



### SUPPLEMENT SPP

This supplement is to be used by individuals seeking issuance or renewal of the Level II Speech-Language Pathology Assistant Certificate. The purpose of this form is to verify whether graduate coursework completed at a non-Alabama regionally accredited senior institution was *or* was not part of at least a master's degree level state-approved P-12 educator preparation program in a teaching field of special education. An additional purpose is to verify that in the state where the institution is geographically located, the program leads to at least master's degree level special education licensure in a teaching field of special education comparable to an Alabama special education teaching field so that the individual may then apply for advanced level Alabama certification through our Certificate Reciprocity Approach.

<u>PERSONAL DATA</u>					
<i>(To be completed by the applicant. Type or print legibly, using black ink, when completing this form):</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	Date of Birth (mm-dd-yyyy)		E-mail Address		

<u>COURSEWORK VERIFICATION REQUEST</u>		
<i>(To be completed by the applicant.)</i>		
I request that the Dean or Certification Official in the College of Education of _____ verify that the graduate <i>Name of College/University</i> course(s) listed below are part of the institution's state-approved P-12 educator preparation program in a teaching field of special education that leads to at least master's degree level special education licensure in the state where the institution is geographically located <i>and</i> the special education teaching field on that license will be comparable to an Alabama special education teaching field so the individual may then apply for advanced level Alabama certification through our Certificate Reciprocity Approach.		
COURSE (Prefix & Number)	COURSE TITLE	TERM COMPLETED

**Official transcripts verifying credit earned must be submitted to the Educator Certification Section in addition to Supplement SPP.**

I hereby permit the release of information concerning the educator preparation program I am enrolled in and the coursework that I have completed to the:

- Superintendent of Education, State of Alabama, or
- Alabama school system named on page two of this form.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Applicant

**VERIFICATION DATA**

*(To be completed by the Dean or Certification Official in the College of Education.)*

For Alabama to consider accepting master’s level or higher coursework from a non-Alabama institution for issuance or renewal of the Level II Speech-Language Pathology Assistant Certificate, the coursework must be part of the institution’s state-approved P-12 educator preparation program that leads to master’s degree level or higher special education licensure in the state where the institution is geographically located. The special education license must be in an area for which Alabama offers comparable special education certification.

Alabama offers special education certification in the areas of: early childhood special education for Preschool-grade 3, collaborative teacher for grades K-6 or 6-12 (covers all areas except sensory impairments and gifted), and the grades P-12 areas of emotional disturbance, gifted, hearing impairment, mental retardation, mild learning disabilities, multiple disabilities, orthopedic and other health impairment, specific learning disability, and visual impairment.

Please verify the following information for coursework that the applicant has listed on page one of this form. Each course must be listed separately. Additional information may be attached.

COURSE (Prefix & Number)	COURSE TITLE	STATE-APPROVED PROGRAM (select ONE)	COMPARABLE AREA OF ALABAMA CERTIFICATION (select from list above)
		<input type="checkbox"/> <b>Yes</b> , this course is part of, or can be used as an elective in, our master’s degree level or higher state-approved P-12 educator preparation program that leads to at least master’s degree level special education licensure in this state. <input type="checkbox"/> <b>No</b> , this course does not meet the necessary requirements.	
		<input type="checkbox"/> <b>Yes</b> , this course is part of, or can be used as an elective in, our master’s degree level or higher state-approved P-12 educator preparation program that leads to at least master’s degree level special education licensure in this state. <input type="checkbox"/> <b>No</b> , this course does not meet the necessary requirements.	
		<input type="checkbox"/> <b>Yes</b> , this course is part of, or can be used as an elective in, our master’s degree level or higher state-approved P-12 educator preparation program that leads to at least master’s degree level special education licensure in this state. <input type="checkbox"/> <b>No</b> , this course does not meet the necessary requirements.	
		<input type="checkbox"/> <b>Yes</b> , this course is part of, or can be used as an elective in, our master’s degree level or higher state-approved P-12 educator preparation program that leads to at least master’s degree level special education licensure in this state. <input type="checkbox"/> <b>No</b> , this course does not meet the necessary requirements.	
		<input type="checkbox"/> <b>Yes</b> , this course is part of, or can be used as an elective in, our master’s degree level or higher state-approved P-12 educator preparation program that leads to at least master’s degree level special education licensure in this state. <input type="checkbox"/> <b>No</b> , this course does not meet the necessary requirements.	

At the time the verified coursework was completed, this institution \_\_\_\_\_ **was OR** \_\_\_\_\_ **was not** regionally accredited.

\_\_\_\_\_  
**Signature of Dean of Education or Authorized Certification Official**

\_\_\_\_\_  
**Typed or Printed Name**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Name of Institution**

\_\_\_\_\_  
**Mailing Address**

\_\_\_\_\_  
**City/State/ZIP Code**

\_\_\_\_\_  
**Date**

**Telephone**

**Date**

THE OFFICIAL SEAL OF THE INSTITUTION MUST BE AFFIXED TO THIS DOCUMENT OR THE BUSINESS CARD OF THE AUTHORIZED OFFICIAL MUST BE ATTACHED.

**DO NOT RETURN THIS FORM TO THE APPLICANT.** FOR SUBMISSION TO THE ALABAMA STATE DEPARTMENT OF EDUCATION, PLEASE MAIL TO THE ADDRESS ON PAGE ONE. **FORMS ARE NOT ACCEPTED BY FAX OR E-MAIL.**

AT THE APPLICANT’S REQUEST, THIS FORM MAY BE FORWARDED TO AN ALABAMA SCHOOL SYSTEM.

PLEASE FORWARD THIS FORM TO THE FOLLOWING ALABAMA SCHOOL SYSTEM:

\_\_\_\_\_  
 Name of Alabama School System

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City/State/Zip Code

**Alabama State Department of Education**  
***Educator Certification Section***

**5215 Gordon Persons Building**  
**Post Office Box 302101**  
**Montgomery, AL 36130-2101**

**Telephone: (334) 694-4557**

