Level I Speech-Language Pathology Assistant Certificate

Application Part 1 of 2 and Summary of Requirements

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

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

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Supplement ZLS 01/2020
GENERAL INFORMATION

This application is to be completed for individuals seeking the Level I 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).

RECOMMENDATION

To be completed by the employing county/city superintendent.

I recommend this applicant for the Level I 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.

AUTHORIZATION and RESPONSIBILITIES

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 I 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: __________

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<thead>
<tr>
<th>Signature of County/City Superintendent</th>
<th>School System</th>
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<tbody>
<tr>
<td>Typed or Printed Name</td>
<td>Mailing Address</td>
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<td>Telephone Number</td>
<td>Date</td>
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<td>City</td>
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## APPLICATION PACKET CHECKLIST

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

**Boxes are to be checked, as applicable.**

| ☐ | Submission of Supplement CIT with supporting documentation verifying United States citizenship or lawful presence in the United States. |
| ☐ | Submission of Application Part 2 of 2 (Form ZLS) including the personal data barcode page. |
| ☐ | Submission of Application Part 1 of 2 (Supplement SLZ) by the employing county/city superintendent. |
| ☐ | A $30.00 nonrefundable application fee. Each additional certificate for which an applicant is determined to be eligible will require a $30.00 nonrefundable fee for issuance. **Neither personal checks nor cash will be accepted.** |

- 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.alabamaintactive.org/education](http://www.alabamaintactive.org/education) (a $4.00 transaction fee will be applied).
- The cashier’s check, money order, or copy of the receipt verifying the confirmation number for the online payment must accompany the application packet.

| ☐ | Background clearance based on a fingerprint review. |

- Applicants may verify whether their ASBI and FBI criminal history background checks have been completed and whether they are suitable and fit to teach under state law at [https://tcert.alsde.edu/Portal](https://tcert.alsde.edu/Portal).
- 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 fingerprint process are available through Gemalto Cogent at [https://www.aps.gemalto.com/al/index_adeNew.htm](https://www.aps.gemalto.com/al/index_adeNew.htm) or by calling (866) 989-9316.

| ☐ | Submission of the official transcript(s) of the applicant indicating a bachelor’s degree in speech-language pathology or communication sciences and disorders (speech-language emphasis) was earned prior to the date the application is received in the Educator Certification Section, **and with a minimum overall grade point average (GPA) of at least 2.75 on a 4.0 scale,** from a senior institution that was regionally accredited at the time the bachelor’s degree was earned. The overall GPA must be the GPA that was used as the basis for granting the bachelor’s degree and posted on the official transcript of the degree-granting institution. An applicant who holds a valid Alabama Professional Educator Certificate or Professional Leadership Certificate is exempt from the GPA requirement. **Official transcripts of all credits and degrees earned must be submitted.** |

| ☐ | 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 I Speech-Language Pathology Assistant Certificate, I understand that:**

1. The Level I 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 three consecutive scholastic years and is nonrenewable.

2. 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.

3. 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.
APPLICATION SUBMISSION and ATTESTATIONS

1. I understand the Educator Certification Section is unable to determine eligibility for the Level I Speech-Language Pathology Assistant Certificate until all required application components have been received and reviewed. Additional information may be requested upon review of the file.

2. I understand that the submission of supporting documents ONLY (e.g., official transcripts) does not constitute making application for certification. Incomplete forms will delay the review of the file.

3. I understand that APPLICATION FORMS AND SUPPORTING DOCUMENTS ARE NOT ACCEPTED BY FAX OR E-MAIL.

4. I understand that I must meet all Alabama certification requirements in effect on the date the application is received in the Educator Certification Section. Since certification requirements are subject to change, current requirements may be viewed at www.alsde.edu/EdCert (click Other Approaches).

5. I understand what is required to obtain the subsequent renewable Level II Speech-Language Pathology Assistant Certificate and the requirements may be found on the Application for the Level II Speech-Language Pathology Assistant Certificate, www.alsde.edu/EdCert (click Other Approaches).

6. I understand that it is my responsibility to keep all personal data on file in the Educator Certification Section current.

7. I understand that by affixing my signature to this document, I am certifying that true and correct information is being provided.

Date ______________________________ Signature of Applicant __________________________________________