## ALABAMA STATE DEPARTMENT OF EDUCATION EDUCATOR CERTIFICATION SECTION

5215 GORDON PERSONS BUILDING POST OFFICE BOX 302101 MONTGOMERY, AL 36130-2101 Telephone: (334) 694-4557 www.alabamaachieves.org/



mploying Alabama p	ıblic school system.
School System Code:	

This section must be completed by the

## SUPPLEMENT SLS

## Speech-Language Pathology Assistant Supervision Verification

This supplement is to be completed for individuals seeking issuance or renewal of the Level II Speech-Language Pathology Assistant Certificate (SLPAC). Issuance and renewal of the Level II SLPAC require verification that each year of employment in an Alabama public school system as a speech-language pathology assistant while holding a valid SLPAC, was supervised by either a speech-language pathologist who held at least a valid Alabama Class A (master's degree level) Professional Educator Certificate endorsed in speech or language impairment or speech-language pathology OR a special education coordinator/supervisor who held a valid Alabama Professional Educator Certificate in an area of special education. This supplement must be submitted by the employing superintendent of the Alabama public school system directly to the Educator Certification Section. If the individual was employed in more than one Alabama public school system, a separate Supplement SLS must be submitted by each employing superintendent.

## I. To be completed by the applicant:

First					
	Middle Maiden	Last Name		So	ocial Security Number
Mailing Address: Street/Apt./P.O	. Box/Route and Box	City		State	ZIP Code
( )	( )		(	)	
Cell Telephone Number	Home 7	Telephone Number	Number Work Telephone Number		lephone Number
Purpose of submission:	D. I. I. I. I. I. I. G.				
Issuance of Level II Speech-Langu					
Renewal of Level II Speech-Langu	-				
Signature of applicant			Date		
II. Verification of applicant's sup	ervision by an employer:	<u>.</u>			
I certify that the applicant named above	• • •				
				c School System	, I
and was provided with and received sup	pervision for the scholastic ye	ear(s) listed below by eit	her a speech	language path	ologist who held at least a
valid Alabama Class A (master's degree	e level) Professional Educato	or Certificate endorsed in	n speech or l	anguage impai	rment or speech-language
pathology OR a special education coord	dinator/gunaryigar who hold		-		
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education.	Scholastic Year On Scholastic Year Tw Scholastic Year Thr	e:			
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Sworn to and subscribed before me this	Scholastic Year On Scholastic Year Tw Scholastic Year Thr	e:		ature of County/0	City Superintendent

**NOTARY SEAL** 

A NOTARY SEAL MUST BE AFFIXED TO THIS FORM.
DO NOT RETURN THIS FORM TO THE APPLICANT;
MAIL IT DIRECTLY TO THE EDUCATOR CERTIFICATION SECTION.

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