

Fall Edition of the Asian-Indian Caucus Newsletter



President's message

Greetings! Time flies! It seems like it was just yesterday that the current executive board members took office filled with enthusiasm, energy, and big ideas. How have we done so far? I am pleased to say we have reached some significant milestones and are well on our way to bigger accomplishments!

A noteworthy achievement is the creation of an online platform for the caucus at <http://asianindiancaucus.org>. This website currently features information about our caucus, its current activities along with newsletter archives. We are in the process of adding many more exciting new features to this website including online discussion forums, member directories, and professional resources. So, don't forget to bookmark this site to stay informed about AIC activities. If you have any things you would particularly like to see on the website, please drop us a line!

Our most significant achievement this year is a collaborative venture with Florida State University to offer **Continuing Education** opportunities to AIC members. I am very grateful to my colleagues at FSU for their support in this effort. We are in the process of putting together our first series of CEU activities for Spring 2005. We look forward to sharing more details about this through announcements on our website and email announcements.

As the national voice for individuals of Asian-Indian Origin, we have strived to maintain an active and visible presence in the activities of ASHA- especially related to the Annual Convention in Philadelphia. As one of the constituent groups of the Office of Multicultural Affairs, we will be a part of the Multicultural Constituency Groups **Exhibit Booth** at ASHA Convention 2005! The AIC also will be participating in the **Multicultural Concerns Collective (MC2)** meeting and the **Multicultural Student Get-together**. Last but not least, the **Annual AIC meeting** will be held at the ASHA Convention. This informal meet-and-greet event will give you an opportunity to connect with other individuals of Asian Indian Origin, as well as hear more from the AIC Executive Board about the strategic plan and activities for the following year. I look forward to seeing you at all these events at ASHA! Details about the venues and times are included in this newsletter.

Your needs and concerns drive the priorities of our caucus, so I encourage you to share your views and participate in all AIC activities-at the convention and throughout the year! Every voice, every contribution, and every idea counts—so please---join us in our efforts to build the strength of our organization!

My best wishes to you and yours for the holidays and for a very prosperous 2005!

Regards,
 Shubha Kashinath, PhD, CCC-SLP
 Department of Communication Disorders
 Florida State University

Check out details of the AIC meeting at the ASHA Convention On Page 9

Table of Contents

President's message	1
Editors' Note	2
Call for articles	2
Articles	3 – 8
<i>Speech motor control in Aphasia</i>	
<i>Spontaneous Functional Communication</i>	
<i>Assessment using ERPs</i>	
<i>Metalinguistic skills in children who Stutter</i>	
Office Bearers 2004	9
AIC activities at the ASHA convention	9
Presentations/posters by AIC members	10
Membership Form	11





From the Editors' Desk

We are happy to have coordinated the publication of the second issue of Asha Kiran for the year 2004. We'd like to inform you of the changes within the newsletter that may not be obvious at the outset. The process of reviewing articles for the newsletter has been changed to ensure a fair review process that is at par with the peer-reviewed journals in our field. We are fortunate that our writers and reviewers have been very cooperative in making this process easier to incorporate. To elaborate, the new review procedure has been so designed that each article sent to the newsletter will be reviewed by an anonymous specialty reviewer blind to the writer of the article. The editors will continue to provide content and format changes to the submitted articles. We hope that this issue of the newsletter contains articles that are informative and encourage some thought. We would like to thank our writers and reviewers for a job well done!

Unfortunately, we have not heard back from any of our readers offering to write or providing their opinions. We are hoping that this may be a New Year resolution for some!

Members interested in contributing to the newsletter may contact us at [Jayanthi Sasisekaran](#) or [Anu Subramanian](#). If you would like to learn more about the process or write an article drop us a line or drop in at the AIC meeting at the ASHA convention (see details of the meeting in pg. 9). Looking forward to seeing you all there.

Felicitations for the forthcoming festivities and Happy holidays to all of you!

Regards,

Anu Subramanian & Jay Sasisekaran

Achievements of AIC members

Congratulations to recent Ph.D.'s for the successful completion of their degree.

Bose, Arpita is presently a post-doctoral candidate at University of Windsor

Dayalu, Vikram has joined Seaton Hall as junior faculty

Farooqi-Shah, Yasmeen is joining University of Maryland as junior faculty

Be sure to let us know if you are aware of other landmarks!

Call for Contributions

Interested members are requested to send this information to [Jayanthi Sasisekaran](#) or [Anu Subramanian](#).

_____ Yes, I'd like to contribute to the April 2005 newsletter.

_____ I am unable to contribute to the April 2005 newsletter, but I'd like to contribute for the next edition.

Print Name

Email



Is there a need to study speech motor control in aphasia?

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Traditionally, aphasia has been defined as an acquired impairment of language processes affecting both receptive and expressive modalities. This view of aphasia has led to a disregard for the potential impact of the speech motor deficits that often co-occur and form an integral part of the disorder [1]. In contemporary literature, the significance of coexisting speech motor deficits has been identified, and the possibility that these deficits account for at least part of the reduced verbal output and telegraphic language has been raised.

In the last decade, with improvements in the measurement of physiological aspects of speech movements, it has become clear that most individuals with aphasia, regardless of classification type, have some abnormalities of speech motor control. In fluent aphasia, the motor control impairments are often subtle and sub-clinical. In individuals with nonfluent aphasia, especially Broca's aphasia, the motor speech impairment is clearly observed and is characterized by perceptual features, such as reduced articulatory agility, slow rate, speech errors including distortions, substitutions and additions, groping and abnormal prosodic patterns. Even the classification schemas for aphasia recognize this dependency upon the sensory and motor concomitants, and speech characteristics [2]. Thus, the presence or absence of motoric level deficits have implicitly become an essential and integral part of the description of aphasia [1].

Why is it important to consider the speech motor involvement in explaining the verbal expression difficulties in aphasia? The answer lies both in the theoretical understanding of the speech and language processes, as well as the clinical implications of motor involvement for verbal production. Theoretically, language and speech have been studied as separate and independent mental (language) and physical (speech) processes. However, there is a growing body of evidence for the interaction of speech and language processes in normal and disordered population (e.g., linguistically complex utterances demonstrate higher motor variability, [3]). In light of recent discoveries, it becomes imperative to understand how the linguistic deficit impacts the speech motor processes in aphasia, which in turn affect overall verbal expression. In clinical practice, it has often been noticed that individuals with aphasia even after years of rehabilitation do not show adequate gain in verbal expression. If it is true that deficits in speech motor control affect the overall verbal expression abilities, then we need to revisit our notion of aphasia and the type of treatments that are provided to improve verbal expression. Recent studies using direct movement transduction methodologies have demonstrated that even individuals with mild to moderate aphasia show differences in speech motor control (e.g., increased motor difficulty for phonologically complex utterances, [4]). This line of research in future may provide a better understanding of the nature of verbal production deficit in aphasia.

References

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[4] Bose, A., & van Lieshout, P. (2004). Effects of linguistic complexity on lip kinematics in aphasic and normal speakers. From Sound to Sense: Fifty+ Years of Discoveries in Speech Communication, MIT, Cambridge, MA, USA.

Spontaneous Functional Communication: Intervention Strategy and Assessment Framework

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Children with severe communication disabilities particularly autism, find it challenging to participate in social-interactive scenarios, independently. This is due to their limitations in shifting attention, prompt dependency, decreased tolerance to changes in their environment, limited functional communication and spontaneous language use, stimulus over-selectivity and varying response time to a natural stimulus. Individuals with social communication delays need interventions that capitalize on cues in the natural environment in order to promote spontaneity in communication.

For this purpose, a spontaneous functional communication (SFC) intervention strategy that encompasses any spontaneous, functional communication response that results in a natural environment can be used. It is based on the philosophies of naturalistic intervention techniques as have been used in milieu teaching. SFC typically occurs in a dyad situation that requires the individual to initiate (via verbal or AACs use) and respond to their partner's communication. SFC should occur in the absence of prompts from the communicating partner in a timely manner [1].

One intervention approach to achieve SFC is based on a 4-step strategy: Identification, Initiation, Completion and Wait (IICW) [2, 3]

1. **Item Identification (I)**: The subject will readily identify an item only if he/she has a strong desire or need for it. This is achieved by gathering information about the subject's primary (such as food items) and secondary interests (such as leisure-time activity).
2. **Request Initiation (I)**: This requires the subject to access his/her conventional communication system (either verbal or AACs), identify his/her need, and approach a communicating partner with his/her request.
3. **Request Completion (C)**: This requires the subject to deliver his/her request to the communicating partner.
4. **Wait (W)**: This requires the subject to wait for the partner's response by staying within the functional area.



Spontaneous Functional Communication (contd.)

Intervention outcomes are dependent on the communicating partner’s familiarity with

1. The subject’s communication system and communicating level (1-word or phrases).
2. The subject’s varying language-processing time since processing deficits in individuals with Autism result in varied response time to initiate and complete requests (Courchesne, Townsend, Akshoomoff, & Saitoh, 1994).
3. The hierarchy of prompt dependency which typically progresses in descending order from Hands on/manipulation approach, to verbal prompts, to gesture prompts, to no prompts.

The above strategies can be evaluated regularly using the following assessment table.

System of communication: AACCS/verbal mode						
Work environment / specific tasks:						
Strategy	Identify desired item	Initiate Request		Complete Request Delivery		Wait (within the functional area – Y/N)
Performance		Success (y/n)	Response time to initiate request	Success (y/n)	Response time to complete response delivery	
Spontaneous						
Gesture Prompt <i>(eg. Pointing, eye gaze)</i>						
Verbal Prompt						
Hands on						

Based on this information, intervention plans can be modified and updated.

References

[1] Koegel, R., & Koegel, L. (1995). *Teaching Children with Autism: Strategies for Initiating Positive Interactions and Improving Learning Opportunities*. Paul .H. Brookes Publishing Co.

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Searching for Thresholds: Refining the Frequency Specificity of Auditory Evoked Potentials

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Auditory evoked potentials (AEPs) are scalp-recorded physiological measurements that provide information regarding the integrity of neural centers believed to be crucial for auditory function. They do not directly test the perceptual processes associated with hearing. The information provided by AEPs can be particularly useful in patients who cannot provide reliable responses during behavioral hearing tests, such as infants and young children. Typically, AEPs are most prominent in normal hearing individuals, and they are reduced or absent in individuals with hearing loss. Because many ear pathologies affect hearing sensitivity in discrete frequency ranges, the ability of a clinical AEP test to accurately identify hearing-impaired patients directly depends on its frequency specificity.

The frequency specificity of an AEP test is determined by the acoustic specificity of the signal utilized and the localization of the physiological response. Conventional clinical AEP procedures such as the auditory brainstem response (ABR) utilize clicks or brief tones that contain acoustic energy across a band of frequencies. These non-specific acoustic stimuli can induce widespread neural excitation as they are transmitted through the structures of the inner ear, resulting in a non-localized ABR response. Consequently, the ABR test result could underestimate the actual degree of frequency-specific hearing impairment. An alternative clinical AEP test that may provide greater frequency specificity is the auditory steady-state response (ASSR). The ASSR is evoked by long duration, modulated tones that are spectrally discrete compared to clicks or tone bursts. Evidence indicates that the ASSR physiological response is sufficiently localized to provide frequency-specific information [1].

Recently, two primary tones (f_1 & f_2 ; $f_2 > f_1$) have been utilized to record AEPs. These long duration tones provide another frequency-specific alternative to clicks and tone bursts. The healthy ear's nonlinear response to these stimuli produces distortion products at $f_2 - f_1$ and $2f_1 - f_2$. These distortion products are present in AEP recordings obtained in healthy adults [2, 3, 4]. There are many advantages of using two primary tones to record AEPs. The frequency of one of the tones (f_2) can be adjusted to match audiometric test frequencies, and physiological estimates of behavioral hearing thresholds at these frequencies can be made. However, two-tone AEPs have not been adequately evaluated clinically, and the validity of estimating hearing thresholds with this approach has not yet been established. Years of research effort may be required before two-tone AEPs are transformed into a reliable clinical test. Further investigation of two-tone AEPs is warranted, particularly in pediatric populations where their application may provide clinical benefits.

References

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Auditory Evoked Potentials (Contd.)

[2] Bhagat, S.P. and Champlin, C.A. (2004). Evaluation of distortion products produced by the human auditory system. *Hearing Research*, 193, 51-67.

[3] Krishnan, A. (1999). Human frequency-following responses to two-tone approximations of steady-state vowels. *Audiology and Neurootology* 4, 95-103.

[4] Pandya, P.K. and Krishnan, A. (2004). Human frequency-following response correlates of the distortion product at 2f1-f2. *Journal of the American Academy of Audiology* 15, 184-197.

Performance on phonological and grammatical awareness metalinguistic tasks by children who stutter and their fluent peers

Amit Bajaj, Barbara Hodson, Marlene Schommer-Aikins
Appeared in *Journal of Fluency Disorders*, 29 (2004), 63-77

There has been sustained interest in stuttering research in the language abilities of children who stutter (hereafter, CWS) compared to children who do not stutter (hereafter, CWNS). Results of studies where performance of CWS and CWNS have been compared on language tasks have yielded mixed results; although some researchers have found that CWS perform poorly on syntactic and vocabulary measures and evidence atypical phonological performance in comparison to their fluent peers, other studies have indicated no such differences between the groups (see review by [1]). In light of such equivocal findings, it has been suggested that attention should be directed towards examining the performance of CWS on subtle measures of language abilities. Metalinguistic awareness, which is the ability to reflect on characteristics of vocabulary, grammar, sound-systems, and other linguistic parameters independent of meaning, represents one such alternative domain of language competence. In the current study, CWS and CWNS were compared on three such metalinguistic tasks.

Twenty-three males between the age ranges of 5:10 and 8:10 (years: months) were recruited in each group. Participants were selected from 16 schools in Kansas and Oklahoma. Speech-language pathologist and teacher reports, as well as individualized assessment plans indicated that all participants had a negative history for organic anomalies, neurological conditions, or hearing deficits, and that all were performing at or above grade level in academic skills. CWS in this study represented a wide range of stuttering severity levels.

Groups' performance was compared on the Lindamood Auditory Conceptualization test (LAC; [2]), the phoneme reversal subtest [3] and a grammar judgment protocol [4]. The first two tasks involve phoneme identification and manipulation, while the grammar judgment protocol involves identifying sentences that are syntactically incorrect or semantically anomalous, or otherwise well formed.

Results from the LAC and the phoneme reversal tasks failed to support the possibility that CWS evidence atypical phonological awareness levels in comparison to their fluent peers, at least with regard to the tasks used in this study; perhaps metaphonological awareness measures need to be obtained on a wider array of tasks. ANOVA results of the grammar judgment task revealed statistically significant differences among the groups: CWNS outperformed CWS in judging sentences that were syntactically incorrect, $F(1, 44) = 5.81$,



Metalinguistic skills in Children who Stutter (Contd.)

$P = 0.02$, and semantically anomalous, $F(1, 44) = 7.63$, $P = 0.008$. This finding parallels some evidence of difficulties in discourse production and comprehension and problems in disambiguating lexically and grammatically ambiguous sentences reported for some adults who stutter [5]. The results point toward the possibility that metalinguistic awareness may represent one of the domains where subtle difficulties in language abilities may be found.

References

- [1] Ratner, N. (1995). Language complexity and stuttering in children. *Topics in Language Disorders*, 15, 32-47.
- [2] Lindamood, C., & Lindamood, P. (1979). *Lindamood Auditory Conceptualization Test*. New York: Teaching Resources Corporation.
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AIC Executive Board - Nov 2003 to Nov 2005

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Our special thanks to the reviewers of the articles published in this newsletter.





Bookmark & Attend the AIC activities at the ASHA convention, 2004.

Event 1⇒ AIC caucus meeting

Event 2⇒ Multicultural meeting (Mcsquare)

Event 3⇒ Multicultural Student get-together

Event 4⇒ AIC booth

Event 5⇒ Posters/Presentations by AIC members at ASHA

Event 1⇒ AIC caucus meeting

The annual AIC meeting offers a rare opportunity for AIC members attending ASHA to meet, greet, and network with each other! The executive board will share a brief summary of the year's activities and facilitate a discussion for future goals and activities. We will have fun door prizes and members will be eligible for a raffle drawing at the meeting, so mark this on your calendars! We look forward to seeing you there!

⇒ When: Thursday November 18, 2004

⇒ Time: 6:00 - 7:30pm

⇒ Where: Philadelphia Marriott Hotel, Room: 404

Event 2⇒ Multicultural meeting (MC2)

Representatives from various constituent groups of the Office of Multicultural Affairs and individuals interested in multicultural issues will come together at this meeting to celebrate diversity. It is a great place to network with fellow professionals who are interested in service delivery to culturally and linguistically diverse populations.

⇒ When: Thursday, November 18

⇒ Time: 8:00–9:30 pm

⇒ Where: Pennsylvania Convention Center, Room: 104

Event 3⇒ Multicultural Student get-together

The Multicultural Student Get-together is an evening for students from various cultures to connect and network at ASHA. It is an evening of fun with lots of games, prizes, and events. So, if you are a student (Master's or Ph.D.) planning to attend ASHA, mark this event down on your calendars.

⇒ When: Sat. Nov. 20

⇒ Time: 8-9:30 p.m

⇒ Where: Loews Hotel Room: Congress A room.

Event 4⇒ AIC booth

The AIC is proud to be one of the constituent groups of Office of Multicultural Affairs participating in the Multicultural Constituency Groups (MCCGs) Exhibit Booth. The AIC Booth Exhibit will include a display about our caucus and resources for professionals interested in working with individuals of Asian Indian origin. So stop by and check it out!

Interested in volunteering to staff the AIC booth? We need you! Contact Raksha Anand at rakshar@yahoo.com for further details



Event 5 ⇒ Poster/Presentations/Special Sessions at the ASHA Convention Nov 18-20, 2004, PHL: PA

- Anand, Zientz, & Chapman.** Discourse Gist: An Index of Alzheimer's Disease in Preclinical Stages.
- Anema, O'Connor, Datta, Ijalba, Signorelli, Riccardi, & Obler.** Agrammatism: A Global Perspective.
- Bajaj, Kahn, & Eiki.** Metaphonological Skills of Children Who Stutter: Evidence From Phoneme Reversal.
- Balasubramanian.** Dysgraphia in An Adult with Broca's Aphasia: A Cognitive-Neuropsychological Analysis.
- Basu.** Processing of Speech and Non-speech Sounds in Children With SLI.
- Bettagere & Nataraja.** VOT Values in the Speech of Hearing-Impaired Children.
- Bettagere, Perry, Wyble, Onembo, Guilott & Wilthew.** Effect of Pronunciation Power 1 on Reduction of Accent/Dialectal Differences.
- Chandrasekaran & Huber.** Young Adults' Respiratory Patterns and Speech Variability in Noise.
- Davidson, Feth, & Krishnamurthy.** Improving Telephone Communication for Elderly Individuals With Hearing Loss.
- De Nil, Sasisekaran, Van Lieshout, & Sandor.** Speech Disfluencies in Individuals With Tourette's Syndrome.
- Edmonds & Kiran.** Semantic Naming Treatment and Crosslinguistic Generalization in Bilingual Aphasia
- Fleming & Kiran.** Executive Function and Written Discourse Comprehension in Aphasia.
- Guntupalli, Saltuklaroglu, Kalinowski, & Stuart** Effect of Temporal Modification of Second Speech Signals on Stuttering.
- Kashinath, Woods, & Goldstein.** More Than Modeling: Consulting With Families in Natural Environments.
- Kincaid & Bhatnagar.** Speech-Language Pathology Training in China.
- Lewis, Freebairn, & Hansen.** Factor Analysis of Early Speech Sound Disorders.
- Mahendra, Bayles, Tomoeda, & Kim.** Learning to Value Diversity Through Learner-Centered Education.
- Mayo & Shah.** 'No Child Left Behind': Is it Possible in India?
- McDonald, Datta, Shafer, Marton, & Schwartz.** Working Memory Effects on Sentence Processing in Adults and Children.
- Nataraja & Bettagere** Effect of Modification of VOT on Intelligibility of Hearing-Impaired Speech.
- Nigam.** Cultural Appropriateness of Picture Communication Symbols: Does Word Class Matter?
- Rangamani & Kuhl.** Active-Learning Versus Traditional-Learning Methods of Group Therapy for Aphasia.
- Ray & Rao.** Phonological Development in a Kannada-English Bilingual: One System or Two?
- Raymer, Chatterjee, & Barrett.** Unilateral Spatial Neglect: Theory and Treatment.
- Saltuklaroglu, Guntupalli, Kalinowski, & Stuart.** A Temporal Window for Exogenously Induced Stuttering Inhibition.
- Saltuklaroglu, Guntupalli, Kalinowski, & Stuart.** Stuttering Inhibition Via the Presentation and Production of Syllabic Stimuli.
- Saltuklaroglu, Guntupalli, Kalinowski, Stuart, & Dayalu.** Self-Reported Efficacy of School-Based Speech Therapists in Ameliorating Stuttering.
- Sasisekaran & De Nil.** Effect of phonological complexity on speech planning and production in persons who stutter.
- Sundara, Bunta, Rvachew, & McGuire.** Digital Systems for Child Phonologists.

Further details on the sessions can be found at <http://www.asha.org>



Membership Form

Date:

Place:

Last Name*: _____ First Name*: _____ Middle Initials:

Type of Membership*: Professional _____ Student _____
Membership charges: \$20 for professionals, and \$ 10 for students

Mailing Address*: Street 1 _____
Street 2 _____
City _____ Pin _____
Country _____

Other Contact information*: Phone (H) _____ ® _____
Email: _____

Current Title*: _____

Organization: _____

Type of setting: School _____
University _____
Hospital _____
Rehab/Agency _____
Private practice _____

Area of Specialization: _____

Membership: ASHA _____ NSSHLA _____ Special Interest Division _____

Certification (ASHA): CCC-SLP _____ CCC-Aud _____

If certified, do you consent to be listed as a service provider for individuals with Asian Indian origin in your geographical area? _____ Yes _____ No

Please include the membership fees (Professionals \$ 20, Students \$ 10) along with this form and mail to:

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