

**FLORIDA ACADEMY OF AUDIOLOGY  
JOB PLACEMENT SERVICE**

Florida Academy of Audiology maintains a list of vacant positions as a service to our members and the professional community. This list is posted on the FLAA web site, [www.floridaudiology.org](http://www.floridaudiology.org), and distributed, at no charge to FLAA members. A fee is charged for each facility to be included in the list for a **three-month period**. The fee is **\$50 for FLAA members** and **\$75 for non-members**. To list a position in FLAA's Job Placement Listing Service, please complete the following and submit it with the fee to FLAA Management Office at the address/fax below. **\*\*Please type/print clearly.**

ARE YOU A FLAA MEMBER?  YES  NO.

ORGANIZATION: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

LOCATION OF POSITION: \_\_\_\_\_

COUNTY: \_\_\_\_\_

CONTACT PERSON(S): \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ FAX: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

**POSITION DESCRIPTION**

TITLE OF POSITION: \_\_\_\_\_

FULL-TIME/PART-TIME/CONTRACT: \_\_\_\_\_

JOB SETTING: \_\_\_\_\_

QUALIFICATIONS (Not to exceed 200 characters):  
\_\_\_\_\_  
\_\_\_\_\_

SKILLS/EXPERIENCE (Not to exceed 200 characters):  
\_\_\_\_\_  
\_\_\_\_\_

ADDITIONAL COMMENTS (Not to exceed 200 characters):  
\_\_\_\_\_  
\_\_\_\_\_

Payment:  Check  Visa  Mastercard  American Express

Card Number _____	Expiration Date _____
Name on Card _____	
Address _____	
Signature _____	

MAIL/FAX FORM WITH FEE (\$50-FLAA members|\$75-non-members) TO:  
FLAA JOB PLACEMENT, 20423 STATE ROAD 7, SUITE F6-491, BOCA RATON, FL 33498  
OR FAX (561) 477-8109