Application Part 1 of 2 and Summary of Requirements

Level II Speech-Language Pathology Assistant Certificate

This form must be printed and submitted along with Form SLY.

The application process for issuance of the Level II Speech-Language Pathology Assistant Certificate must be completed in conjunction with an employing Alabama county/city superintendent.
GENERAL INFORMATION

This application is to be completed for individuals seeking the Level II Speech-Language Pathology Assistant Certificate and must be submitted by the employing county/city superintendent directly to the Educator Certification Section of the Alabama State Department of Education (ALSDE).

A complete application packet must be received in the Educator Certification Section. The Educator Certification Section is unable to determine eligibility for the Level II Speech-Language Pathology Assistant Certificate until Form SLY, Supplement YLS, and all required components have been received. Applications will not be assigned to a certification specialist for review until at least a completed Form SLY including the personal data barcode page, this Supplement YLS, the $30.00 nonrefundable application fee, and background clearance have been received. The submission of supporting documents ONLY (e.g., Supplement EXP) does not constitute making application for certification. Applicants must meet all Alabama certification requirements in effect on the date that the application is received in the Educator Certification Section. Since certification requirements are subject to change, applicants should review current requirements at www.alsde.edu/EdCert (click Other Approaches ⇧ Speech-Language Pathology Assistant.)

Incomplete forms will delay the review of the application packet. APPLICATION FORMS AND SUPPORTING DOCUMENTS ARE NOT ACCEPTED BY FAX OR E-MAIL. Additional documentation may be requested upon review of the file.

RECOMMENDATION

To be completed by the employing county/city superintendent.

I recommend this applicant for the Level II Speech-Language Pathology Assistant Certificate. This applicant will be a full-time employee whose full-time assignment will be as a Speech-Language Pathology Assistant in grades P-12.

My local board of education is willing to participate in the Speech-Language Pathology Assistant Certificate Approach and has authorized me to employ, as a full-time employee, the individual for whom this application packet is being submitted, subject to the issuance of his/her Level II Speech-Language Pathology Assistant Certificate. I understand that the Speech-Language Pathology Assistant Certificate will not be issued for the applicant until all eligibility requirements have been met and background clearance has been received. I have established procedures for monitoring the applicant’s compliance with the requirements of the Speech-Language Pathology Assistant Certificate Approach.

I have checked the current Subject and Personnel Codes on the Departmental Web site www.alsde.edu and the ALSDE Identity Management (AIM) Portal to ensure that the applicant is properly certified for each period/block of the day. I understand that the certificate will authorize the applicant to serve only as a Speech-Language Pathology Assistant in grades P-12 and that the Speech-Language Pathology Assistant Certificate is not appropriate certification for any other assignment.

I agree to provide supervision of the applicant, during every year of employment as a Speech-Language Pathology Assistant with this school system, by either a speech-language pathologist who holds a valid Alabama Class A or Class AA Professional Educator Certificate in speech or language impairment/speech-language pathology or a special education coordinator/ supervisor who holds a valid Alabama Professional Educator Certificate in an area of special education. I understand that this supervision will be monitored during ALSDE Special Education reviews and failure to comply will be reported to the ALSDE Educator Certification Section.

I understand that failure to comply with the rules of this approach will forfeit my opportunity to request issuance or renewal of other Speech-Language Pathology Assistant Certificates for my school system.

I understand that failure to assign the applicant properly will result in an out-of-field penalty assessment.

I am verifying that a photocopy of this form, reflecting signatures, has been given to the applicant and that I have reviewed this document in its entirety for all-inclusive information pertaining to issuance of this certificate.

LEA Representative’s Initials: _______

Signature of County/City Superintendent

Typed or Printed Name

Telephone Number

School System

Mailing Address

Date

City                      State                      ZIP Code

Supplement YLS 3/2019
APPLICATION PACKET CHECKLIST

Boxes are to be checked, as applicable.

Required for issuance of the Level II Speech-Language Pathology Assistant Certificate, valid from the date of issuance through the remainder of the same scholastic year, and thereafter, for the next five consecutive scholastic years and renewable:

1. Submission of Supplement CIT with supporting documentation verifying United States citizenship or lawful presence in the United States.

2. Submission of Application Part 1 of 2 (Supplement YLS) by the employing county/city superintendent.

3. Submission of Application Part 2 of 2 (Form SLY) including the personal data barcode page.

4. Submission of a $30.00 nonrefundable application fee. The fee must be paid by cashier’s check or money order made payable to the Alabama State Department of Education or through the Alabama State Department of Education Educator Certification Online Payment System, with a major credit card, at www.alabamainteractive.org/education (a $4.00 transaction fee will be applied). Neither personal checks nor cash will be accepted. The cashier’s check, money order, or copy of the receipt verifying the confirmation number for the online payment must accompany the application packet. Each additional certificate for which an applicant is determined to be eligible will require a $30.00 nonrefundable fee for issuance.

5. Background clearance based on a fingerprint review. Applicants for initial certification, additional certification, and certificate renewal who have not been cleared by both the Alabama State Bureau of Investigation (ASBI) and Federal Bureau of Investigation (FBI) through the Educator Certification Section of the ALSDE are required to be fingerprinted for a criminal history background check through the ASBI and FBI. Instructions regarding the fingerprinting process through Gemalto Cogent may be obtained at https://www.aps.gemalto.com/al/index_adeNew.htm or by calling (866) 989-9316 (toll free).

Applicants may verify whether their ASBI and FBI criminal history background check has been completed and whether they are suitable and fit to teach under state law at https://tcert.alsde.edu/Portal.

6. The applicant must hold, or have held, a Level I Speech-Language Pathology Assistant Certificate.

7. Submission of official transcript(s) of the applicant verifying 12 semester hours of graduate credit earned, with a grade of “B” or above, prior to the date the application is received in the Educator Certification Section. The credit must be from:
   a. An Alabama State-approved Alternative Class A special education program; OR
   b. A master’s degree-level speech-language pathology program that holds accreditation by the Council on Academic Accreditation in Audiology and Speech Language Pathology (CAA) of the American Speech-Language Hearing Association (ASHA) or was in candidacy status of accreditation by the CAA of ASHA; OR
   c. A combination of courses from a. and b.

Note: This earned graduate credit requirement is not applicable if the applicant holds a valid Alabama Class A Professional Educator Certificate in an area of special education at the time of application for the Level II Speech-Language Pathology Assistant Certificate.

8. Submission of Supplement(s) EXP verifying at least two full years of full-time employment as a Speech-Language Pathology Assistant, in one or more Alabama public school systems, while holding a valid Level I Speech-Language Pathology Assistant Certificate. Experience as a Speech-Language Pathology Assistant in increments of less than one semester (4.5 months) will not be calculated toward the two full years of full-time employment.

9. Submission of Supplement(s) SLS verifying the appropriate supervisor. The employing county/city superintendent(s) must verify that during each year of employment as a Speech-Language Pathology Assistant, supervision was provided by an individual who held either a valid Alabama Class A or Class AA Professional Educator Certificate in speech or language impairment/speech-language pathology or a special education coordinator/ supervisor who held a valid Alabama Professional Educator Certificate in an area of special education.

10. An assigned supervisor who holds either a valid Alabama Class A or Class AA Professional Educator Certificate in speech or language impairment/speech-language pathology or a special education coordinator/supervisor who holds a valid Alabama Professional Educator Certificate in an area of special education.
IMPORTANT INFORMATION

As an applicant for the Level II Speech-Language Pathology Assistant Certificate, I understand that:

- The Level II Speech-Language Pathology Assistant Certificate is valid from the date of issuance through the remainder of the same scholastic year, and thereafter, for the next five consecutive scholastic years and is renewable.

- The Speech-Language Pathology Assistant Certificate authorizes me to serve only as a Speech-Language Pathology Assistant in grades P-12 in an Alabama public school system.

- During each year of my employment as a Speech-Language Pathology Assistant, the employing public school system must provide for supervision of my services. I understand that the supervision must be provided by an individual who holds either a valid Alabama Class A or Class AA Professional Educator Certificate in speech or language impairment/speech-language pathology or a special education coordinator/supervisor who holds a valid Alabama Professional Educator Certificate in an area of special education.

- Requirements for renewal of the Level II Speech-Language Pathology Assistant Certificate may be found at www.alsde.edu/EdCert (click Certificate Renewal ⇐ Speech-Language Pathology Assistant.)

- I must meet all Alabama certification requirements in effect on the date that the application is received in the Educator Certification Section of the ALSDE. Certification requirements contained in this document are subject to change.

Applicant’s signature to verify that he/she has thoroughly read this document in its entirety, understands what is required for issuance of the Level II Speech-Language Pathology Assistant Certificate, and that he/she has received a photocopy of this form, reflecting signatures.

___________________________________  __________________________________________  

Date                                                                             Signature of Applicant