



**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:**

Applicant: \_\_\_\_\_  
First Middle Maiden Last Name Social Security Number

Mailing Address: \_\_\_\_\_  
Street/Apt./P.O. Box/Route and Box City State ZIP Code

( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Cell Telephone Number Home Telephone Number Work Telephone Number

Purpose of submission:

- Issuance of Level II Speech-Language Pathology Assistant Certificate
- Renewal of Level II Speech-Language Pathology Assistant Certificate

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

**II. Verification of applicant’s supervision by an employer:**

I certify that the applicant named above was employed by \_\_\_\_\_,  
Name of Alabama Public School System  
and was provided with and received supervision for the scholastic year(s) listed below 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.

Scholastic Year One: \_\_\_\_\_  
Scholastic Year Two: \_\_\_\_\_  
Scholastic Year Three: \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_  
Signature of County/City Superintendent

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Typed or Printed Name  
\_\_\_\_\_  
Date

My commission expires: \_\_\_\_\_

**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.**