

ALDACon2017
Save, Serve, Solve
Kelly Kovach, Page Cresawn, & Robin Abernathy
October 13, 2017

STEVE LAREW:

Good morning. Welcome to the workshop “Save, Serve and Solve”. The presenters are audiologists Kelly Kovach, Page Cresawn, and Robin Abernathy and come from the State of Alabama’s Vocation Rehabilitation Services.

KELLY KOVACH:

Hello, how is everyone? Our goal today is to give information about vocational rehabilitation services. Some people may not be aware of what those services are, what we do, and what our job is. How many of you have heard about vocational rehab in your states? A few people have learned about vocational rehab already. Our set up is a little bit different than any in other state.

We are under the umbrella of the Alabama Department of Rehabilitation Services which is a state agency that receives federal and state funds. Our mission is to enable Alabama's children and adults with disabilities to achieve their maximum potential. Vocational Rehabilitation Services (VRS) is the largest division of the Alabama Department of Rehabilitation Services. There are twenty VRS offices in Alabama. We help individuals deal with barriers so they may reach their vocational goals. The goal is to help keep eligible people with disabilities in the work place to do their jobs to the best of their ability by providing services to assist them.

Most of you are consumers who want to learn about the vocational rehab program. This (slide) will explain to you what VRS does. The umbrella shows the Alabama Department of Rehabilitation Services (ADRS). And underneath that we have VRS, Children’s Rehab, Early Intervention, and SAIL (State of Alabama Independent Living/Homebound Service).

Within VR, there are two branches: The Deaf and Blind Division and the General Division. The general division encompasses substance abuse, mental illness, TBI and transition services.

What about referrals? You can be referred by an ENT, doctor, audiologist, a friend/family member, or an employer. If you are someone that is interested in the services, you can be a self-referral. That means that you can actually call the agency in your area, and they would direct you to the people who handle the cases, the counselors.

A lot of times we work with employers who are afraid that their employee may be not doing their job to the best of their ability and may be in jeopardy of losing their job. The counselors and support staff can talk with the employer one-on-one. We talk with the

employee. And we see what services we can provide to help that employee do their job to the best of their ability. We can provide different services such as hearing aids, and devices like FM systems or anything they need to do their job.

Who can be eligible for services? You must have a documented disability; so that is number one. The disability has to be interfering with obtaining, monitoring, or maintaining employment. To be eligible you must need multiple services to maintain or obtain a job. If you only need hearing aids that would not justify opening a case.

Eligibility is presumed if the consumer receives supplemental security income, so SSI or SSDI.

Financial eligibility is based on a sliding scale. If you are not 100% covered (say you're 50% covered) you can still use our services. The state would cover 50% and 50% would be covered by the consumer.

There are different services that are provided by VRS; it is not just about hearing. It is also about vocational evaluations, counseling, guidance, job coaching and job readiness which helps individuals get prepared for the work force. This may entail working on interview skills, resume writing and teaching people to advocate for themselves.

We offer Interpreter services which is something I use a lot in my job. Every time I have a consumer who is Deaf, I always use the interpreter so that we can have great communication throughout the appointment.

We provide accommodations and assistive technology, job development, placement, and assistance. We also offer post-employment services and college sponsorship.

We have audiologists on staff. There are four audiologists within our state. Alabama is the only state that has audiologists within a vocational rehab program. All the other states use vendors.

As I mentioned, the person that handles each case is not the audiologist. It is the rehabilitation counselor. The rehab counselors handle everything from start to finish.

It all starts with an application. Counselors provide information, resources, counseling and guidance. They develop a plan for employment with the individual consumers who must follow-through with the rehab counselor's written plan. In the plan, goals are documented (i.e. whether to work or attend college) and the plans are vital to the success of the program. Usually after about 90 days of successful rehabilitation cases are closed.

How many consumers do we have? We have a lot but we do have a lot of help with those consumers. There are 120 consumers per one counselor. And that is just in the deaf and hard of hearing division. In our area, we have hard of hearing, deaf, who are

14 and older. Children's Rehab will help those who are under the age of 21. Children from 14 to 21 can be with our program and children's rehab at the same time. We help them with college sponsorship and getting summer work.

Deaf or hard of hearing consumers with any secondary disabilities, such as vision loss, cognitive or mental illness can also be consumers. You do not have to have hearing loss as your primary disability. It could be something else and hearing loss is a secondary issue.

As I said before, Vocational Rehabilitation in other states use vendors. That would be the Ear Nose and Throat specialists in private practices. They may have priority selection meaning only the most critical case are served. Each state has different eligibility requirements. The sliding scale in your state may be different from our Alabama scale. And there may be limited resources available.

I am going to pass this on to Page who will present the next part.

PAGE CRESAWN:

Hey, how are you all this morning?

I am a mover so I am going to pace a little bit. As Kelly said, Alabama has a different model. Is it strange to you all to learn we have staff audiologists? We love this program so much and would like to see all states adopt it. We think it is a good model because we are keeping everything "in house" and our motives are always pure. We always want to help people that are working. And we are rehab minded in everything we do. That is why this model is working so well for us and we will be happy to answer questions about it.

There are four of us VRS audiologists across the state; we have been so fortunate because many states have no audiologists in vocational rehab. We cover large territories and you can see (on slide), the counties that we serve; 30 plus, 20 plus, 10 plus. We stay busy. Because we are rehab minded, we are doing more than handing out hearing aids; we are looking at the whole consumer. We ask ourselves how we can we help this person get employed and stay employed, or find their forever career? What can we do besides just hearing aids?

As audiologists, we do a lot of assistive technology. Do you all use some assistive technology like FM systems or Bluetooth connectivity? I am most passionate about the connectivity technology component of hearing aids. I love all the extras because hearing aids and cochlear implants are great regarding what we can pair with these devices to make life even easier.

Assistive listening devices are things you do not find a lot at a general ENT office because they are so busy. They are getting people in and out every 20 minutes.

We are looking at the whole person asking questions like "What else can we do to help?" "How are you going to wake up in the morning?" (A lot of people do not think

about that.) “What are we going to do about fire alarms?” (We just came from today’s disaster preparedness workshop.) Or another example, how is an expectant mom going to be hear a baby or does she need help to get up and go to work? These are things that we are thinking about.

And, what about a nurse who is hard-of-hearing who wants to be able to hear heart beats and do blood pressure. We see a lot of that in VR. We can discuss digital readout blood pressure meters; there are so many things that can be done.

Our goal is to get rid of barriers. People with hearing loss, and even deafness can do anything. So, we look at other devices we can provide apart from hearing aids.

Vendor audiologists will typically send us their more challenging cases so that we can provide expertise on other technology outside of hearing aids alone.

We get many challenging situations. Let’s say a person works in a factory and is around loud noise 60% of the day and has a lot of hearing loss. They need to be able to hear the beeper when the forklift truck is backing up. There is a noise cancelling headset. We have to consider all this; we still need to protect this person’s ears and we do not want them wearing hearing aids when it is loud 60% of the day. We are trying to find solutions for our clients.

Sometimes we put special programs on the hearing aids, and get the noise cancelling headsets, as well as pagers that the person wears at work for the boss to communicate with them. We just try to look at the big picture to help that person to stay on their job and be successful.

Do you use a dry and store box? It is so interesting to me that many people who live in humid places like Alabama where the moisture is killing their hearing aids do not use them. Maybe no one has told them about a dry box. It is not rocket science but can be life changing for somebody with hearing aids. A drying and store box can preserve the life of the hearing aids.

We talked about the wake-up system. I cannot tell you how many people I have seen that just never knew about a Shake Awake. Do you use that? Amplified alarm clock? I have people who had never even heard of them which is amazing to me. But they get to our program and we ask them about things like whether they use special alarm clocks.

So, here is a little bit about what our day looks like. We are constantly traveling. We are not in one office for long. And that traveling is another thing that makes us unique. That is because a lot of our clients’ resources are very limited and it might be a hardship for them to drive to our office 30 miles. We go to rural communities, to career centers, even into grocery stores.

Recently we had to assess music speakers in a grocery store which was where our client worked. The client has a hearing loss and could not get the boss to understand why she cannot hear on the phone when the radio speakers are blaring. The boss would not turn the radio down. My motto is always “let’s build bridges...let’s not tear them down”. I went in to the boss and said, “Hey, you know, Ms. Smith really needs you to turn down that music station. Would you rather Ms. Smith be able to hear the phone calls you ask her to take in the meat department?” The response: “Oh, yeah”. It is that people do not really understand. The boss saw she wore hearing aids and was struggling but did not “get it” when she begged him to turn down the radio. It took someone from VR to come in and explain that this is causing trouble for the employee (who is an excellent employee) and who can explain that the loud radio is creating a barrier for her and it is not fair.

We talked a little bit about interpreters which is an awesome resource. Like our four audiologists, the interpreters are stretched thin but when we can, we use our staff interpreters.

And then one last thing, is our RaVE program. I do not know if you are familiar with RaVE, but it could be called different things in different places. RaVE stands for “retain a valued employee”. Someone can come to us, and they say, “I am working, and it is vital I get some help here. I think I might lose my job.” They might not have hearing aids or the hearing aids may be broken and they may not be financially able to get repair or get new hearing aids. The RaVe program is really awesome because we can wave any sliding fee. For example, sometimes we have people that come in and they might be making \$100,000 a year and we are looking at their income taxes and thinking, “Excuse me, you cannot afford hearing aids?” The person might explain that “My wife has been sick. She has cancer. We had some big things come up this year that we did not anticipate. Financially, my job is in jeopardy, and we do not have the money right now for new hearing aids.” We can put them in RaVE program, which means we get their employer involved. We ask the employee, if they are okay with us coming to their office, and informing their supervisor that we are going to be working with them. If the employee agrees, then using the RaVE program we are able to wave the sliding fee.

We do some amazing things for people. Finances are not always the main factor. We try to help everybody we can. And this might be more for people that are going back to their state thinking we really need this model in our state.

It is not that we think WE are so great. We just think we do some really cool things in this model, and that if it was adapted all over it could save taxpayers money.

A couple years ago I presented this information to a group who were the heads of “deaf and hard of hearing” programs in their state. I did some quick calculations. (I am no math expert. Do not quote these line for line. I did a rough estimate.) When we pay vendors to do hearing test and for the cost of hearing aids it is expensive but using VR, the amazing thing is that we get state rates. That is what helps us out; we are not paying the full market price. We are get special Medicaid state rates. So, our

audiologists are saving the state about \$2 million a year. How does someone say no to that? You get the direct contact services plus you are saving a few million dollars.

And I have nothing against ENTs and private audiologists. (My husband is an audiologist who works for an ENT). They are not bad. We just have a different model and mind set in what we do.

Here is another thing we see. By federal regulation we have to give people a choice. We cannot say you will see a staff audiologist or else. For example, if you have come from Dr. X's hearing clinic in Auburn you have a right to go back. That is fine. That will not hurt our feelings. Nine times out of ten, when people are given that choice, they are choosing to come to us, which provides continuum of care and trust. We are not going to sell you something you do not need or give you something you do not want because it helps us. We are doing what is best for you. Again, with that rehab mindset. So, that is why I think we are pretty popular, too.

And there are other things we see when we consult in rural areas of the State that are hard to get to that are a "little bit off". People are getting high end technology when they do not need it and VR is paying for it. Why did we buy this? And that is the kind of thing that we harp on because we want to give people what they need, not anything extra that will not be used. Our motives are all work related. We want what is going to be the best fit for that individual person and not just give them a "catch all", where they are getting stuff even though they might not be able to use it.

I think that saving time is another huge benefit we provide. We know that having to take off time from work to go to lots appointments can be tough for people who are on a fixed income. I know people who work in factories where they are on a point system. If they are out of work so many times they can get in trouble and lose their job. What we try to do a lot of times is a joint appointment. For example, you can come in and meet this counselor at 8, the audiologist at 9; it is one stop. Does it work like that every time? No. Sometimes it is hard to coordinate schedules but it is our goal to do some same day meetings so that we are not asking you to take off from work left and right.

I am going to pass the mike over to Robin and we will be happy to answer questions in the end. She is going to share some interesting case studies.
Thank you.

ROBIN ABERNATHY:

Hey everyone. I am Robin. I am the newest audiologist. I have been with Vocational Rehabilitation since May of 2015. I cover north Alabama for Vocational Rehabilitation. Before me, no one had held this position in the agency. They were using vendors in north Alabama.

I want to share a few cases, some real-life experiences, we have encountered to show the challenges that we have faced and how we overcame those with technology.

The first one is involving a 43-year-old female. She came to us in 2013 on a referral from the University of Alabama Low Vision Center. There is a big medical facility there and we get a lot of referrals from them. This woman was working as a contractor for the federal government. She had a great job, but she had been recently diagnosed with Usher's syndrome. Are you familiar with that syndrome? So, for those of you who are not, it affects both hearing and vision. She had a mild to severe sensorineural hearing loss and her vision had started to decline. At work, she was having a lot of difficulty with localizing sounds in noisy situations. She could not hear someone come up behind her. She was having a lot of trouble on the phone. (She was involved in a lot of conference calls.) She had also lost her peripheral vision. She could only really see a very narrow kind of band in front of her. And she had to wear different colored lenses based on what environment she was in. So, she received a lot of different services beyond just hearing which is why I think that her case is so interesting. It shows a really good team approach, which is the heart of Vocational Rehabilitation. We work together with the counselors and other specialists we have on our staff.

This woman received orientation and mobility training. We have specialists that will work with our low vision clients, teach them how to walk using a cane. They got her some binoculars to help her read street signs. We went into her house and helped her label things like height differences with stripes, and we used some lock dots which she can put on microwaves, to help her identify those. And then also to help her traveling at night and on uneven surfaces she worked with our vision rehab therapist. Specialists go into the home and work on independent living skills. They teach measuring, cooking, kitchen safety, identifying money. She was fitted with sunglasses with different colored lenses based on whatever environment she might be in. Braille lessons were provided to help her with her vision.

She actually ended up losing her job while she was under our services because of a federal government furlough situation around that time. We then helped her with a new job placement.

She received guidance and counseling, a CCTV for low vision, and Phonak hearing aids and accessories including a Bluetooth streamer. We do a lot of the Bluetooth streamers that will connect to your cell phone and also a remote external microphone that you can use if you are having a one-on-one conversation. The speaker can wear it or you can use it in meetings and it will stream the sound directly to your hearing aids.

The woman did really great with those. And she was successful but that is not all. She ended up coming back to us about a year later, because her hearing and vision both declined again.

This time she came to us as a RaVE case like what Page described before. Her employer was involved. They recognized that she is a great employee, but the decrease in her hearing and vision had really been affecting her ability to work. So, at this new job, she had to do a lot of reading on the computer, and her vision was affecting that. Also, there were lot of meetings. She was in 7-8 meetings a day. And

for someone with severe hearing loss you can imagine how exhausting that is; she was really struggling.

The other big difficulty she was having was being in a cubicle setting and because of the peripheral vision loss she could not see someone come in; nor could she hear them. She had signs, alerting people she was visually and hearing impaired. "Please get my attention". She was very pro-active. As you all know we cannot control others and they did not always do that; they would just come in her cubicle, start talking to her, she had no idea they were there and would end up getting startled.

We had to think outside the box about what we could do. We ended getting her the Serene wearable alert system. It is like a pager with a bunch of different buttons on it. You can connect to a lot of different alerting devices. So, in her instance, we got her a door bell and a motion detector for her cubicle. People can use the doorbell or the motion detector will detect that they have entered, and it will vibrate and light up to alert her that someone is there. That really helped her with that situation.

Now for her meetings, this particular person really loved the sound quality of streaming a direct connection to her Compilot and she wanted to be able to have that same sound quality in her meetings, versus using the remote microphone. So, we found this hot spot counter loop which is basically a portable loop system. If you have a T-Coil in your hearing aid, you can take that portable loop with you which will connect to the T-Coil that has a jack on the back, forehead set. So, she was able to take that and set it on the desk in front of her at the meeting then directly plug into that headset jack. The sound goes directly through to her hearing aids in the sound quality that she preferred. That worked well for her and so these additional accommodations with the hearing aids that we had already gotten her really allowed her to be successful at her job again and we were able to close her case for the second time. We do not mind repeat customers.

The second case I want to mention is a 49-year-old female. She came to us on her own. She was working as an office receptionist but she had been out of the work force for many years. She was just returning to work and she was anxious about that.

She had bilateral mild to moderately severe, high frequency sensorineural hearing loss. If you can, imagine being a receptionist means having to spend a lot of time on the phone and a lot of time interacting with people coming in to check in. She has to take down a lot of information, and she was missing a lot of that information that she needed to get correct.

The other unique thing about her job was that she worked in a really small medical office setting for one physician. He would yell orders to her telling her that he needed her do this or that. She could not hear him. So that was creating some strain in her work environment. She was worried about being able to keep the job she had just gotten.

So, her counselor and I went out to her work site, and we were able to evaluate her work space. We identified some noise sources in the waiting room that could easily be eliminated. Also, we were able to see how her office space was oriented to where her physician sat. His office was directly behind her office and it was separated by glass. He was trying to speak to her through that glass which was an extra barrier to sound. And that was part of the reason why she was having so much trouble.

She received guidance and counseling and binaural hearing aids and accessories including an external microphone. She placed the microphone on the physician's desk so that when he is in his office behind the glass, he can just speak to her about whatever he needs her to do, and she can hear every word, directly, through both of her hearing aids. That worked really well. The physician was tickled by the outcome of this. And she could hear the patients as they checked in much better. Overall it was a great experience and she was very grateful. She described it as life changing. So, we were able to close her case successfully.

This next case concerns a 49-year-old male. He came to us on his own. He is a coalminer which is not something we see every day. He was looking for a new job as a coalminer. He has moderately severe to severe high frequency hearing loss which is significant. He would be working in a coal mine around a lot of equipment. He could not wear hearing aids down the mine. The conditions underground is not very favorable for hearing aids with the dust, heat, and humidity.

Also, every day before they went underground they would have meetings, like a briefing before they went underground; every week they would have safety meetings; and monthly they would have a daylong training in a classroom setting. He struggled in all those environments. Underground they had safety alarms which he needed to be able to hear but could not. So, what could we do for him? We were able to fit him with hearing aids. With the Compilot to help him in those meetings and classroom settings, and on his cell phone. We also got him some ear gear, which are little protective covers that you can put over the hearing aids (they make them in all sorts of different sizes and shapes) to protect the hearing aids from dust and moisture and things like that. Even though he does not wear the hearing aids underground, when he comes up from underground, he can be pretty dirty so we got the ear gear just as an extra level of protection for those hearing aids. He also got the electric dehumidifier that we mentioned. Again, it protects them from moisture if any moisture gets in there. A heavy-duty dehumidifier to preserve the hearing aids. We want the hearing aids to last so if there is anything needed to maintain those aids we can get that for the client as well.

For underground issues, we got him some of the earmuffs. Those are OSHA rated earmuffs to protect his hearing. They are amplified so they have a microphone and volume control. Now he can hear those alarms underground while his hearing is still protected. He has been doing really well with these and we were able to close his case successfully.

Not all of our consumers are hard of hearing. Some of our consumers are culturally Deaf, or functionally deaf. One example is a person who is culturally deaf and used ASL as their communication. We helped him find employment at the Target distribution center in packaging, which is what he wanted to do. He had not been wearing hearing aids, but he wanted to try them. (It is important to stress that we do not force anyone into hearing aids. It is a personal choice. Especially for our consumers who are culturally Deaf.) This particular individual did want to try them. So, we put some power hearing aids and ear molds on him; got him the dehumidifier since he works in a warehouse, and provided him with the alarm clock. Like Page mentioned, we want to make sure they wake up and make their shift on time.

If we had someone in the same situation who did not want hearing aids, we could still do the alarm clock and look at what other accommodations are needed if they do not have hearing aids. For example, there is forklift safety, which is a concern if the client cannot sense one coming. We can do a visual alert by put a blinking light on the forklift or something like that.

My last example is about a person going to school to be a nurse practitioner. She already had a nursing degree but wanted to go back to be a nurse practitioner and we did support her in her schooling. She had a moderate to severe sensorineural hearing loss. She did have hearing aids from a vendor but was still having a little bit of trouble in her labs, hearing all the sounds. So, we were able get a special stethoscope for her. So, this particular stethoscope is a little bit different from the standard but what is neat about it is that it will connect to the Bluetooth streamers. It can be used with headphones and also with hearing aids. Just plug it into the streamer and it streams the sounds directly to both hearing aids. Another good feature of this stethoscope is that it has programs for whether or not you are listening to heart sounds or lung sounds and you can change the volume to your preference.... sort of fine tune it based on your particular hearing. She was able to detect a heart murmur that the even physician could not pick up with his stethoscope. So that was cool. She was successful with that. There are other types of amplified stethoscopes out there.

AUDIENCE MEMBER QUESTIONS

AUDIENCE MEMBER:

Is it the employers' responsibility to provide this stuff?

PAGE CRESAWN:

It is hard to say. I know there are situations where employers do help, but I do not see as many employers as I do colleges. Colleges will call me saying they want to buy an FM system and wanting to know what they should get to link to the client's hearing aids or cochlear implants. I am not sure about employers because in this RaVE program, we provide it all. State by state it is probably different.

ROBIN ABERNATHY:

I think most of the employers we work with know that we will provide it. We have what we call “business relation consultants” that partner with a lot of the employers. I think we have a good relationship and they know that if their employee has a need that we can provide something for them.

She was saying every state may have a different budget but Alabama budget is pretty generous. I cannot think of any time we have had to turn anyone away.

AUDIENCE MEMBER:

I am with the Arizona Commission for the Deaf and Hard of Hearing and I am happy to see audiologists here in this type of conference. My question is what do you do when you come across an individual who might need a cochlear implant. What is your process, handling that for the job/career?

PAGE CRESAWN:

That is a good question. Our program in Alabama cannot pay for the surgeries. We rely on private pay or their insurance to cover the actual surgeries. However, when it comes time for maintenance of the processors, or a new processor, we can pay for both of those. We also have provided connectivity to cochlear implants.

AUDIENCE MEMBER:

Actually, I have a two-part question, but they are kind of easy questions. The first question is do you try to work with your consumers to talk about how to build self-advocacy skills and actually put those into practice? And then the second part is related to that; do you go back and touch base with the consumer after a little bit of time seeing how they are doing with those skills and also how they are doing with the technology, making sure they are using it appropriately?

ROBIN ABERNATHY:

Yes. Absolutely. As far as the advocacy, I think probably our deaf support specialists on staff get involved and they really work closely with the consumer and the employer on those types of things, as well as interviewing skills, working on their resume. All that stuff. So, the specialists provide their support in that aspect. And as far as on the technology, absolutely. We continue with the consumers so they can come see us any time even if their case is closed, if they need help with any of the technology. We do also rely on them to reach out to us. I do not proactively follow up. I tell them if I do not hear from them then I will assume everything is going great. I tell them to let me know if there is an issue.

KELLEY KOVACH:

I wanted to follow-up on the advocacy part. In our area, we go out to the high schools. The rehab counselors and I will do a lesson on self-advocacy for the high schoolers. We are creating a program for a group setting for those with hearing loss so they can learn how to self-advocate. It is a six-week program that they can attend.

AUDIENCE MEMBER:

I wanted to say I enjoyed learning what Alabama is doing now. Texas is where we are from and Texas has a great program, too. Texas will actually pay for a full cochlear implant surgery and everything.

PAGE CRESAWN:

Wow. Texas. That is awesome. Thank you for sharing that. We are so thankful to hear other states that do good jobs with their clients, because like I said before we are so passionate about this program. It is rewarding to hear that other states are doing so great. Thank you!

AUDIENCE MEMBER:

One question. Are you in a position where you refer a newly deafened person to ALDA, HLAA or Alabama Association for the Deaf, things like that? Or does the counselor do that? Anyway, I have ALDA brochures, and I am happy for you to take them back and pass them around to your clients.

PAGE CRESAWN:

Absolutely, we will be proud to do that. There are many organizations in Alabama and I think the VR counselors touch on that. We will definitely bring the information back to Alabama. Thank you for having us; thank you for your kind words. We appreciate it. We can hang out here to answer questions. Thank you thank you for your attention and your comments. Thank you so much.

[Applause]

Robyn Abernathy, AuD., CCC-A, FAAA, is a staff audiologist with the Alabama Department of Rehabilitation Services in north Alabama where she has served since 2015. She holds both a Bachelor of Science in Communication Disorders and a Doctorate in Audiology from Auburn University. She provides diagnostic and assistive technology services for both adult and pediatric populations.

Page Cresawn, AuD., CCC-A is an Audiologist with the Alabama Department of Rehabilitation Services working in Central Alabama. She holds both a Bachelor of Science in Communication Disorders and a Bachelor of Arts in Psychology as well as a Doctorate of Audiology from Auburn University. Her primary area of interest includes Bluetooth hearing aid connectivity.

Kelly Kovach, AuD., CCC-A, received her doctorate degree in Audiology from the University of Arkansas for Medical Sciences in 2011. She holds the certificate for clinical competence in audiology and enjoys being a preceptor to audiology graduate students. She works as a vocational rehabilitation audiologist for the Alabama Department of Rehabilitation Services.

