



Level I Speech-Language Pathology Assistant Certificate

FORM SLZ

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.**

PERSONAL DATA					
<i>Legal name as it appears on government issued identification.</i>					
Title (e.g., Mr.)	First	Middle	Maiden	Last	Suffix
Street/Apt./P.O. Box/Route and Box			City	State	ZIP Code
Cell Telephone		Home Telephone		Work Telephone	
Social Security Number	ALSDE ID		Date of Birth (mm-dd-yyyy)		
Email Address					
FOR STATISTICAL PURPOSES ONLY					
Ethnic Origin (Choose one) <input type="checkbox"/> (01) Hispanic Latino <input type="checkbox"/> (02) Not Hispanic Latino		Gender (Choose one) <input type="checkbox"/> (F) Female <input type="checkbox"/> (M) Male		Race (Choose one or more, regardless of Ethnicity) <input type="checkbox"/> (01) White <input type="checkbox"/> (02) Black or African American <input type="checkbox"/> (04) American Indian or Alaska Native <input type="checkbox"/> (05) Asian <input type="checkbox"/> (08) Native Hawaiian or Other Pacific Islander	
PROFESSIONAL STATUS AND CRIMINAL HISTORY INFORMATION					
Check "yes" or "no" for each question below. "YES" responses require an attached explanation and any additional supporting documentation (e.g. court certified copies of judgment, conviction, and sentencing).					
READ CAREFULLY					
<input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever had any adverse action (e.g. warning, reprimand, suspension, revocation, denial, voluntary surrender) taken against a professional certificate, license or permit issued by an agency <u>other than the Alabama State Department of Education?</u>					
<input type="checkbox"/> Yes <input type="checkbox"/> No Are you currently the subject of an investigation involving a violation of a profession's laws, rules, standards or Code of Ethics by an agency <u>other than the Alabama State Department of Education?</u>					
<input type="checkbox"/> Yes <input type="checkbox"/> No Are you currently the subject of an investigation involving sexual misconduct or physical harm to a child?					
<input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever resigned from a position rather than face disciplinary action?					
<input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever been convicted of, or entered a plea of no contest to a felony or misdemeanor other than a minor traffic violation?					
<input type="checkbox"/> Yes <input type="checkbox"/> No Are you the subject of a pending investigation involving a criminal act?					
RECORD OF EDUCATION					
Degree and Major	Name of College/University		Location	Dates Attended Beginning MM/YY	Dates Attended Ending MM/YY

The Alabama State Board of Education and the Alabama State Department of Education do not discriminate on the basis of race, color, disability, sex, religion, national origin, or age in their programs, activities, or employment and provide equal access to the Boy Scouts and other designated youth groups. The following person is responsible for handling inquiries regarding the non-discrimination policies: Title IX Coordinator, *Prevention and Support Office*, Alabama State Department of Education, P.O. Box 302101, Montgomery, AL 36130-2101, email: supportservices@alsde.edu.

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.

LEA 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 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** Alabama State Department of Education (ALSDE) Departmental Portal to ensure the applicant is properly certified for each period/block of the day. I understand the certificate will authorize the applicant to serve only as a Speech-Language Pathology Assistant in grades P-12 and 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 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 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 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 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

School System

Typed or Printed Name

Mailing Address

Telephone Number

Date

City

State

ZIP Code

APPLICATION PACKET CHECKLIST

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**:

Boxes are to be checked, as applicable.

Application Forms

- | | |
|--------------------------|---|
| <input type="checkbox"/> | <u>Submission of</u> Supplement CIT <u>with supporting documentation</u> verifying United States citizenship or lawful presence in the United States. |
| <input type="checkbox"/> | <u>Submission of</u> this application Form SLZ . |

Nonrefundable Application Fee

- | | |
|--------------------------|--|
| <input type="checkbox"/> | A \$38.00 <i>nonrefundable</i> application fee. 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, a 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

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Background clearance based on a fingerprint review. |
|--------------------------|---|
- For applicants seeking **initial certification, additional certification, or certificate renewal** to teach in Alabama, your criminal history background checks must have been completed by both the Alabama State Bureau of Investigation (ASBI) and the Federal Bureau of Investigation (FBI). You can check the status of your background checks and confirm whether you meet the state's suitability requirements for teaching at <https://tcert.alsde.edu/Portal>.
 - For Applicants who **have not** been cleared by both agencies through the Educator Certification Section of the Alabama State Department of Education (ALSDE), you will need to undergo fingerprinting for a criminal history background check. Details on how to complete the background review process can be found at <https://www.alabamaachieves.org/teacher-center/teacher-certification/>. If you have any questions about our criminal history background check process, you can contact us at (334) 694-4557 or bgr@alsde.edu.
 - Applicants may verify receipt of their criminal history results at the ALSDE by visiting <https://tcert.alsde.edu/Portal/Public/Pages/SearchCerts.aspx>. If your results are not located, or you have questions about your status, please allow 10 business days from the date of fingerprint submission before making an inquiry.

Official Transcripts

- | | |
|--------------------------|---|
| <input type="checkbox"/> | <u>Submission of</u> 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. |
| <input type="checkbox"/> | 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 ABOUT THE LEVEL II SPEECH-LANGUAGE PATHOLOGY ASSISTANT CERTIFICATE

Requirements for issuance of the renewable Level II Speech-Language Pathology Assistant Certificate include verification the applicant is progressing toward completing requirements for issuance of either the:

- Class A (master's degree level) Special Education Professional Educator Certificate in a special education teaching field through the Alabama State-approved educator preparation program approach; or
- Class A (master's degree level) Speech-Language Pathology Professional Educator Certificate through the Speech-Language Pathology Professional Educator Certificate Approach. Information about this approach may be viewed at www.alabamaachieves.org/ (click Teachers & Administrators ⇨ Teacher Center ⇨ Teacher Certification ⇨ Other Approaches-Speech-Language Pathology Professional).

Requirements for the Level II certificate may be found on the *Application for the Level II Speech-Language Pathology Assistant Certificate*, which may be viewed at www.alabamaachieves.org/ (click Teachers & Administrators ⇨ Teacher Center ⇨ Teacher Certification ⇨ Other Approaches-Speech Language Pathology Assistant).

IMPORTANT INFORMATION and ATTESTATIONS TO BE COMPLETED BY THE APPLICANT

1. 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. The submission of supporting documents ONLY (e.g., official transcripts) does not constitute making an application for certification. Incomplete forms will delay the review of the file. **APPLICATION FORMS AND SUPPORTING DOCUMENTS ARE NOT ACCEPTED BY FAX OR E-MAIL.**
3. 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.alabamaachieves.org (click Teachers & Administrators ⇨ Teacher Center ⇨ Teacher Certification ⇨ Other Approaches-Speech Language Pathology Assistant).
4. 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**.
5. 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.
6. 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 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.
7. I must meet the requirements for issuance of 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*, which may be viewed at www.alabamaachieves.org/ (click Teachers & Administrators ⇨ Teacher Center ⇨ Teacher Certification ⇨ Other Approaches-Speech Language Pathology Assistant).
8. It is my responsibility to keep all personal data on file in the Educator Certification Section current.
9. By affixing my signature to this document, I am certifying that true and correct information is being provided, I have thoroughly read this document in its entirety, and I have received a photocopy of this form, reflecting signatures.

Date _____

Signature of Applicant _____