



VESTIBULAR

DISORDERS ASSOCIATION

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Provider Directory

Professional Information Submission Form

VEDA's online provider directory is one of our website's most popular features, providing an informal referral service for people seeking health professionals with a special interest and training in diagnosing and treating vestibular disorders.

To add your listing, submit your information online or fill out the form below and return it to VEDA by fax or mail. If you need to update your membership dues, you may do so online at <https://www.vestibular.org>.

Do you have more than one practice? Each professional membership entitles you to have up to **three** different provider directory listings for clinic locations where you actively practice! Please return a copy of this form for each location you would like to see listed.

VEDA RECOGNIZES THE IMPORTANCE OF PHYSICIANS, THERAPISTS, AND AUDIOLOGISTS WORKING TOGETHER AS A TEAM IN THE DIAGNOSIS AND TREATMENT OF VESTIBULAR DISORDERS. YOUR SIGNATURE CONFIRMS THAT YOU HAVE SPECIALIZED TRAINING OR EXPERIENCE THAT QUALIFIES YOU TO WORK AS PART OF SUCH A TEAM.

SIGNATURE OF SPECIALIST		DATE	
NAME OF SPECIALIST, PROFESSIONAL SUFFIX (CODE)		TELEPHONE (INCLUDE AREA/COUNTRY CODE)	
CLINIC NAME		FAX (OPTIONAL)	
STREET ADDRESS		E-MAIL	
STREET ADDRESS (CONTINUED)		WEB SITE (OPTIONAL)	

CITY	STATE/PROVINCE	POSTAL CODE	COUNTRY
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PLEASE CHECK YOUR SPECIALTY(IES):

AUDIOLOGIST

- ENT/OTOLARYNGOLOGIST
- NEUROLOGIST
- NEURO-OPHTHALMOLOGIST
- NEUROTOLOGIST
- OCCUPATIONAL THERAPIST

- OTOLOGIST
- OTONEUROLOGIST
- PHYSICAL THERAPIST
- PSYCHIATRIST
- PSYCHOLOGIST
- OTHER _____

DO YOU OFFER IN-OFFICE PARTICLE REPOSITIONING MANEUVERS FOR TREATING BPPV? Yes No