

Name \_\_\_\_\_

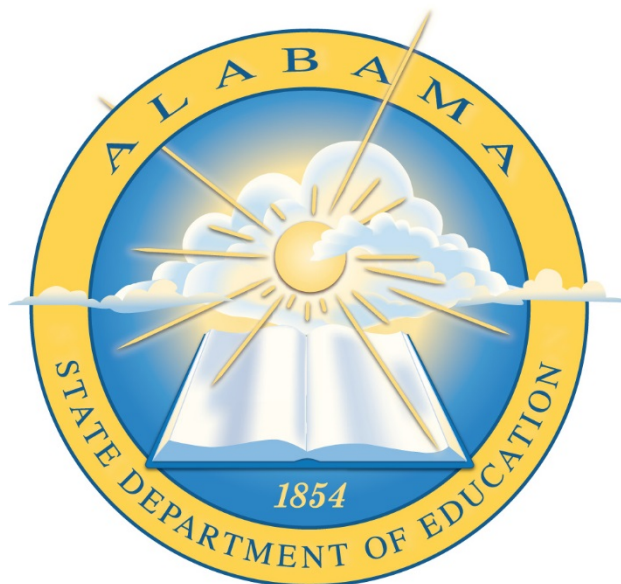
SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

LEA/College \_\_\_\_\_ - \_\_\_\_\_

## Level I Speech-Language Pathology Assistant Certificate

### Application *and* Summary of Requirements

The application process for the issuance of the Level I Speech-Language Pathology Assistant Certificate **must be completed in conjunction with an employing Alabama county/city superintendent.**



**Alabama State Department of Education**  
*Educator Certification Section*

**5215 Gordon Persons Building  
Post Office Box 302101  
Montgomery, AL 36130-2101**

**Telephone: (334) 694-4557**

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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: [pss@alsde.edu](mailto:pss@alsde.edu)

Name: \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**TYPE OR USE BLACK INK WHEN COMPLETING THIS FORM.**

**PERSONAL DATA** (To be completed by the applicant. **\*REQUIRED FIELDS**):

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)	
*E-mail Address					
<b>FOR STATISTICAL PURPOSES ONLY</b>					
<b>Gender</b> (choose one) <input type="checkbox"/> (F) Female <input type="checkbox"/> (M) Male		<b>Ethnic Origin</b> (choose one) <input type="checkbox"/> (01) Hispanic Latino <input type="checkbox"/> (02) Not Hispanic Latino		<b>Race</b> (choose one or more, regardless of Ethnicity) <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	

**SPOUSE OF OR ACTIVE-DUTY MILITARY PERSONNEL**

(Per Alabama Act No. 2012-533). This section is to be completed for spouses of active-duty military personnel or active-duty military personnel who would like to request an expedited review of the certification application packet.

Yes  No I am married to and living with an active-duty member of the United States Armed Forces who has been relocated and stationed in Alabama under official military orders

**OR**

Yes  No I am an active-duty member of the United States Armed Forces who has been relocated and stationed in Alabama under official military orders.

**I understand that this request to review my file on an expedited basis does not exclude me from meeting ANY Alabama teacher certification requirements, including testing.**

**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 (\*REQUIRED FIELDS)**

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 **other than the Alabama State Department of Education?**

Yes  No \* Are you currently the subject of an investigation involving sexual misconduct or physical harm to a child?

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 felony or misdemeanor other than a minor traffic violation?

Yes  No \* Are you the subject of a pending investigation involving a criminal act?

Name: \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### RECORD OF EDUCATION

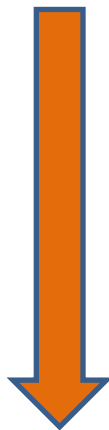
Name of College/University	Location	Dates Attended	Degree and Major

### EDUCATIONAL EXPERIENCE

*(Do not include student teaching, substitute, or teacher aide experience. If none, enter none. List recent experience first.)*

Dates		Name and Location of School/School System	Grade(s) And Subject(s) Taught Or Instructional Support Positions (e.g., counselor, principal) Held
Beginning (MM/YY)	Ending (MM/YY)		

**Proceed to General Information**



**GENERAL INFORMATION**

This application is to be completed for individuals seeking the Level I 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 I 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 I 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 I Speech-Language Pathology Assistant Certificate, valid from the date of issuance through the remainder of the same scholastic year, and thereafter, for the next three consecutive scholastic years and **nonrenewable**:

*Boxes are to be checked, as applicable.*

<input type="checkbox"/>	<u>Submission of Supplement CIT with supporting documentation</u> verifying United States citizenship or lawful presence in the United States.
<input type="checkbox"/>	<u>Submission of Form SLZ.</u>
<input type="checkbox"/>	A \$30.00 <b>nonrefundable</b> application fee. Each additional certificate for which an applicant is determined to be eligible will require a \$30.00 nonrefundable fee for issuance. <b>Neither personal checks nor cash will be accepted.</b>
	<ul style="list-style-type: none"> <li>The fee must be paid by cashier's check <b>or</b> 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, at <a href="http://www.alabamainteractive.org/education">www.alabamainteractive.org/education</a> (a \$4.00 transaction fee will be applied).</li> <li>The cashier's check, money order, or copy of the receipt verifying the confirmation number for the online payment must accompany the application packet.</li> </ul>
<input type="checkbox"/>	<u>Background clearance based on a fingerprint review.</u>
	<ul style="list-style-type: none"> <li>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 <a href="https://tcert.alsde.edu/Portal">https://tcert.alsde.edu/Portal</a>.</li> <li>Applicants for initial certification, additional certification, and certificate renewal <b>who have not been cleared</b> 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.</li> <li>Instructions regarding the fingerprint process are available through Gemalto Cogent at <a href="https://www.aps.gemalto.com/al/index_adeNew.htm">https://www.aps.gemalto.com/al/index_adeNew.htm</a> or by calling (866) 989-9316.</li> </ul>
<input type="checkbox"/>	<u>Submission of the official transcript(s) of the applicant indicating a bachelor's degree in speech-language pathology or communication sciences and disorders (speech-language emphasis) was earned prior to the date the application is received in the Educator Certification Section, and with a minimum overall grade point average (GPA) of at least 2.75 on a 4.0 scale, from a senior institution that was regionally accredited at the time the bachelor's degree was earned. The overall GPA must be the GPA that was used as the basis for granting the bachelor's degree and posted on the official transcript of the degree-granting institution. An applicant who holds a valid Alabama Professional Educator Certificate or Professional Leadership Certificate is exempt from the GPA requirement. <b>Official transcripts of all credits and degrees earned must be submitted.</b></u>
<input type="checkbox"/>	<u>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.</u>

**IMPORTANT INFORMATION ABOUT THE LEVEL II SPEECH-LANGUAGE PATHOLOGY ASSISTANT CERTIFICATE**

Requirements for issuance of the renewable Level II Speech-Language Pathology Assistant Certificate include verification the applicant is progressing toward completing requirements for issuance of either 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; or
- Class A (master's degree level) Speech-Language Pathology Professional Educator Certificate through the Speech-Language Pathology Professional Educator Certificate Approach. 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).

Requirements for the Level II certificate may be found on the *Application for the Level II Speech-Language Pathology Assistant Certificate* which may be viewed at [www.alabamaachieves.org](http://www.alabamaachieves.org) (click Teachers & Administrators ☞ Teacher Center ☞ Teacher Certification ☞ Other Approaches-Speech Language Pathology Assistant).

**IMPORTANT INFORMATION and ATTESTATIONS TO BE COMPLETED BY THE APPLICANT**

1. The Educator Certification Section is unable to determine eligibility for the Level I 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 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 I 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 three consecutive scholastic years and is **nonrenewable**.
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. I must meet requirements for issuance of the subsequent renewable Level II Speech-Language Pathology Assistant Certificate and the requirements may be found on the *Application for the Level II Speech-Language Pathology Assistant Certificate* which may be viewed at [www.alabamaachieves.org](http://www.alabamaachieves.org) (click Teachers & Administrators ☞ Teacher Center ☞ Teacher Certification ☞ Other Approaches-Speech Language Pathology Assistant).
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 \_\_\_\_\_