

# THE BENEFIT OF CHIRPS IN PEDIATRIC ABR ASSESSMENTS

**PRESENTED BY KELLY BAROCH, AUD,  
F-AAA, CCC-A**

Kelly Baroch, Au.D. is a clinical audiologist with Cincinnati Children's Medical Center and coordinator of the Infant Hearing Program and the Inpatient Audiology Program. She completes diagnostic ABR hearing evaluations for inpatient newborns and infants as well as outpatient ABRs under general anesthesia and sedation. She has given numerous state and national presentations on early identification and intervention of hearing loss in the medically complex population and diagnostic ABR. in difficult to test populations. She is involved with several research projects and consults with Audiology and NICU programs nationally. She has no financial or nonfinancial relationships to disclose regarding this presentation content.

## WHEN

**February 13  
5:30-7:30pm**

## WHERE

**Cincinnati Children's Hospital Medical Center  
3333 Burnet Ave, Cincinnati, OH 45229 Room D2.40**

## CEUs



The Ohio Speech-Language-Hearing Association is approved by the Continuing Education Board of the American Speech-Language-Hearing Association (ASHA) to provide continuing education activities in speech-language pathology and audiology. See course information for number of ASHA CEUs, instructional level and content area. ASHA CE Provider approval does not imply endorsement of course content, specific products or clinical procedures.

**This Course is Offered for .2 ASHA CEUs  
Intermediate Level, Professional Area**



**REGISTRATION**  
**\$35 for OSLHA members**  
**\$95 for nonmembers**

**Dinner included with  
registration**

**HOSTED BY**  
**Ohio Speech-Language-  
Hearing Association**  
 **OSLHA**  
**Unlocking Communication**  
*Ohio Speech-Language-Hearing Association*

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# The Benefit of Chirp ABR Registration Form



**NAME** \_\_\_\_\_

**COMPANY/EMPLOYER** \_\_\_\_\_

**PHONE** \_\_\_\_\_

**EMAIL** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CURRENT MEMBER OF OSLHA      YES                      NO**

## **PROOF OF ATTENDANCE**

**CE CERTIFICATE**

**ASHA REGISTRY** (ENTER ASHA#) \_\_\_\_\_

Please send check payable to OSLHA or include  
Visa/MasterCard/Discover credit card details below.

Name of Card: \_\_\_\_\_

Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Send completed registration form to [oslhaoffice@ohioslha.org](mailto:oslhaoffice@ohioslha.org),  
Fax: 937-855-4338 or Mail: PO Box 309 Germantown, OH. 45327  
by February 1, 2018.