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www.alabamaachievers.org/

SUPPLEMENT TSS

This form is used to provide official verification that at least a master’s degree level speech-language pathology program was completed, the program completed was accredited 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, and satisfactory performance on the CAA-prescribed Praxis subject test was obtained.

I. Personal Data: (TO BE COMPLETED BY THE APPLICANT. TYPE OR PRINT LEGIBLY, USING BLACK INK, WHEN COMPLETING THIS FORM.)

Title (e.g., Mr.)	First	Middle	Maiden	Last	Suffix (e.g., Jr.)
Street/Apt./P.O. Box/Route and Box		City		State	ZIP Code
Cell Telephone	Home Telephone	Work Telephone	E-mail Address		
Social Security Number	Date of Birth (mm-dd-yyyy)				

NAME OF COLLEGE OR UNIVERSITY COMPLETING THIS FORM	LOCATION	DATES ATTENDED	DEGREE AND MAJOR

I hereby permit the release of information concerning my program completion to the Alabama State Superintendent of Education.

Date	Signature of Applicant

II. Verification Data: (TO BE COMPLETED BY THE DIRECTOR OF THE SPEECH-LANGUAGE PATHOLOGY PROGRAM AT THE COLLEGE/UNIVERSITY.)

Program Information	
A.	At the time of this student’s matriculation, this college/university ____ was / ____ was not regionally accredited.
B.	This student COMPLETED a master’s degree level speech-language pathology program that was accredited by the CAA of ASHA on _____. (Date of Program Completion)
C.	This student COMPLETED a master’s degree level speech-language pathology program that was in candidacy status of accreditation by the CAA of ASHA on _____. (Date of Program Completion)
D.	This student DID NOT COMPLETE a master’s degree level speech-language pathology program that was accredited by the CAA of ASHA or was in candidacy status of accreditation by the CAA of ASHA.
E.	At the time of this student’s program completion, this college/university did not have a master’s degree level speech-language pathology program that was accredited by the CAA of ASHA or was in candidacy status of accreditation by the CAA of ASHA.
Test Information	
F.	This student _____ did / _____ did not satisfactorily complete the CAA-prescribed Praxis subject test for speech-language pathology.

(continued on page 2)

Name _____

Social Security Number _____

Signature of Director of Speech-Language Pathology Program

Name of College/University

Typed or Printed Name

Mailing Address

Title

City/State/ZIP Code

Telephone

Date

THE OFFICIAL SEAL OF THE INSTITUTION OR BUSINESS CARD OF THE DIRECTOR OF THE SPEECH-LANGUAGE PATHOLOGY PROGRAM MUST BE AFFIXED TO THIS DOCUMENT.

THIS FORM MUST BE MAILED DIRECTLY TO THE APPLICANT IN A SEALED ENVELOPE.

FORMS ARE NOT ACCEPTED BY FAX OR E-MAIL.