldridge — St. Stephen, NB
Lisa A. Elmore — Fair Grove, MO
Mark A. Ford — Rockfield, KY
Natsumi Fukuyama — Yokohama, Japan
Julie Ann Haley — Rushville, IN
Casey Hayden — Salina, KS
John S. Hayden — Lady Lake, FL
Julie Lynn Herb — Medford, NJ
Diana M. Hile — South Bend, IN
Karl Kai Cheong Hui — Tai Po, Hong Kong
Barbara R. Jackman, BC-HIS — St. Paul, MN
Mark D. Johnson, ACA — Englewood, FL
Chang-Woo Kim — Seoul, Korea
Hassen M. Kraki — Nablathieh, Lebanon
Victoria L. Krause — Normal, IL
Teresa Lynn Landess — Baton Rouge, LA
Sebastien Lanthier — Quebec City, Quebec
Daniel Leishman — Ogden, UT
Elica Letts — Casa Rio, SK
Jerri Lively — Livingston, TX
Kirt D. Loupe — Lake Charles, LA
H. Scott Luxon, BC-HIS — Galena, MD
Amy MacLean — Lago, BC
Tanya C. Marconi — Melbourne Beach, FL
Edward J. Markowski — Westfield, NJ
Monica C. Martin — Turlock, CA
Kyle E. McClintock — Normal, IL
Christin McDowall — Coquitlam, BC
William G. McVicar — Wilmington, NC
Maryam Merali — Surrey, BC
Lori J. Michael — Salt Lake City, UT
Michael Andrew Michelli, AuD, FAAA — Wilmington, DE
Ronald Middleton — Vail, AZ
Sharron Middleton — Vail, AZ
Robert Lore Morin — Abbotsford, BC
Matthew L. Morris — Camby, IN
Hanady Francois Mounzer — Beirut, Lebanon
Michael Jason Murphy — Thomasville, GA
Safaai Wajdi Bou Nassereddine — Chouf, Lebanon
Paul Gregory Newton — Rochester, MN
Ann Nickolet — Saskatoon, SK
Marius O. Nothling — Colwood, BC
Sarah O’Sullivan — Dublin, Ireland
Brian P. Olson — Jacksonville, FL
Terry R. Parker — Dunnellon, FL
Joseph D. Pate — Provo, UT
Patrick Kenji Person — San Bernardino, CA
DeAnn Marie Pratt — Springfield, MO
Shelaine J. Quan — South San Francisco, CA
Elaine T. Raccio, BC-HIS — Oxford, CT
Gary Alfred Rayment — Tea Tree Gully, S. Australia
Jennifer Renee Reed — Little River, SC
Sherry F. Reid — Hickory, NC
Paul Retey — Zephyrhills, FL
Ruth A. Robinson — Midlothian, VA
Joseph V. Roy — Minneapolis, MN
Joanna K. Salata — Bloomington, IL
Estrella M. Sanchez — Sacramento, CA
John C. Schellman — Atlanta, GA
Dan Schwartz — Cherry Hill, NJ
Wanda Lea Shepard — Springfield, MO
Debra E. Smith — Griffin, GA
Alfredo J. Sotomayor — Pembroke Pines, FL
Harvey V. Sparks — Petaluma, CA
Charles W. Spencer — Surprise, AZ
Danielle M. Stankiewicz, BC-HIS — Las Vegas, NV
Alicia J. Steph — Portland, OR
Amanda D. Stratton — Grand Junction, CO
Joseph C. Straub — Bedford, PA
Lyndeelynn Swapp — Phoenix, AZ
Michelle Sykes — Macon, GA
Hitoshi Tanouchi — Kochi Kochi, Japan
Richard M. Throneburg — Homosassa, FL
Anthony James Trizzino, BC-HIS — Plam Harbor, FL
Michael V. Valasky — Island Park, NY
Donnie Vaughan — Olive Branch, MS
Terry Vaughan — East Norriton, PA
Hal Watrous — Seattle, WA
Shelley R. Weikert — Peoria, AZ
Carl L. Willingham — Jefferson City, MO
Keith R. Wilson, ACA — Tacoma, WA
Jason D. Winn, PA — Tallahassee, FL
Charles P. Winters, BC-HIS — Altoona, PA
Alan T. Wong — Reno, NV
Lloyd H. Wright — Kent, WA
Steve R. Young — Glen Ellyn, IL
There is an old phrase that states “ignorance is bliss.” While this phrase may bring amusing comments thereafter and a few laughs, the legal world considers those who conduct their business practices with “ignorance is bliss” as their mantra are, in reality, practicing the “kiss of death.” This is no more apparent than for hearing healthcare practitioners whose desires for ascension and independence in the healthcare arena are being confronted by a myriad of laws and legal initiatives that are challenging their abilities to practice in their field of endeavor.

One of those legal challenges involves the impacts of the federal Anti-Kickback Statute [42 U.S.C. s 1320-7b(b)] and related or parallel corollary state level statutes.

The Federal Anti-Kickback Statute does have relevance to all multi-disciplinary hearing healthcare practices as anyone’s activity (potentially including a contracted physician or audiologist; or an employed audiologist) can make the entire practice liable for their activities. Also, hearing healthcare specialists involved with the state program of Medicaid should know that this program is partially funded by the federal government, which makes Medicaid transactions fall under the umbrella of this federal statute. The same holds true for transactions involving many types of managed care arrangements where some funding is received from the federal government. It is vital for your practice’s health and well-being to become familiar with this important federal statute, as well as your own state’s relevant regulations.

In its most generic terms, the federal Anti-Kickback Statute and its state corollary laws prohibit anyone from knowingly and willfully soliciting and receiving any remuneration (payment including any kickback, bribe, or rebate) directly or indirectly, overtly or covertly, in cash or in kind in return for referring an individual or another...
person or entity for a service that may be paid by any federally funded healthcare program. More recently, the Statute was amended to include any activity thereof that meets the criteria for consideration regardless of the intent, whether knowingly or unknowingly. This re-interpretation is a further challenge to ensuring that all transactions of this nature are performed in a fully transparent manner and essentially fully above reasonable scrutiny.

This implicit benefit, noted in the Statute, may also include purchases; leases; orders; or arranging for (or recommending) purchases, leases, or orders of goods and services; facility usage; or items for which payment may be made in whole or in part under a federal healthcare program. Remuneration is essentially “anything of perceived value,” be it tangible or intangible. For example, even a transaction that is an exchange of value and perceived as more or less than fair market value for goods and services can be inferred as an improper benefit or remuneration. One of the premises of this Statute is to ensure the government does not pay any more for healthcare services than is necessary to pay the actual provider of said services; and to ensure healthcare provider referrals are driven by care and necessity, rather than by preferential influence or treatment.

The penalties for non-compliance with the federal Anti-Kickback Statute are nothing to sneeze at. Actions determined to be violations may result in any or all parties within the transaction being found guilty of a criminal felony and, upon conviction, may be fined up to $25,000 or imprisoned for not more than five years, or both. Civil Monetary Penalties (CMP) may also be imposed and can range up to $50,000 for each violation plus the additional imposition of three times the amount of the remuneration, offered, paid, solicited, or received (also known as treble damages). Additionally, even an offer to pay, let alone an actual payment for, referrals; or purchases, leases, and orders that are to be paid or reimbursed (in whole or in part) under a Federal healthcare program is illegal and subject to sanction. A violation occurs even if just one part of the transaction or attempted transaction is to induce referrals, even if the other purposes for the transaction are totally legitimate.

So why should hearing healthcare practitioners be concerned...are we not all performing our services and dispensing our goods in a legal and ethical manner? Conventional wisdom is apparent that the overwhelming majority do indeed perform their duties in a professional manner and that kickback-related activities would be the farthest thing from our thoughts. Yet, our actions are now under further scrutiny by a federal bureaucracy who themselves are even more under the gun to ensure the services they are paying for are appropriate, timely, and are provided at fair market value to a growing and ever-increasing consumer public (whose insatiable expectations for healthcare goods and services have reached astronomical levels). The budget impact of a growing number of potential consumers (whose expectations for services provisions are ever-apparent after contributing for years with their tax dollars and are now expecting to reap the benefits of what they have sown) is huge. These downward pressures to ensure goods and services are provided in a fair and quality-driven manner, further dictate the desire of the government to ensure all participating providers are performing their activities properly and without receiving (either directly or indirectly) unwarranted and/or unsubstantiated benefit.

While the news may sound ominous, the Anti-Kickback Statute is also accompanied by a variety of “Safe Harbors” that permit activities that perhaps may on their face appear to be potentially in violation of the statutory construction to be permitted with certain conditions and exceptions. One of the statutory safe harbors that excludes categorization as a “remuneration” are “discounts or other reductions in price obtained by a provider of services or other entity if the reduction in price is properly disclosed and properly reflected in the costs claimed or charges made by a provider or entity under a federal healthcare program”. In the hearing healthcare arena, this can include administrative fees to buying groups (ie, group purchasing organizations (GPOs) under certain explicit conditions) or certain manufacturer’s discounts offered to service providers (as long as there is a provision for reporting the actual costs to the payer, as required by contract or law). Other safe harbors include amounts paid pursuant to a bona fide employment relationship for

continued on page 30
employment in the provision of covered items or services, as well as certain “risk-sharing” arrangements between individuals or entities providing goods or services to managed care organizations along with any payment practices as specified by the Secretary of Health and Human Services in regulations. These may include, but are not exclusive of, the following:

- Referral services
- Warranties and discounts
- Coinsurance and deductible waivers
- Increased coverage, reduced cost sharing amounts, reduced premium amounts offered by health plans or price reductions offered to health plans
- Practitioner recruitment in certain underserved areas
- Cooperative hospital service organizations

While Safe Harbors are offered as a guidance for practitioners and entities to reduce potential implication under the Anti-Kickback Statute, they are by no means guaranteed. One recommendation for hearing healthcare practitioners to secure confirmation of the legality and mitigate potential sanctions for those activities, is to secure an Advisory Opinion verifying the acceptance of the activity by the Office of Inspector General (OIG) prior to initiating these activities. OIG Advisory Opinions are legal opinions issued by the OIG to one or more of the requesting parties. The advisory opinions address the application of the OIG’s fraud and abuse authorities to the requesting party’s existing or proposed business arrangements. Although OIG Advisory Opinions are legally binding on the Department of Health and Human Services (DHHS) and the requesting party or parties, the Opinions are not binding on any other government departments, agency, individuals, or entities. A hearing healthcare practitioner receiving a favorable OIG Advisory Opinion is protected from OIG administrative sanctions, as long as the arrangement is conducted in accordance with the facts submitted to the OIG for review. The caution is that these opinions are rendered on a case-by-case basis and are only legally binding on the requesting party, or parties, and should not be construed as a blanket protection for any other party or entity performing what appears to be a similar activity. Hence, these opinions should be utilized by others merely as a guidance. Questions or concerns about a specialist’s specific transaction should be addressed to the OIG.

The lessons to be integrated by hearing healthcare practitioners are that any remunerations for goods or services have the potential to trigger at least heightened scrutiny from a prospective, concurrent or retrospective reviewer, including the federal government. Great care should be exercised to ensure all documentation and practices in the administration, procurement, and collection of said remunerations be fully transparent and constantly re-evaluated and analyzed for appropriateness. While the Anti-Kickback Statute and its related corollary state contemporary laws do present unique challenges to hearing healthcare providers in their clinical practices, they are by no means a total prohibition, preclusion, or impossible hurdle to providing excellent care for our patients while maintaining a viable standard of living, if due diligence is practiced and fostered at all times. The sophisticated practitioner should understand their options when questions are proffered and be willing to invest the time and commitment to ensure their compliance with the Anti-Kickback Statute, and related laws, rival their zeal and desire to provide high quality and responsible care to their patients.

References
Grant, David W., and Kyles, Julia (2010). Fraud and Abuse Answer Book, Medicare Compliance Alert, Rockville, MD.
Lupe, Mark (April21, 2003). The Anti-Kickback Prohibition, University of Missouri Health Care, Powerpoint Presentation.
IHS Continuing Education Test

1. The Federal Anti-Kickback Statute and similar state-level statutes offer hearing healthcare practitioners:
   a) a relaxed set of rules regarding some remunerations
   b) a relaxed set of guidelines for accepting and receiving gifts from manufacturers
   c) a stricter set of guidelines when dealing with all types of remunerations
   d) none of the above

2. The acceptance of cash or gifts in return for referrals for anything that may be paid by any federally funded healthcare program:
   a) is legal if it is received with no profitable intent
   b) is now highly likely to be scrutinized and legally challenged
   c) should be transacted covertly
   d) none of the above

3. Penalties for breaking the federal Anti-Kickback Statute include:
   a) repayment of kick-back
   b) imprisonment
   c) fines of up to $25,000
   d) all of the above

4. Attempted transactions to induce referrals that do not result in a kick-back
   a) are nothing healthcare practitioners should concern themselves with
   b) are a violation even if everything else about the transaction is legitimate
   c) will automatically result in a $50,000 fine
   d) won’t be considered by an over-burdened federal bureaucracy

5. Safe Harbors are loopholes that will protect you from violating the Anti-Kickback Statute
   a) if you report a gift given for referrals within 24 hours of transaction
   b) if the money given for referrals is received as a coupon discount
   c) that will need to be carefully understood before giving anything that could resemble a kick-back
   d) if your referral bonuses are reported to the IRS in a timely fashion

6. The Office of Inspector General (OIG)
   a) offers Advisory Opinions
   b) will provide free legal council if you are charged with an offense against the Anti-Kickback Statute
   c) will be inspecting every transaction of independent hearing healthcare providers
   d) inspects and regulates the cleanliness and hygiene practices in hearing aid dispensers practices

7. Discounts or other reductions in price obtained by a provider of healthcare hearing services if the reduction in price is properly disclosed and properly reflected in the costs claimed or charges made by a provider under a federal healthcare program
   a) never apply to hearing healthcare specialists
   b) should never be given to hearing healthcare patients
   c) should be transacted with the utmost transparency
   d) are not considered a ‘safe harbor’

8. Hearing healthcare providers without a full-time audiologists on board
   a) need not be concerned with the Federal Anti-kickback Statute
   b) should know that they may be held responsible for any employees transactions
   c) need only be concerned with relevant state laws regarding kickbacks
   d) should only be concerned with managed care transactions

9. Remunerations for goods and services
   a) can only be regulated by state agencies
   b) should be fully transparent and constantly re-evaluated for appropriateness
   c) can never be legally transacted by hearing healthcare specialists
   d) can be made at will, without threat of legal consequences

10. Commitment to compliance of the federal and state anti-kickback laws
    a) is important since more bureaucrats are scrutinizing hearing healthcare practices
    b) is necessary to maintain an ethical presence in the hearing healthcare community
    c) will assist in protecting and promoting your hearing healthcare practice
    d) all of the above

ANSWER SECTION
(Circle the correct response from the test questions above.)

1. a b c d
2. a b c d
3. a b c d
4. a b c d
5. a b c d
6. a b c d
7. a b c d
8. a b c d
9. a b c d
10. a b c d

For continuing education credit, complete this test and send the answer section at the bottom of the page to:
International Hearing Society
16880 Middlebelt Rd., Ste. 4
Livonia, MI 48154

• After your test has been graded, you will receive a copy of the correct answers and a certificate of completion.
• All questions regarding the examination must be in writing and directed to IHS.
• Credit: IHS designates this professional and development activity for one (1) continuing education credit.
• Fees: $29.00 IHS member
   $59.00 non-member
   (Payment in U.S. funds only)
Hundreds of hearing healthcare professionals are taking advantage of the complimentary webinars being offered by IHS.

Time is the costly entity that is measured out equally to all each morning, yet leaves most of us wondering if there is a hole in our measuring cup by nightfall. Finding time to tend to all your personal tasks and professional duties can be a daunting task. Furthermore, it is imperative that hearing healthcare dispensers commit a portion of their time to continuing education in order to keep their profession thriving. IHS offers many opportunities to help meet your educational goals throughout the year and has expanded those offerings to include time-effective webinars.

Hundreds of hearing healthcare professionals are taking advantage of the complimentary webinars being offered by IHS. The trend began in December of 2011 with our first webinar featuring Doug Lewis, AuD, PhD, JD, presenting on “Ethics: Exercising (and Exorcising) Legal and Ethical Dilemmas in Hearing Healthcare Practice.” Attendees learned, from the comfort of their own offices, about the similarities and differences between business, professional, organizational, and personal ethical standards. Attendees were then able to review mock cases and see how practitioners view the impacts of law and ethics on their practice and operations.

IHS webinars typically last for one hour and you can register up until the webinar begins. After the webinar presentation, attendees have an opportunity to submit questions for 10-15 minutes of focused Q and A. Quizzes are made available for webinar attendees to take and return to IHS. Those passing with at least 70% and paying the $29 fee ($59 for non-IHS members) receive 1 CE credit. Most webinars even offer valuable downloads after turning in the test.

Find out about the latest webinar offerings at www.ihsinfo.org.
In March, IHS webinar attendees were coached on how to write an effective business plan by Patrick S. Kochanowski, BC-HIS, ACA. He is the President of KHIC, Inc. and wrote his first business plan in 1991. After starting, running, and selling several companies over the last twenty years, he started KHIC, Inc. in 2003 and has successfully written four business plans over the last eight years that has allowed him to secure financing to purchase five retail hearing instrument centers, the most recent in 2011.

Kochanowski agreed to answer some follow-up questions asked by attendees of the hour-long webinar “Business Plan Strategies for Hearing Healthcare Professionals.” As you will see below, IHS webinars offer meaty substance on topics that are highly relevant to the hearing healthcare professionals looking to grow their businesses.

**Q:** What are some common mistakes that people make in preparing a business plan?

**A:** Exaggerated numbers. Some plans are created just to show tremendous success early on, with numbers that are not achievable. Make numbers as realistic as possible as bank managers will detect unachievable data.

**Q:** Many people find analyzing their competition to be a daunting prospect. How do you find out information about your competition, such as their market share or strengths and weaknesses?

**A:** Search the internet for information and ask the manufacturers that you are working with for projections in the territory.

**Q:** In your opinion, is it better to purchase an existing business, join a franchise, or start your own practice from the ground up? What are the pros/cons of each?

**A:** To properly answer this question would require an entire book. The most important question is that it will depend on the owner’s personality and what kind of control they would like to have over their business. Also, what are their plans to grow the business? Or, how many locations do they plan on having. “Mom and Pop” single locations are not conducive to multiple locations because they don’t have the systems in place. The prospective owner needs to realistically look at their goals and then they can derive which model will be best for them.

**Q:** Do you need a business plan if you are approaching an ophthalmologist to expand their business by including hearing healthcare services?

**A:** Yes. Your business plan is an expression of your professionalism and it will add to your credibility. The plan will show your prospective partner the investment necessary and the long-term growth potential and is highly recommended.

**Q:** If you are starting a business from scratch, where’s the best place to get accurate estimates of financial projections?

**A:** First, begin with your personal experience and use data from what you were able to achieve as a dispenser. Then, work with a CPA to determine a realistic budget and growth plan.

**Q:** How many references should you list on your business plan? And, what kind of references should you use?

**A:** No more than three and they should all be professional, not personal. Successful business owners are ideal references.

---

continued on page 34
Q: What are the best sources for inquiring about available franchises or independent hearing health businesses for sale and their potential for success?
A: Business brokers, ads in the back of the professional journals, and online research via Google.

Q: How can you tell if you are suited to owning your own business?
A: Check out the SBDC (Small Business Development Center) or SCORE (Service Corps of Retired Executives) websites and take a survey that will help you assess your business ownership acumen.

Q: If I am not planning to apply for a bank loan, why do I need a business plan?
A: It is important that you understand your business from the inside out and so that you can use it as a road map for your business to stay on the right track. Also, a business plan will be helpful in making corrections as your business experiences its inevitable ups and downs.

Q: How do I determine my start-up costs and other expenses if I am starting my first business?
A: This is where having a mentor and a CPA are critical in preparing a detailed business plan. They will help you answer these questions by forcing you to drill into each and every number.

Q: How can I obtain funding to maintain and grow my business? Do personal banking or investor relationships help, and how do I find/build these relationships?
A: This is where your CPA, attorney and mentor can provide invaluable referrals. It also doesn’t hurt to ask current business owners, friends, and family for referrals. The chances are good that most of these folks already have a successful relationship with a bank or investor.

Q: Why is location so important and what are some essential questions to consider when choosing a business site?
A: This answer is going to depend on the business model. If the business will be relying on medical referrals from a particular ENT practice, then a location in a Medical Arts Building or close by the ENT practice will be very important. If the business model will be based on retail clients then a location in a high traffic strip mall would be ideal.

Q: Why do you need personal information in your business plan? And, what personal information should you leave out of your business plan?
A: If you are asking a bank for hundreds of thousands of dollars, it is important that they get to know you as a person. Keep this section of your business plan to 1-2 paragraphs and leave out race and religion.

Q: Recruiting the right personnel is one of the keys to a successful business. What are the best ways to find and recruit great team members?
A: Asking your current employees for referrals is always a great place to start. Also, online job websites like Career Builder.com and Monster.com.

Q: How long should your business plan be?
A: No more than 40 pages for a single practice and keep it spaced at 1 ½ spacing, instead of single spacing, for easier reading.

Q: What traits are essential to start and maintain a successful business in the hearing healthcare industry?
A: First and foremost, is a desire to help people. Secondarily, you will need self-motivation and a desire to succeed.
# Course List for 2012

The International Hearing Society encourages your participation in the following listing of approved courses for continuing education.

<table>
<thead>
<tr>
<th>Date</th>
<th>City, State</th>
<th>Course Title</th>
<th>Education Provider</th>
<th># of CE Credits</th>
<th>More Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/8-6/9/12</td>
<td>Breckenridge, CO</td>
<td>Rocky Mountain Hearing Symposium</td>
<td>Colorado Hearing Society</td>
<td>10</td>
<td><a href="http://www.colohearingsoc.net">www.colohearingsoc.net</a></td>
</tr>
<tr>
<td>6/8-6/9/12</td>
<td>Saratoga Springs, NY</td>
<td>2012 HHCANY Conference</td>
<td>Hearing Healthcare Alliance of New York, Inc.</td>
<td>10</td>
<td><a href="mailto:hearnewyork@hhcany.org">hearnewyork@hhcany.org</a></td>
</tr>
<tr>
<td>6/29-7/1/12</td>
<td>Bend, OR</td>
<td>Hear Northwest 2012</td>
<td>Oregon Hearing Society</td>
<td>12</td>
<td><a href="mailto:rsjue@msn.com">rsjue@msn.com</a></td>
</tr>
<tr>
<td>7/12-7/15/12</td>
<td>Orlando, FL</td>
<td>FSHHP 2012 Annual Convention</td>
<td>Florida Society of Hearing Healthcare Professionals, Inc.</td>
<td>10</td>
<td><a href="http://www.floridahearingsoceity.com">www.floridahearingsoceity.com</a></td>
</tr>
<tr>
<td>7/13/12</td>
<td>Little Rock, AR</td>
<td>AR Hearing Society Educational Seminar</td>
<td>Arkansas Hearing Society</td>
<td>12</td>
<td><a href="http://www.arkansashearingsoceity.org">www.arkansashearingsoceity.org</a></td>
</tr>
<tr>
<td>7/14/12</td>
<td>Leavenworth, WA</td>
<td>Consumer Recession Rights</td>
<td>Washington Hearing Society</td>
<td>2</td>
<td><a href="http://www.washingtonhearing.org">www.washingtonhearing.org</a></td>
</tr>
<tr>
<td>8/3-8/5/12</td>
<td>Orange Beach, AL</td>
<td>2012 Southeastern Conference on Hearing Healthcare</td>
<td>Alabama/Georgia Society</td>
<td>12</td>
<td><a href="http://www.ashhp.org">www.ashhp.org</a></td>
</tr>
<tr>
<td>8/16-8/18/12</td>
<td>Greenville, SC</td>
<td>The Mid-Atlantic Hearing Care Conference</td>
<td>North Carolina Assoc.</td>
<td>12</td>
<td><a href="mailto:michealmccroskey@yahoo.com">michealmccroskey@yahoo.com</a></td>
</tr>
<tr>
<td>10/26/12</td>
<td>Bloomfield, NJ</td>
<td>The Latest Buzz About Tinnitus</td>
<td>New Jersey Academy of Audiology</td>
<td>6</td>
<td><a href="http://www.njaudiology.org">www.njaudiology.org</a></td>
</tr>
<tr>
<td>Various</td>
<td>Various</td>
<td>The 12 Step Closing Process &amp; Handling Objections</td>
<td>PHASE Seminars LLC</td>
<td>2.5</td>
<td><a href="mailto:vjyero@gmail.com">vjyero@gmail.com</a></td>
</tr>
<tr>
<td>Various</td>
<td>Various</td>
<td>The Resistant Patient &amp; You:</td>
<td>Hillcrest Hearing Aids &amp; Balance Center</td>
<td>6</td>
<td><a href="mailto:liannarino@soents.com">liannarino@soents.com</a> or <a href="mailto:ckooser@soents.com">ckooser@soents.com</a></td>
</tr>
<tr>
<td>Various</td>
<td>Online</td>
<td>The 12 Step Closing Process &amp; Handling Objections</td>
<td>Audina Hearing Instruments, Inc.</td>
<td>2</td>
<td><a href="http://www.audina.net">www.audina.net</a></td>
</tr>
<tr>
<td>Various</td>
<td>Longwood, FL</td>
<td>Assembly, Repair &amp; Modification Course</td>
<td>Audina Hearing Instruments, Inc.</td>
<td>up to 40</td>
<td><a href="http://www.audina.net">www.audina.net</a></td>
</tr>
<tr>
<td>Various</td>
<td>Various</td>
<td>Bridging the Gap:</td>
<td>Cochlear Americas</td>
<td>up to 3</td>
<td><a href="http://www.cochlear.com">www.cochlear.com</a></td>
</tr>
<tr>
<td>Various</td>
<td>Various</td>
<td>Hearing Aids &amp; Implantable Technology</td>
<td>Cochlear Americas</td>
<td>2</td>
<td><a href="http://www.cochlear.com">www.cochlear.com</a></td>
</tr>
<tr>
<td>Various</td>
<td>Online</td>
<td>Intro to Baha:</td>
<td>Cochlear Americas</td>
<td>4</td>
<td><a href="http://www.cochlear.com">www.cochlear.com</a></td>
</tr>
<tr>
<td>Various</td>
<td>Online</td>
<td>What Professionals Need to Know</td>
<td>Cochlear Americas</td>
<td>2</td>
<td><a href="http://www.cochlear.com">www.cochlear.com</a></td>
</tr>
<tr>
<td>Various</td>
<td>Online</td>
<td>Advanced Digital Algorithms</td>
<td>Starkey Laboratories</td>
<td>1</td>
<td><a href="http://www.starkey.com">www.starkey.com</a></td>
</tr>
<tr>
<td>Various</td>
<td>Online</td>
<td>Hearing Aids: Extending Their Life</td>
<td>Starkey Laboratories</td>
<td>1</td>
<td><a href="http://www.starkey.com">www.starkey.com</a></td>
</tr>
<tr>
<td>Various</td>
<td>Various</td>
<td>Medical Errors: The 3 R’s</td>
<td>audifton Hearing Systems</td>
<td>2</td>
<td>contact.usa.audifton.com</td>
</tr>
<tr>
<td>Various</td>
<td>Various</td>
<td>Applications of Rextons D7 Technologies</td>
<td>Rexton, Inc.</td>
<td>4</td>
<td>contact your Rexton representative</td>
</tr>
<tr>
<td>Various</td>
<td>Various</td>
<td>The New Generation of Unitron</td>
<td>Unitron</td>
<td>4</td>
<td><a href="http://www.unitron.com">www.unitron.com</a></td>
</tr>
<tr>
<td>Various</td>
<td>Various</td>
<td>The Era Platform</td>
<td>Unitron</td>
<td>3</td>
<td><a href="http://www.unitron.com">www.unitron.com</a></td>
</tr>
<tr>
<td>Various</td>
<td>Various</td>
<td>High Tech-High Touch Hearing Aid Delivery Strategies</td>
<td>Unitron</td>
<td>6</td>
<td><a href="http://www.unitron.com">www.unitron.com</a></td>
</tr>
<tr>
<td>Various</td>
<td>Various</td>
<td>WPT21: The Answer is CLEAR</td>
<td>Widex Hearing Aid Company, Inc.</td>
<td>4</td>
<td><a href="http://www.widexusa.com">www.widexusa.com</a></td>
</tr>
<tr>
<td>Various</td>
<td>Various</td>
<td>Oticon Medical: Ponto Bone Anchored System Seminar</td>
<td>Oticon Medical LLC</td>
<td>3</td>
<td><a href="http://www.oticonmedical.com">www.oticonmedical.com</a></td>
</tr>
<tr>
<td>Various</td>
<td>Various</td>
<td>360 Product Training</td>
<td>Unitron Canada</td>
<td>1</td>
<td>Contact your Unitron sales rep</td>
</tr>
<tr>
<td>Various</td>
<td>Various</td>
<td>Tandem Product Training</td>
<td>Unitron Canada</td>
<td>1</td>
<td>Contact your Unitron sales rep</td>
</tr>
<tr>
<td>Various</td>
<td>Various</td>
<td>Moni 3G Product Training</td>
<td>Unitron Canada</td>
<td>1</td>
<td>Contact your Unitron sales rep</td>
</tr>
<tr>
<td>Various</td>
<td>Various</td>
<td>Passport Product Training</td>
<td>Unitron Canada</td>
<td>1</td>
<td>Contact your Unitron sales rep</td>
</tr>
<tr>
<td>Various</td>
<td>Various</td>
<td>Latitude Product Training</td>
<td>Unitron Canada</td>
<td>1</td>
<td>Contact your Unitron sales rep</td>
</tr>
</tbody>
</table>
The Apprentice Winner and Entrepreneur Bill Rancic to Headline Annual IHS Convention & Expo

“How to Think Like an Entrepreneur” will be the subject of well-known entrepreneur Bill Rancic’s Keynote Presentation kicking off the 61st Annual Convention and Expo this September 20-22 in Glendale, Arizona. The opening festivities, sponsored by Starkey Hearing Technologies, will continue with dinner, entertainment and a Vegas-style casino party to celebrate the beginning of the 3-day, must-attend educational event.

Day two will commence with an industry panel on “The Future of the Hearing Healthcare Marketplace” featuring: B. Scott Davis, CEO, Siemens Hearing Instruments, Inc.; Peer Lauritsen, President, Oticon, Inc.; Heinz Ruch, President and CEO, Amplifon USA, Inc.; and Brandon Sawalich, Senior Vice President, Starkey Hearing Technologies. This dynamic session will be moderated by Rachelle Butts, President, AudiologyOnline and will offer attendees a peek into what the future holds for the industry and the hearing aid dispensing profession.

“We have spent a lot of time listening to our members and customers and have built an outstanding program that will deliver top-notch education and training, peer-to-peer networking, membership updates, and fun,” explained Kathleen Mennillo, IHS Executive Director. “We are fortunate to have the support of our sponsors and we are excited to see our flagship event growing. It is a telltale sign of good things to come in our industry.”

IHS will continue the tradition of closing the event with a formal awards gala, sponsored by Miracle-Ear. This premier event activity creates a memorable evening of celebrating the achievements of some deserving hearing healthcare professionals. Additional activities include seminar sessions, pre-convention workshops, annual membership meeting, and a redesigned exhibit hall with a technology theatre. For more information, including the full lineup of speakers and activities visit www.ihsinfo.org/convention.

Nominations Now Being Accepted for IHS Chapter of the Year

The 2011 Chapter of the Year was awarded to the Massachusetts Hearing Aid Society. Chapter president, Peter Lee, BC-HIS accepted the award during the 60th Annual IHS Convention and Expo in Boston, Massachusetts.

Does your IHS chapter deserve to be recognized for its achievements? If so then nominate your chapter for the esteemed Chapter of the Year Award being presented during the 61st Annual IHS Convention & Expo in Arizona! All IHS affiliate chapters who meet the award criteria—which is based on success in any of the following areas: chapter meetings, continuing education, government relations, membership development or public relations are eligible to receive the award.

To nominate your chapter, visit the Chapter Resources page at www.ihsinfo.org. Nominations must be received by Friday, July 20, 2012.

CORRECTION

In the Jan-Feb-Mar 2012 issue of The Hearing Professional, the photo on page 14 incorrectly identified Director of Audiology Professional Practices: Pam Mason, M.Ed., CCC-A as ASHA Executive Director Arlene A. Pietranton, PhD, CAE in the photo with IHS leaders.
While attending AudiologyNOW, IHS Executive Director Kathleen Mennillo participated in an off-site panel discussion sponsored by Hamilton CapTel on “A Holistic Approach to Hearing Healthcare,” moderated by Brenda Battat, executive director of the Hearing Loss Association of America. The panel focused on how hearing healthcare providers can help their patients understand the options of holistic solutions that can help them live well with hearing loss.

Beyond all the exhibits and education, time was taken to recognize excellence amongst AAA peers. Beltone presented the first Award of Excellence to Osborne College of Audiology of Salus University for its work in providing audiology students business skills necessary to manage a successful practice. University of Arizona professor Tom Muller, AuD, received Beltone’s Larry Mauldin Award for Excellence in Education. Also recognized was the value of human ideas as the Oticon Foundation and Ida Institute launched an online competition to harvest the ten best ideas to improve awareness and change public perception of hearing loss. All people are invited to submit ideas until September 2012 on the website: www.awarenessforhearingloss.com. Winning ideas will be announced at AudiologyNOW 2013 in Anaheim, CA.

For more information on AudiologyNOW, visit www.audiologynow.org

New Secretary Appointed to IHS Executive Committee during Spring Board Meeting

In early April, the IHS Board of Governors met for their biannual, face-to-face board meeting and appointed Central Territory Governor Todd Beyer, BC-HIS, ACA, to the executive committee in the position of secretary. Beyer is a 2nd generation hearing instrument specialist and has been licensed since 1999. After spending eleven years with a large retail hearing aid chain he opened his own practice in 2010, in downtown Marshfield, Wisconsin. Beyer has been a member of IHS since 2005 and is also a member of the Board of Directors of the IHS state chapter, the Wisconsin Alliance of Hearing Professionals.

Beyer replaces former IHS Secretary Bruce Sharp, BC-HIS, ACA who reached his term limit after serving the Society in this role for 3 years.
We're here. All 1,200 of us. Miracle-Ear and its network of 1,200 hearing care professionals have joined the IHS. As the nation’s most-recognized hearing aid brand, Miracle-Ear is excited to become a corporate sponsor, and support IHS’s efforts in advocacy and industry advancement.

Contact us at:
www.Miracle-Ear.com/franchiseinformation
763-268-4053
888-510-0766 x4053
franchise.sale@amplifon.com

“I’ve known about Miracle-Ear for decades, and I know they’ll be there next month, next year, as they’ve been there helping people for over 60 years.”
— Patrick Duffy
Actor and Miracle-Ear Spokesperson

JOIN OUR TEAM
Avada Hearing Care Centers has been in business for decades in our local markets. Our organization has been able to not only survive, but grow and thrive due to our 350+ years of combined senior management experience. Here Today, Here Tomorrow.

• Several Hundred Locations
• Competitive Salary
• Bonuses
• Great Benefits
• Advancement Opportunities

Apply online at www.avada.com referencing ad 210, or email your resume and letter of interest to careers@avada.com.

As a leader in the hearing health care industry, Beltone gives you a chance to take your career to the next level. We currently have several opportunities across the United States. Beltone offers extremely competitive compensation, a comprehensive benefits package, and great potential for career growth.

Beltone is looking for talented Hearing Care Practitioners – Hearing Instrument Specialists in several cities; among them:
• Burke, VA
• Woodstock, VA
• Plymouth Meeting, PA
• Louisville, KY
• Portland, OR
• Denver, CO
• Phoenix, AZ
• Tampa Bay, FL
• Orlando, FL
• Salt Lake City, UT

You can view all of our current career opportunities in the ‘Careers’ section of www.beltone.com. Please contact Joel Keller at 847-832-3682 or beltonejobs@beltone.com, should you have any questions.

THE HEARING PROFESSIONAL CLASSIFIED ADVERTISING GETS RESULTS!

OVER-THE-COUNTER & INTERNET SALES
The International Hearing Society is deeply committed and totally invested in preventing illegal over-the-counter and internet sales of hearing aids.

Please contact us to see how you can help.
www.ihsinfo.org

International Hearing Society • 16880 Middlebelt Road, Ste. 4, Livonia, MI 48154 • Phone: 734-522-7200

Email classified ad copy to knacarato@ihsinfo.org or fax to 734.522.0200. The ad rate is $.99 per regular word and $1.15 per boldface or all-capped word with a minimum rate of $50.00. There is an additional charge of $20 for boxed ads. For additional information call 734.522.7200.
We’re here. All 1,200 of us.

Miracle-Ear and its network of 1,200 hearing care professionals have joined the IHS.

As the nation’s most-recognized hearing aid brand, Miracle-Ear is excited to become a corporate sponsor, and support IHS’s efforts in advocacy and industry advancement.

“‘I’ve known about Miracle-Ear for decades, and I know they’ll be there next month, next year, as they’ve been there helping people for over 60 years.’”
— Patrick Duffy
Actor and Miracle-Ear Spokesperson

Joining Miracle-Ear Means Unmatched Benefits

- #1 National Brand with over 60 years Experience
- Largest Hearing Aid Retailer in U.S. with 1,200 Locations
- National Marketing on TV and Online
- Local Marketing Tools, Support, and Customer Relationship Management Program
- Proprietary Web-Based Office Management System
- Exclusive Products and Innovative Technology
- Exclusive Territory
- Free Continuous Training with Business Development Team
- Business Financing

Contact us at:
www.Miracle-Ear.com/franchiseinformation
763-268-4053
888-510-0766 x4053
franchise.sale@amplifon.com

©2012 Miracle-Ear, Inc.
Five letters signify your commitment to providing patients with quality care.

Five letters testify to your outstanding skills and professional expertise. Five letters represent your initiative to excel beyond normal requirements. Some of the most highly experienced hearing health professionals in the world share a distinguishing symbol—the symbol of certification through the National Board for Certification in Hearing Instrument Sciences (NBC-HIS).

Be the Best. Be Board Certified.