



APPLICATION TO BECOME A SpeechEasy™ PROVIDER

Date _____

Name _____

Home Address _____

Phone _____

Business Address _____

Phone _____

Email _____

ASHA Certified: *(please circle)* Speech Audiology

Board Recognized Fluency Specialist: *(please circle)* Yes No

Please send your resume along with the following information (if not identified on your resume) to the address listed below:

- 1. Degrees, dates, granting institutions, major areas of study
- 2. Brief description of your current position, how long you have served in that position
- 3. Brief description of your previous position and time served in that position

Please answer the following questions on a separate sheet of paper or you may choose to complete this portion of the application via a phone interview.

- 1. What first peaked your interest in becoming a SpeechEasy Provider?
- 2. Please describe your practicing location (non-profit, hospital, private practice, etc)?
- 3. How many stuttering cases have you managed over the last five years?
- 4. How many stuttering cases do you currently see on an annual basis?
- 5. Of those stuttering cases, what percentage are adults (16 years old and up)? What percentage are children (birth to 15 years)?
- 6. What is your philosophy on the nature & treatment of stuttering?
- 7. What is the nature and extent of your business/management experience?
- 8. What is your vision of how SpeechEasy might fit in your business and marketing plans?

Please return to or fax to the attention of:

Janus Development Group, Inc.
308 W. Arlington Blvd. Suite 300
Greenville, NC 27834
Phone: (252) 551-9042
Fax: (252) 413-0950
Email: info@speecheasy.com

