



Provider Directory Professional Information Submission Form

VEDA's provider directory is one of our site'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 at <http://vestibular.org/for-professionals/provider-input-form.php> or fill out the form below and return it to VEDA by fax or mail.

Your listing is a benefit of VEDA professional membership. If you need to update your membership dues, please visit our store at <https://vestibular.org/shop>.

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 (REQUIRED)

PROFESSIONAL SUFFIX (REQUIRED)

TELEPHONE

CLINIC NAME

FAX (OPTIONAL)

STREET ADDRESS

E-MAIL (OPTIONAL)

STREET ADDRESS (CONTINUED)

WEB SITE (OPTIONAL)

CITY

STATE/PROVINCE

POSTAL CODE

COUNTRY

PLEASE CIRCLE YOUR SPECIALTY

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