



# 2016 Audiology Survey

## Private Practice

Jeanette Janota, Surveys & Analysis  
American Speech-Language-Hearing Association  
2200 Research Boulevard  
Rockville, MD 20850-3289  
800-498-2071, ext. 8738  
[jjanota@asha.org](mailto:jjanota@asha.org)

# Contents

**Executive Summary .....1**

**Who They Are.....2**

- Involvement in Private Practice .....2
- Type of Practice .....2
- Salary Basis .....2
- Primary Facility .....2
- Highest Degree .....2
- Considering a Research Doctorate .....2
- Primary Function .....3
- Region of the Country .....3
- Population Setting.....3
- Sex .....3
- Age .....3
- Retirement Date.....3

**What They Earn: Annual Salaries.....4**

- Private Practice Type.....5
- Highest Degree .....5
- Years of Experience.....5
- Region of the Country .....6
- Population Setting.....6

**What They Earn: Hourly Wages.....7**

- Owner or Employee.....7
- Private Practice Type.....7
- Other Predictors .....8

**What They Earn: Commissions and Bonuses .....9**

**Billing.....9**

- Bundling Charges .....9
- Hearing Aids.....10
- Aural Rehabilitation .....10
- Payment Source.....10

**What They Say.....11**

- About ASHA.....11
- About Service Provision.....11
- About Supervising Externship Students .....12
- About Professional Development.....12

About Serving Multicultural Populations.....13  
About ICF .....13  
About Student Debt.....13

**Survey Notes and Methodology .....14**  
Response Rate.....14  
Audiology Survey Reports .....14

**Suggested Citation.....15**

**Resources .....15**

**Additional Information .....15**

**Thank You!.....15**

**Tables**

Table 1: Median Annual Salary, by Private Practice Type .....5  
Table 2: Median Annual Salary, by Highest Degree .....5  
Table 3: Median Annual Salary, by Years of Experience .....5  
Table 4: Median Annual Salary, by Region of the Country.....6  
Table 5: Median Annual Salary, by Population Setting .....6  
Table 6: Median Hourly Wages, by Private Practice Type .....7  
Table 7: Median Hourly Wages for Employees.....8  
Table 8: Services Provided.....11  
Table 9: Reasons for Not Supervising Externship Students .....12  
Table 10: Preferred Methods for Receiving ASHA Continuing Education.....12

**Figure**

Figure 1: Multicultural Qualifications .....13

## Executive Summary

In Fall 2016, the American Speech-Language-Hearing Association (ASHA) conducted a survey of audiologists. This survey was designed to provide information about salaries, working conditions, and service delivery as well as to update and expand information gathered from previous Audiology Surveys.

The results are presented in a series of reports. This report is limited to responses from audiologists in private practice.

### *Highlights*

- ◆ 42% of the audiologists who worked in private practice were owners.
- ◆ 68% of private practice audiologists received primarily an annual salary.
- ◆ 62% of private practice audiologists held an AuD as their only doctoral degree.
- ◆ 49% of private practice audiologists worked in the suburbs.
- ◆ The median annual salary for self-employed owners was \$80,000.
- ◆ Median annual salaries for owners were highest in the Northeast (\$97,642) and West (\$95,000).
- ◆ The median hourly wage was \$31.00 for full-time employees and \$41.87 for part-time employees.
- ◆ The median amount of student debt was \$39,821 for owners and \$52,711 for employees.
- ◆ The median commission for audiologists who were paid primarily by commission was \$80,000.
- ◆ 69% of audiologists who worked in private practice bundled charges for products and services.
- ◆ 76% received payment for services from Medicare, 53% from Medicaid.
- ◆ 39% of the clinical service providers and researchers who worked in private practice had supervised student externs since January 2015.

Who They Are

The data in this report were gathered from 560 ASHA-certified audiologists who indicated on the *2016 Audiology Survey* that they worked in a private practice setting. Of that group, the following results occur.

Involvement in Private Practice\*

- ◆ 42% were owners (e.g., office-based or contract-based).
- ◆ 35% were full-time salaried employees.
- ◆ 11% were part-time salaried employees.
- ◆ 12% were contractors/consultants (e.g., per diem, hourly, or temporary).

Type of Practice\*\*

- ◆ 41% were self-employed in a private practice.
- ◆ 40% were employed in a private practice owned by nonaudiologists.
- ◆ 18% were employed in a private practice owned by other audiologists.

Salary Basis\*

- ◆ 68% received primarily an annual salary.
- ◆ 27% received primarily an hourly wage.
- ◆ 6% received primarily a commission.

Primary Facility\*

- ◆ 82% worked in nonresidential health care facilities.
- ◆ 10% worked in audiology franchises/retail chains.
- ◆ 5% worked in hospitals.
- ◆ 1% worked in colleges/universities.
- ◆ 1% worked in industry.
- ◆ 2% worked in *other* facilities.

Highest Degree\*\*

- ◆ 33% held a master's as the highest degree.
- ◆ 62% held an AuD as their only doctorate.
- ◆ 4% held a PhD as their only doctorate.
- ◆ 1% held multiple doctorates.
- ◆ < 1% held an *other* doctorate.

Considering a Research Doctorate\*

- ◆ 89% were not considering pursuing a research doctorate (PhD).
- ◆ 6% already had a PhD.
- ◆ 5% might pursue a PhD but don't know when.
- ◆ < 1% hoped to start within the next 5 years.
- ◆ < 1% were currently enrolled in a PhD program.

\* Respondents could select only one response. \*\* Respondents could select more than one response.

Primary Function\*

- ◆ 93% were clinical service providers.
- ◆ 4% were administrators, supervisors, or directors.
- ◆ 2% were in sales/training/technical support.
- ◆ 1% were college/university faculty or clinical educators.
- ◆ 1% were consultants.
- ◆ < 1% were researchers.

Region of the Country\*

- ◆ 33% worked in the South.
- ◆ 26% worked in the Midwest.
- ◆ 22% worked in the Northeast.
- ◆ 18% worked in the West.

Population Setting\*

- ◆ 49% worked in a suburban area.
- ◆ 37% worked in a city/urban area.
- ◆ 14% worked in a rural area.

Sex\*

- ◆ 78% were female.
- ◆ 22% were male.

Age\*

- ◆ The average (mean) age was 49 years.
- ◆ The median age was 47 years.



Retirement Date\*

- ◆ The average (mean) proposed retirement date was 2037.
  - For owners, the date was 2035.
  - For nonowners, the date was 2039.
- ◆ The median proposed retirement date was 2032.
  - For owners, the date was 2027.
  - For nonowners, the date was 2036.

\* Respondents could select only one response. \*\* Respondents could select more than one response.

## What They Earn: Annual Salaries

The salaries in this report are median salaries (the one in the middle when salaries are ordered from lowest to highest). The salaries in this section (i.e., annual salaries) are only for respondents who reported that they worked in private practice full time. In most cases, salaries are presented separately for owners and full-time employees (i.e., salaried employees, contractors, consultants, per diems, and temps). The term *employee* will be used throughout this report to refer to the list of five types of nonowners. All respondents were ASHA-certified in audiology (Certificate of Clinical Competence [CCC-A]). Salaries are presented only when there are sufficient cases – that is, a minimum of 25 respondents.



Wording of the salary questions has changed over time. Prior to 2010, bonuses and commissions were to be included in the basic salary. Beginning with the 2010 survey, however, they were to be excluded, and their amounts were determined in separate questions. Additionally, prior to 2014, respondents were asked if they were paid on an hourly or annual basis; in 2014, the response options were changed to *primarily per hour*, *primarily annual salary*, or *primarily commission*. These changes may account for some of the differences in salaries across years.



The median salary for owners was \$80,000 ( $n = 146$ ). The median salary for employees was \$65,000 ( $n = 138$ ).

Private Practice Type

Owners received higher average salaries than did employees (see Table 1).

<b>Table 1: Median Annual Salary, by Private Practice Type</b>				
<b>Private Practice Type</b>	<b>Owner</b>		<b>Employee</b>	
	<b>\$</b>	<b><i>n</i></b>	<b>\$</b>	<b><i>n</i></b>
Self-employed	80,000	141		
Other audiologists			65,000	40
Nonaudiologists			65,000	98

Highest Degree

The median annual salary was at least \$5,000 higher for both owners and employees who had earned an AuD than for those with only a master’s degree (see Table 2).

<b>Table 2: Median Annual Salary, by Highest Degree</b>				
<b>Highest Degree</b>	<b>Owner</b>		<b>Employee</b>	
	<b>\$</b>	<b><i>n</i></b>	<b>\$</b>	<b><i>n</i></b>
Master’s	75,000	40	60,000	25
AuD as only doctorate	80,000	92	67,219	111
PhD as only doctorate	—	11	—	1
Other doctorate	—	1	—	0
Multiple doctorates	—	1	—	0

Years of Experience

The median number of years of experience was 16 for full-time employees or contractors and 25 for owners. The median salary for owners was highest for those with 31 or more years of experience (\$85,000) and for employees with 11–15 years (\$74,490; see Table 3).

<b>Table 3: Median Annual Salary, by Years of Experience</b>				
<b>Years of Experience</b>	<b>Owner</b>		<b>Employee</b>	
	<b>\$</b>	<b><i>n</i></b>	<b>\$</b>	<b><i>n</i></b>
1–5 years	—	6	60,918	35
6–10 years	75,604	34	63,456	31
11–15 years			74,490	25
16–20 years	80,000	36	73,000	35
21–25 years	84,313	36		
26–30 years			85,000	48
31 or more years				



Region of the Country

The highest median annual salary for owners (\$97,642) was in the Northeast. In regions where sufficient data are available, median salaries were lower for employees than for owners (see Table 4).

**Table 4: Median Annual Salary, by Region of the Country**

Region	Owner		Employee	
	\$	<i>n</i>	\$	<i>n</i>
Northeast	97,642	37	—	22
Midwest	80,549	36	62,500	39
South	70,000	50	63,412	70
West	95,000	39	—	24

Northeast: CT, MA, ME, NH, NJ, NY, PA, RI, VT

Midwest: IA, IL, IN, KS, MI, MN, MO, ND, NE, OH, SD, WI

South: AL, AR, DC, DE, FL, GA, KY, LA, MD, MS, NC, OK, SC, TN, TX, VA, WV

West: AK, AZ, CA, CO, HI, ID, MT, NV, NM, OR, UT, WA, WY



Population Setting

Median annual salaries increased for both owners and employees as population size increased (see Table 5).

**Table 5: Median Annual Salary, by Population Setting**

Population Setting	Owner		Employee	
	\$	<i>n</i>	\$	<i>n</i>
City/urban	100,000	61	65,919	63
Suburban	80,000	70	62,995	68
Rural	75,000	30	—	22

## What They Earn: Hourly Wages

Owner or Employee

The salaries in this section (i.e., hourly wages) are for respondents who reported that they worked in private practice and worked either full time or part time.

Of those who reported receiving an hourly wage, the median number of hours worked was 40 ( $n = 31$ ) for full-time employees and 20 for both part-time employees ( $n = 41$ ) and contractors and consultants ( $n = 52$ ). Very few owners worked for an hourly salary ( $n = 20$ ), so we were unable to report their data.

Median hourly wages were \$31.00 ( $n = 31$ ) for full-time employees, \$36.03 ( $n = 41$ ) for part-time employees, and \$41.87 ( $n = 53$ ) for contractors and consultants.



Private Practice Type

Audiologists employed in private practices owned by other audiologists earned an average of \$5.54 per hour more than audiologists employed in practices owned by non-audiologists (see Table 6).

Private Practice Type	Owner		Employee	
	\$	<i>n</i>	\$	<i>n</i>
Self-employed	—	20		
Owned by other audiologists			40.54	37
Owned by non-audiologists			35.00	83

Other Predictors

Several predictor variables (i.e., region of the country, years of experience, population setting, and highest degree) can be presented only for employees (i.e., full-time employees, part-time employees, and contractors/consultants), because fewer than 25 owners provided this information (see Table 7).

<b>Table 7: Median Hourly Wages for Employees</b>		
<b>Predictor</b>	<b>\$</b>	<b><i>n</i></b>
<b>Region</b>		
Northeast	41.73	32
Midwest	31.25	36
South	39.00	33
West	—	21
<b>Years of Experience</b>		
1-5	31.25	28
6-10		
11-15	—	16
16-20	32.98	31
21-25	—	9
26-30	43.61	37
31 or more years		
<b>Population Setting</b>		
Metropolitan/urban area	36.58	40
Suburban area	35.76	71
Rural area	—	10
<b>Highest Degree</b>		
Master's	37.34	63
AuD as the only doctorate	34.87	57
PhD as the only doctorate	—	3

## What They Earn: Commissions and Bonuses

Of the private practice audiologists who responded to the survey, 194 indicated that they had received a commission during the previous 12 months. Their median commission was \$16,406.

- ◆ The median commission for audiologists who were paid primarily an annual or hourly salary was \$14,700 ( $n = 169$ ).
- ◆ The median commission for audiologists who were paid primarily a commission was \$80,000 ( $n = 25$ ).
- ◆ The median commission for audiologists who were private practice owners was \$36,491 ( $n = 26$ ).
- ◆ The median commission for contractors/consultants and full- and part-time employees was \$15,290 ( $n = 171$ ).

The median percentage of commission on product sales was 10% for audiologists who were paid primarily an annual or hourly salary ( $n = 123$ ). Too few respondents who received primarily a commission reported the percentage of the commission ( $n = 21$ ).

A total of 170 private practice audiologists reported receiving bonuses during the previous 12 months. The median amount was \$2,000. The average (mean) bonus reported by 46 owners was \$40,515, compared with \$5,063 earned by 123 contractors and full- and part-time employees ( $p = .000$ ).

## Billing

Respondents were asked to answer a series of questions about their billing policies and sources.

## Bundling Charges

When charging for products and services, 69% of the private practice audiologists bundled all charges. Owners' responses did not differ significantly from employees' responses ( $p = .457$ ).

Additionally, 30% charged separately for professional services and devices. This response was selected by 38% of owners and 24% of employees ( $p = .000$ ).

Last, 1% charged for professional services when devices were purchased elsewhere. Owners' responses were similar to employees' responses ( $p = .705$ ).

Hearing Aids

A second question asked how their patients paid for hearing aids. Nearly twice as many employees (11%) as owners (6%) said that they did not sell hearing aids ( $p = .032$ ).

*Out of pocket* was the response from 89% of respondents, and the difference between owners' responses and employees' responses was not significant ( $p = .131$ ).

Owners' and nonowners' responses did differ in three cases.

- ◆ 80% of owners and 72% of employees selected *primary insurance* ( $p = .028$ ).
- ◆ 70% of owners and 62% of employees selected *supplemental insurance plans* ( $p = .047$ ).
- ◆ 58% of owners and 47% of employees selected *Vocational Rehabilitation funding* ( $p = .012$ ).

Aural Rehabilitation

Audiologists who worked in private practice were asked if they billed patients privately for aural rehabilitation when insurance did not cover the service.

- ◆ 25% of owners and 12% of employees said that they billed separately for aural rehabilitation services for adults ( $p = .000$ ).
- ◆ 19% of owners and 8% of employees said that they billed separately for aural rehabilitation services for children ( $p = .000$ ).

Payment Sources

Survey participants were asked whether they received payment for services from a list of four sources. Owners' and employees' responses were similar.

- ◆ 94% received payment that was out of pocket for clients.
- ◆ 91% received payment from private health insurance.
- ◆ 76% received payment from Medicare.
- ◆ 53% received payment from Medicaid.

**What They Say**

About ASHA

For years, the first question on the *Audiology Survey* and other major ASHA surveys has inquired about the kind of job the Association is doing in serving its members. In 2016, the ratings of owners and employees/consultants were significantly different ( $p = .005$ ).

- ◆ 4% of owners and 3% of employees gave ratings of *excellent*.
- ◆ 30% of owners and 44% of employees gave ratings of *good*.
- ◆ 48% of owners and 42% of employees gave ratings of *fair*.
- ◆ 19% of owners and 12% of employees gave ratings of *poor*.

About Service Provision

Two services were provided daily or weekly by at least 80% of private practice audiologists (see Table 8).

<b>Table 8: Services Provided</b>			
<b>Service</b>	<b>D/W</b>	<b>M/L</b>	<b>N</b>
	<b>%</b>		
Provide informational counseling	93	5	2
Fit and dispense hearing aids	87	4	9
Demonstrate, fit, or dispense hearing assistive technology	71	21	8
Verify performance of hearing aids using real-ear measures*	48	18	34
Perform cerumen management	47	23	30
Validate treatment outcomes using self-report questionnaires	35	33	32
Validate treatment outcomes using speech-in-noise testing	32	36	32
Provide vestibular assessment and/or rehabilitation	26	12	62
Provide hearing conservation services	13	56	31
Fit and dispense personal sound amplification products (PSAPs)	8	35	56
Program cochlear implants (CIs)	3	6	91
Teach speechreading	2	10	88

*Note.*  $n \geq 497$ . D/W = daily or weekly; M/L = monthly or less than monthly; N = never.  
 \*Of the audiologists in private practice who fit and dispense hearing aids, 72% verify performance using real-ear measures.

**About Supervising Externship Students**

Of the clinical service providers or researchers who worked in a private practice 39% had supervised student externs since January 2015. When asked if they would be willing to supervise student externs in the future, more than half (59%) said they would. Those who were not willing to supervise student externs were asked to identify the reasons from a list of six choices. The most frequently selected reason was that they were too busy (see Table 9).

<b>Table 9: Reasons for Not Supervising Externship Students</b>	
<b>Reason</b>	<b>%</b>
I'm too busy.	61
It decreases productivity.	35
I do not have training in supervision.	31
There are too many administrative requirements.	29
There is no compensation for supervision.	24
Students cannot bill for services.	20

Note. n = 211.

**About Professional Development**

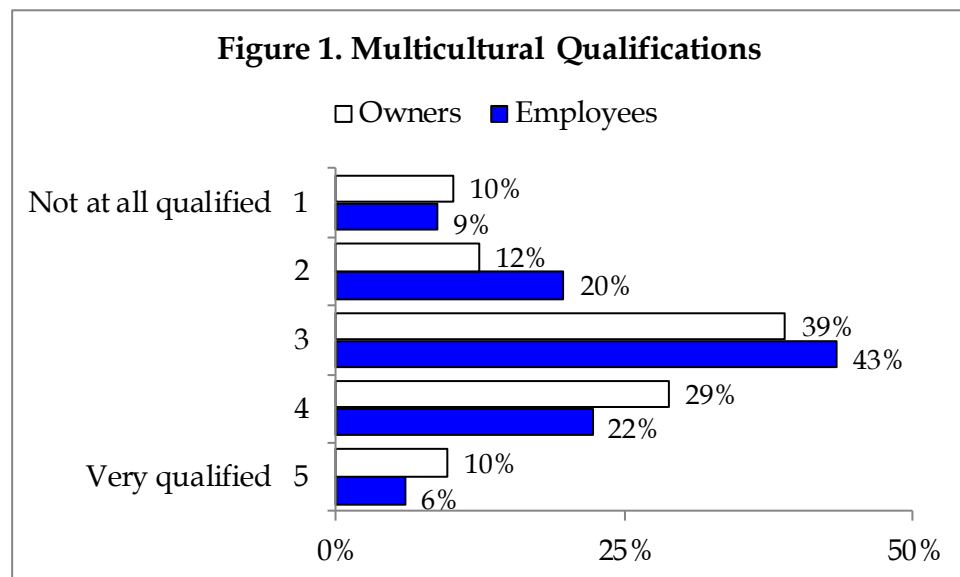
When audiologists were asked to identify which of six methods they preferred for receiving ASHA continuing education, state association meetings were at the top of their list (see Table 10).

<b>Table 10: Preferred Methods for Receiving ASHA Continuing Education</b>	
<b>Method</b>	<b>%</b>
State association meetings	43
ASHA 2-hour webinars	27
ASHA online conference (multiple sessions)	25
ASHA journals with CEU credit	13
Special Interest Group (SIG) <i>Perspectives</i>	10
ASHA Convention	7

Note. n = 560. CEU = continuing education unit.

About Serving Multicultural Populations

The audiologists who received this survey used a 5-point scale (from *not at all* to *very*) to rate how qualified they were to address cultural and linguistic influences on service delivery and outcomes. Owners rated themselves to be more qualified than did employees although more owners and employees selected the middle value than any of the other values ( $p = .042$ ; see Figure 1).



Note.  $n = 545$ .

About ICF

Most of the audiologists who worked in private practice had never heard of the International Classification of Functioning, Disability and Health (ICF) that was developed by the World Health Organization in 2001.

- ◆ 55% had never heard of the ICF.
- ◆ 24% had only heard of it.
- ◆ 20% knew a little about it.
- ◆ 2% knew a lot about it.

When asked if any of their documentation incorporated the ICF framework or descriptors, 90% said it did not.

About Student Debt

Approximately 21% of the audiologists who work in private practice said that they had current student debt. The median amounts owed were \$39,821 by owners ( $n = 35$ ) and \$52,711 by employees and contractors ( $n = 85$ ). The average amount (mean) owed was \$65,531, and the difference in means between owners and employees was not statistically significant ( $p = .630$ ).



## Survey Notes and Methodology

The Audiology Survey has been fielded in even-numbered years since 2004 to gather information of interest to the profession. Members, volunteer leaders, and staff rely on data from the survey to better understand the priorities and needs of audiologists.

## Response Rate

A stratified random sample was used to select 4,000 ASHA-certified audiologists for this survey from a population of 8,054 audiologists. They were stratified on the basis of type of facility and private practice.

The survey was mailed in September 2016. Second and third mailings followed, at approximately 4-week intervals, to individuals who had not responded to earlier mailings.

Of the original 4,000 audiologists in the sample, 24 had undeliverable addresses, two were retired, and three were no longer employed in the profession, leaving 3,971 possible respondents. The actual number of respondents was 1,569, resulting in a 39.5% response rate.

Because facilities with fewer audiologists (such as industry) were oversampled and those with many audiologists (e.g., nonresidential health care facilities) were undersampled, ASHA used *weighting* when presenting data to reflect the actual distribution of audiologists in each type of facility within ASHA.

## Audiology Survey Reports

Results from the *2016 Audiology Survey* are presented in a series of reports:

- Annual Salaries
- Hourly Wages
- Clinical Focus Patterns
- Private Practice
- Survey Summary Report
- Survey Methodology, Respondent Demographics, and Glossary

## Suggested Citation

American Speech-Language-Hearing Association. (2017). *2016 Audiology Survey report: Private Practice*. Available from [www.asha.org](http://www.asha.org).

## Resources

American Speech-Language-Hearing Association. (n.d.-a). ASHA's coding, reimbursement, and advocacy modules. Available from [www.asha.org/practice/reimbursement/modules](http://www.asha.org/practice/reimbursement/modules)

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## Additional Information

For additional information regarding the *2016 Audiology Survey*, please contact ASHA's audiology practices unit at [audiology@asha.org](mailto:audiology@asha.org). To learn more about how the Association is working on behalf of ASHA-certified audiologists, visit ASHA's website at [www.asha.org/aud/](http://www.asha.org/aud/).

## Thank You!

ASHA would like to thank the audiologists who received the *2016 Audiology Survey* and completed it. Reports like this one are possible only because people like *you* participated. If you find this information valuable, please accept the invitation to participate in other ASHA-sponsored surveys and focus groups. You are the experts, and we rely on you to provide data to share with your fellow members.