



**The Speech-Language Pathology Temporary Certificate Approach Application and Summary of Requirements**

**FORM TSL**

The application process for the Speech-Language Pathology Temporary Certificate **must be completed in conjunction with an employing Alabama county/city superintendent or administrator of an eligible nonpublic/private school.**

<b>PERSONAL DATA</b>					
<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
Email Address		Home/Cell Telephone		Work Telephone	
Social Security Number		ALSDE ID		Date of Birth (mm-dd-yyyy)	
<b>FOR STATISTICAL PURPOSES ONLY</b>					
<b>Ethnic Origin (Choose one)</b> <input type="checkbox"/> (01) Hispanic Latino <input type="checkbox"/> (02) Not Hispanic Latino		<b>Gender (Choose one)</b> <input type="checkbox"/> (F) Female <input type="checkbox"/> (M) Male		<b>Race (Choose one or more, regardless of Ethnicity)</b> <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	
<b>PROFESSIONAL STATUS AND CRIMINAL HISTORY INFORMATION</b>					
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).					
<b>READ CAREFULLY</b>					
<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 <b>other than the Alabama State Department of Education</b> ?					
<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 <b>other than the Alabama State Department of Education</b> ?					
<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?					
<b>RECORD OF EDUCATION</b>					
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](mailto:supportservices@alsde.edu).

### GENERAL INFORMATION

This application is to be completed for individuals seeking a Speech-Language Pathology Temporary Certificate (SLTC) and **submitted by the employing county/city superintendent or administrator of an eligible nonpublic/private school** 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 a SLTC until Form TSL and all required components have been received. **Applications will not be assigned to a certification specialist for review until at least a completed Form TSL, the \$38.00 nonrefundable application fee, and background clearance have been received.** The submission of supporting documents ONLY (e.g., official transcripts) 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 may review current requirements at <https://www.alabamaachieves.org/> (click Teachers & Administrators ⇨ Teacher Center ⇨ Teacher Certification ⇨ Other Approaches-Speech-Language Pathology Temporary).

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 or nonpublic/private school administrator.*

I recommend this applicant for the SLTC.

My local board of education has authorized me to employ the individual for whom this application packet is being submitted, subject to the issuance of his/her SLTC. I understand that the SLTC will not be issued for the applicant until all eligibility requirements have been met and background clearance has been received.

I have checked the **current** Alabama State Department of Education (ALSDE) Departmental Portal to ensure that the applicant is properly certified for each period/block of the day. I understand this certificate authorizes the holder to serve only as a Speech-Language Pathologist in grades P-12 and is not proper certification for any other assignment.

**I understand failure to assign the applicant properly will result in an out-of-field penalty assessment for the employing public school system.**

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 this approach.

***LEA/Nonpublic/Private School Representative's Initials:***

Signature of Superintendent/Nonpublic/Private School Administrator

School System/Eligible Nonpublic/Private School

Typed or Printed Name

Mailing Address

Telephone Number

Date

City

State

ZIP Code

**APPLICATION PACKET CHECKLIST**

Required for issuance of the master's degree level Speech-Language Pathology Temporary Certificate, valid from the date of issuance through the remainder of the same scholastic year, and thereafter, for the next consecutive scholastic year. This certificate is **nonrenewable and cannot be reissued**.

*Boxes are to be checked, as applicable.*

**Application Forms**

- Submission of Supplement CIT with supporting documentation verifying United States citizenship or lawful presence in the United States.
- Submission of this application Form TSL.

**Nonrefundable Application Fee**

- A \$38.00 *nonrefundable* 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**

- Background clearance is 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](mailto: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**

- Submission of official transcripts of all degrees and credits earned. All degrees and credits earned must be verified on an official transcript(s) and must be submitted to the Educator Certification Section in a sealed envelope from the institution(s). Official transcripts may also be submitted securely to the Educator Certification Section through electronic transmission by only the transcript services listed below. The applicant's current full name and Social Security number or ALSDE ID must accompany the transcript(s).  
Official transcripts may be submitted securely to the Educator Certification Section using one of the following options:
- Option 1:**
- Mailed to the Educator Certification Section in a sealed envelope from the institution.  
Alabama State Department of Education  
Educator Certification Section  
5215 Gordon Persons Building  
Post Office Box 302101  
Montgomery, AL 36130-2101
- Option 2:**
- Submitted securely to the Educator Certification Section through electronic transmission by National Student Clearinghouse. **Do not select the ETX option.**
- Option 3:**

Name:

SSN:

- Submitted securely to the Educator Certification Section through electronic transmission **from the institution** as an electronic PDF, to [certranscripts@alsde.edu](mailto:certranscripts@alsde.edu).
  - **Transcripts submitted from an individual or a personal/business email account will not be accepted.**
- Official transcript verifying an earned bachelor’s degree; **AND**
- Official transcript verifying a master’s or higher degree was earned **prior to** the date the application is received in the Educator Certification Section from a senior institution that was regionally accredited at the time the degree was conferred.

**Supplement TSS**

- Submission of Supplement TSS** verifying that prior to the date the application is received in the Educator Certification Section the applicant:
- Completed at least a master’s degree level speech-language pathology program that was accredited by the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) of the American Speech-Language-Hearing Association (ASHA) at the time of program completion; OR
  - Completed at least a master’s degree level speech-language pathology program that was in candidacy status of accreditation by the Council on Academic Accreditation (CAA) of the American Speech-Language Hearing Association (ASHA) at the time of program completion.
  - Satisfactorily completed the CAA-prescribed Praxis subject area test.
- Supplement TSS will be completed by the college/university and returned to the applicant in a sealed envelope. The sealed envelope should be provided to the employer for submission to the Educator Certification Section as part of the complete application packet. **If the sealed envelope is opened by the employer to verify its completion, the form must be initialed and dated by the LEA/nonpublic/private school representative.**

**APPLICATION SUBMISSION and ATTESTATIONS**

**As an applicant for the Speech-Language Pathology Temporary Certificate, I understand that:**

- The Speech-Language Pathology Temporary Certificate is valid from the date of issuance, through the remainder of the same scholastic year, and for the next scholastic year.
- The Speech-Language Pathology Temporary Certificate is **nonrenewable and cannot be reissued.**
- The Speech-Language Pathology Temporary Certificate authorizes me to serve only as a Speech-Language Pathologist in grades P-12 in an Alabama public or nonpublic/private school.
- I must apply for the Class A Speech-Language Pathology Professional Educator Certificate once I have received my valid Speech-Language Pathology License issued by a state’s speech-language pathology licensing board/agency (e.g., Alabama Board of Examiners for Speech-Language Pathology & Audiology). Requirements for this certificate may be found on the *Application for the Speech-Language Pathology Professional Educator Certificate* at [www.alabamaachievers.org/](http://www.alabamaachievers.org/) (click Teachers & Administrators ☞ Teacher Center ☞ Teacher Certification ☞ Other Approaches-Speech-Language Pathology Professional).
- I must meet all Alabama certification requirements in effect on the date the application is received in the Educator Certification Section. **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 to obtain the Speech-Language Pathology Temporary Certificate, and that he/she has received a photocopy of this form, reflecting signatures.

Date

Signature of Applicant

I have completed the following documents, and I am mailing them to the address below:

- Supplement CIT, including supporting documentation
- Form TSL
- Money order, cashier’s check, or receipt verifying online payment of \$38.00 application fee
- Required supporting documentation

All documents must be mailed to the following address:

**Alabama State Department of Education  
Educator Certification Section  
5215 Gordon Persons Building  
Post Office Box 302101  
Montgomery, AL 36130-2101**