

Dyslexia Therapist Endorsement (International Dyslexia Association) Application <u>and</u> Summary of Requirements

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	
Street/Apt./P.O. Box/Route an			d Box	City	State	ZIP Code	
Cell Telephone			Home Telephone		Work Telephone		
()							
Social Security Number		Date of	Birth (mm-dd-yyyy)	E-mail Address			
FOR STATISTICAL PURPOSES ONLY							
Ethnic Origin (choose one) Gender (choose one) Race (choose one or more, regardless of Ethnicity)							
□ (01) Hispanic I □ (02) Not Hispa		□ (F) Femal □ (M) Male	e	 □ (01) White □ (02) Black or African American □ (04) American Indian or Alaska Native □ (05) Asian □ (08) Native Hawaiian or Other Pacific Islander 			
PROFESSIONAL STATUS AND CRIMINAL HISTORY INFORMATION							
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).							
READ CAREFULLY							
☐ Yes ☐ 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 other than the Alabama State Department of Education?							
☐ Yes ☐ 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 <u>other than the Alabama State Department of</u> Education?							
□ Ye	☐ Yes ☐ No Are you currently the subject of an investigation involving sexual misconduct or physical harm a child?						
□ Ye	□ Yes □ No Have you ever resigned from a position rather than face disciplinary action?						
☐ Yes ☐ No Have you ever been convicted of, or entered a plea of no contest to a felor than a minor traffic violation?						meanor other	
🗆 Yes 🗖 No Are you		Are you the sub	you the subject of a pending investigation involving a criminal act?				

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, Alabama State Department of Education, P.O. Box 302101, Montgomery, AL 36130-2101, email: <u>pss@alsde.edu</u>.

Name:_____

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	APPLICATION REQUIREMENTS and CHECKLIST						
	Submission of Supplement CIT with supporting documentation verifying United States citizenship or lawful presence in the United States.						
	Submission of this application Form IDA.						
	A \$30.00 <i>nonrefundable</i> application fee. Each additional certificate for which an applicant is determined to be eligible will require a \$30.00 nonrefundable fee for issuance. Neither personal checks nor cash will be accepted.						
	 The fee must be paid by cashier's check <u>or</u> money order made payable to the Alabama State Department of Education or through the <u>Alabama State Department of Education Educator Certification Online Payment System</u>, with a major credit card, (a \$4.00 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 based on a fingerprint review.						
	 Applicants may verify whether their Alabama State Bureau of Investigation (ASBI) and Federal Bureau of Investigation (FBI) criminal history background checks have been completed and whether they are suitable and fit to teach under state law at https://tcert.alsde.edu/Portal. Applicants for initial certification, additional certification, and certificate renewal who have not been cleared by both 						
	the ASBI and FBI through the Educator Certification Section of the ALSDE are required to be fingerprinted for a criminal history background check through the ASBI and FBI.						
	• Instructions regarding the fingerprint process are available through Gemalto Cogent by calling (866) 989-9316.						
	 I hold a valid Alabama Professional Educator Certificate in a teaching field. The following are not teaching fields: instructional leadership, areas of educational administration and supervision, school counseling, school library-media specialist, school psychometry, school psychology, and sport management. I have successfully completed an International Multisensory Structured Language Education Council endorsed 						
	training course. Supplement ADI has been completed by the course provider and is enclosed in a sealed envelope with the application packet.						
	I have passed the Center for Effective Reading Instruction's Knowledge and Practice Examination of Effective Reading Instruction (KPEERI). A copy of my <i>KPEERI Score Report</i> is included with the application packet.						
	APPLICATION SUBMISSION and ATTESTATIONS						
1.	I understand the Educator Certification Section is unable to determine eligibility for Alabama certification until all required application components have been received and reviewed. Additional information may be requested upon review of the file. The submission of supporting documents ONLY does not constitute making application for certification. Incomplete forms will delay the review of the file.						
2.	I understand that 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 (click <i>Other Approaches & Dyslexia Therapist Endorsement</i>).						
3.	I understand that I must thoroughly read all requirements of this approach (Form IDA).						
4.	I understand that it is my responsibility to keep all personal data on file in the Educator Certification Section current.						
5.	I understand that it is my responsibility to renew my Professional Certificate(s) and to stay abreast of renewal requirements.						
	By affixing my signature to this document, I am certifying that true and correct information is being provided. Failure to						
	submit accurate information may result in revocation or non-issuance of your certificate.						
	 I have completed the following documents, and I am mailing them to the address at the top of page one: Supplement CIT, including supporting documentation Form IDA 						
	 Required supporting documentation Money order, cashier's check, or receipt verifying online payment of \$30.00 application fee 						
	Date Signature of Applicant						