



## Level II Speech-Language Pathology Assistant Certificate

### FORM SLY

The application process for the issuance of the Level II 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)		Gender (Choose one)		Race (Choose one or more, regardless of Ethnicity)	
<input type="checkbox"/> (01) Hispanic Latino <input type="checkbox"/> (02) Not Hispanic Latino		<input type="checkbox"/> (F) Female <input type="checkbox"/> (M) Male		<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?					
RECORD OF EDUCATION					
Degree and Major	Name of College/University	Location	Dates Attended Beginning MM/YY	Dates Attended Ending MM/YY	

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**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).

**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.

**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 II 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**

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

**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 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.

**Prerequisite Certificate**

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

**Coursework Requirement**

- The applicant must verify progress toward completing requirements for issuance of 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 (option a. below); or
  - Class A (master's degree level) Speech-Language Pathology Professional Educator Certificate through the Speech-Language Pathology Professional Educator Certificate Approach (option b. below). Information about this approach may be viewed at [www.alabamaachieves.org/](http://www.alabamaachieves.org/) (click Teachers & Administrators ☞ Teacher Center ☞ Teacher Certification ☞ Other Approaches-Speech-Language Pathology Professional).
- Submission of official transcript(s) of the applicant verifying 12 semester hours of graduate credit, with grades of "B" or above, from a regionally accredited senior institution. The credits must have been earned **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 (master's degree level) educator preparation program in a special education teaching field:
    - Name of Alabama institution where program is being completed \_\_\_\_\_
    - Name of special education teaching field \_\_\_\_\_ and
    - A copy of the State-approved program checklist for the teaching field must be attached; **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 at the time the credits were earned:

- Name of Alabama or non-Alabama institution where the program is being completed \_\_\_\_\_ and \_\_\_\_\_
- A copy of an official document issued by that institution containing a list of courses required to complete the program must be attached; **OR**
- c. A combination of courses from a. and b. The items listed for a. and b. must be completed/attached.

**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.

### Experience Verification

- Submission of Supplement(s) EXP verifying the applicant completed 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.

### Supervision Verification

- Submission of Supplement(s) SLS verifying the applicant was supervised by an 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**.
- 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 and ATTESTATIONS TO BE COMPLETED BY THE APPLICANT

1. The Educator Certification Section is unable to determine eligibility for the Level II 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/](http://www.alabamaachieves.org/) (click Teachers & Administrators ⇨ Teacher Center ⇨ Teacher Certification ⇨ Other Approaches-Speech Language Pathology Assistant).
4. 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.
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. Requirements for renewal of the Level II Speech-Language Pathology Assistant Certificate may be found at [www.alabamaachieves.org](http://www.alabamaachieves.org/) (click *Certificate Renewal* ⇨ *Speech-Language Pathology Assistant*). If at least a valid Class A (master's degree level) Professional Educator Certificate in an area of special education is held, meeting requirements to continue that certificate will also meet requirements to continue the Level II Speech-Language Pathology Assistant Certificate.
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