

EARLY HEARING DETECTION INTERVENTION PROGRAM

EHDI Advisory Committee (EHDI-AC) Nomination Form

Endi Advisory Committee (Endi-AC) Nomination Form	
Name	
Address	
Phone	
Email	
	epresentative:
☐ Deaf a	
	or family members of a child deaf and hard of hearing (DHH)
•	Organization (e.g., MS Chapter of Hands & Voices)
	g screening and/or diagnostic provider
-	ntervention service provider
	of the Individuals with Disabilities Education Act (IDEA)
	visiting programs
•	Head Start
	apter of the American Academy of Pediatrics
	fice of the Deaf and Hard of Hearing
	hool for the Deaf
	ity/Health Equity/Cultural Competency organization
	Title V Programs (MCH/CYSHCN)
	n Infant & Children (WIC)
☐ Divisio	n of Medicaid
Brief Biog	graphical Information:

Date Received

Date Submitted _____

PLEASE PRINT