

## Infant Hearing Program Clinical Advisory Committee

### Expression of Interest/Call for Nominations

Name of Person Expressing Interest OR Name of Nominee:

Position:

Organization:

Phone and e-mail address:

Please indicate your current role/involvement with the Infant Hearing Program:

- IHP Lead Agency Coordinator/Manager
- IHP Audiologist
- Regional Trainer
- Medical specialist involved in the care of children with PHL
- Speech-Language Pathologist involved in the care of children within the IHP
- American Sign Language Consultant involved in the care of children within the IHP
- Family Support Worker (e.g. social worker) involved in the care of children within the IHP

Other, please describe:

Name, Phone/e-mail of Person Making Nomination (if applicable):

Please indicate why you are interested in becoming a member or why you think the person you are nominating should be considered for this role:

Please submit this form and a copy of your CV to [NSOHearing@cheo.on.ca](mailto:NSOHearing@cheo.on.ca) by the end of the day on October 4, 2024.



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