

**THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA**

**MARILYNN "LYNN" STRONG  
ASSOCIATE SUPERINTENDENT  
HUMAN RESOURCES**

*Signatures on File*

January 29, 2008

TO: All Principals

FROM: Lynn Strong, Associate Superintendent  
Human Resources

VIA: Area Superintendents

SUBJECT: **SPEECH LANGUAGE PATHOLOGIST SUPPLEMENT**

The following information is being provided as a reminder regarding the Speech Language Pathologist (SLP) supplement:

- A \$1,100 supplement is available to SLPs who hold the Certificate of Clinical Competence (CCC). Please see *Attachment #1* for the form to be submitted. SLP may provide **one** of the following for documentation purposes:
  1. American Speech-Language Hearing Associate (ASHA) membership card marked "Certified Member" or "Certificate Holder" (*Attachment #2*)
  2. Verification of Certificate letter supplied by ASHA at the member's request (*Attachment #3*)
- This supplement for SLPs with CCC certification is available in addition to the \$935 supplement for SLPs listed in the Supplementary Pay Schedule – Appendix F, page F-6, of the BTU Contract.
- Please provide a copy of the application form (*Attachment #1*) for your SLP – the completed application and supporting documentation should be reviewed and approved by the principal.
- A supplemental ZPAF (action SC: wage type 8M45) must be completed with the effective date of the certificate and forwarded to HRIS in order to process this supplement for payment.
- The completed application and documentation should be maintained at the school/location for auditing purposes and a copy must be forwarded to the Personnel Records Department.

If you have questions regarding payment of this supplement, please contact HRIS at 754-321-0129. For questions regarding contract interpretation of this supplement, please contact the Employee Relations Department at 754-321-2140.

MLS/JH/SD;jh  
Attachments

c: Area Directors  
Denise Rusnak, Director, Exceptional Student Education  
Susan Dumala, Director, Employee Relations Department  
Marta Suarez, Manager, HRIS Department



**THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA**

600 SE THIRD AVENUE • FORT LAUDERDALE, FLORIDA 33301

www.browardschools.com

**ATTACHMENT I**

**APPLICATION FOR THE  
SPEECH LANGUAGE PATHOLOGY CERTIFICATION SUPPLEMENT**

\_\_\_\_\_  
Date

TO: Principal/Department Head

FROM: \_\_\_\_\_, \_\_\_\_\_  
Employee Name Personnel #  
\_\_\_\_\_  
Department/School/Location

I \_\_\_\_\_ hold a Certificate of Clinical  
Employee Name  
Competence in the area of speech language pathology (CCC-Sp) with a validity period  
through \_\_\_\_\_. Attached, please find a copy of the  
expiration date  
Verification of Certificate letter or Membership Card issued by the American Speech-  
Language Hearing Association.

I am eligible to receive the supplement for the attainment of said certification pursuant  
to provisions contained in Appendix F of the Broward Teachers Union (BTU)  
Bargaining Agreement.

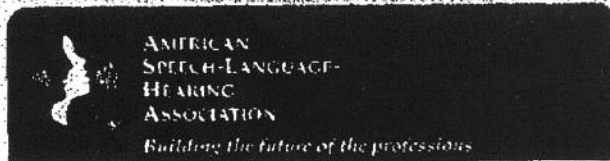
I understand that this supplement will no longer be paid after the expiration date unless  
I re-apply.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**APPROVED:** \_\_\_\_\_  
Department Head/Principal Date

The original completed application and supporting documents shall remain at the employee's work location.  
A copy of the completed application and supporting documents must be forwarded to the Personnel Records Department.



**Certified Member**

12/31/2005

Account Number

Valid Thru

*John A. Pickett*  
ASHA Executive Director



**Certificate Holder**

**Member Name**

12/31/2006

Account Number

Valid Thru

*John A. Pickett*  
ASHA Executive Director



AMERICAN  
SPEECH-LANGUAGE  
HEARING  
ASSOCIATION

## VERIFICATION OF CERTIFICATION

Date

TO:

This form serves as official verification that the individual named below holds a current Certificate of Clinical Competence as is issued by the American Speech-Language-Hearing Association (ASHA). ASHA certification must be renewed on a yearly basis. Please note the effective date and the valid through date at the bottom of this letter.

ASHA does not issue certification numbers. Certification records are accessible with the account number provided below. If future verification is needed for this individual, please contact the ASHA National Office with this account number.

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Reference Name:

ASHA Account Number:

Area of certification:

Effective Date of Certification:

Valid Through:

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Certification Case Manager