



Middle Georgia RESA

Alternative Preparation for Speech-Language Associate Program
Application for Candidacy

Application Information

To be eligible, candidates must hold a Bachelor's or higher degree in Speech-Language Pathology or Communication Sciences and Disorders, and must be employed by a local school district in the position of Speech Language Associate.

Please be sure all of the following required documents are complete and included in your application package.

1. Application - including all required signatures for District and School Assurances
2. Resume
3. **Official Transcripts to be submitted to the GaPSC - mail@gapsc.com**
In order to be considered official, transcripts must come directly from the college or university.
4. Copy of Transcripts to MGRESA
Sent to Sho Major @ smajor@mgresa.us
5. District & School Assurance Form
6. Candidate Agreement Form
7. Copy of your Georgia Educator Certificate
8. Proof of successful completion of the GACE Ethics Assessment (GACE 351)
9. Payroll Deduction Form (if applicable)

NOTE: Once completed applications are reviewed candidates will be notified of application status.

Submission of Application

Submit Completed Application to:

Address: Middle Georgia RESA
Attn: Sho Major
Central GA Technical College
Building B, Room 228
80 Cohen Walker Drive
Warner Robins, GA 31088

Email: smajor@mgresa.us
Phone: 478-988-7169
Fax: 478-988-7176

Applications must be received by July 14, 2026



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Candidates applying for the Alternative Preparation for Speech-Language Associate Program must complete all fields of the Candidate Application.

Candidate Information		
Last Name:	First Name:	Middle Initial:
Street Address:		
City:	State:	Zip:
Home Phone:	Work Phone:	Cell Phone:
Email Address:		
Current Position:	Current District/School:	
Anticipated Position for FY2026-2027:	Anticipated District/School FY2026-2027:	
Years of Experience in Education:		
Highest Degree Held:	Awarding College/University:	
GA Teaching Certificate #:	Expiration Date:	
Method of Payment (check one):		
1. Payroll Deduction ___ 2. District Pay ___ 3. Partial District Pay ___ 4. Full Payment Upfront ___		
Resume		
Attach your professional resume including the following information: <ol style="list-style-type: none"> 1. Universities/colleges attended, degrees earned, GPA 2. Educator work experience including organization, position, location, supervisor, dates 3. Other professional experience 4. Names, addresses, phone and email of three professional supervisor references 		
Transcripts		
<ol style="list-style-type: none"> 1. All official transcripts should be sent directly from the university/college(s) to the GaPSC. 2. Please also send a copy of all transcripts to Sho Major at smajor@mgresa.us 		



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Assurances

District Assurance

This is to certify that _____ is currently employed at _____ School District in the position of Speech Language Associate. The district is recommending the candidate for admission into the initial preparation program for Alternative Preparation for Speech-Language Associate Certification. The district understands and will support the candidate completing the required courses and practicum. The district understands that a sitting Speech Language Pathologist (SLP) must supervise the candidate during the program. The SLP must assign appropriate tasks, supervise, provide evaluation, and attend candidate support meetings.

Printed Name of **Human Resources Director**: _____

Signature of **Human Resources Director**: _____

Contact Information:

- Email Address: _____
- Phone Contact: _____

I prefer to be contacted by: _____ email _____ phone _____ other (specify)

Superintendent's Signature: _____

School Assurance

I certify that _____ is currently employed at _____ School District and is being recommended for admission into the Alternative Preparation for Speech Language Associate Program. The job-embedded program requires the candidate to work in the position of Speech Language Associate. I understand that I must participate in the candidate support team to help guide the candidate to successful completion of the initial preparation program.

Printed Name of **Principal/Immediate Supervisor**: _____

Signature of **Principal/Immediate Supervisor**: _____

Contact Information:

- Email Address: _____
- Phone Contact: _____

I prefer to be contracted by: _____ email _____ phone _____ other (specify)



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MGRESA SLA Program Candidate Agreement

In order to maintain the structure and integrity, as well as, implement the program with fidelity, participants are responsible to know, understand, and do the following things:

Candidate Name:	Date:
Please acknowledge your understanding and agreement by initialing the criteria to be followed throughout the program.	Initials
1. I understand that as an educator I will display appropriate professional behavior as outlined in the MGRESA SLA Candidate Dispositions, which includes the submission of original coursework.	
2. I understand that the Georgia Professional Standards Commission (GAPSC) has recognized MGRESA as an approved Education Preparation Provider (EPP) and requires instructors and candidates to adhere to the guidelines of the program. Assignment criteria are non-negotiable and must be completed as assigned.	
3. I understand that the SLA program has a specially designed program of work developed to help obtain the enhancement of the program standards; and that I will complete ALL online coursework (assignments, assessments, forums, etc). I understand that I will upload my work to Canvas for assessment.	
4. I understand that course content requirements and assignments will be completed by due dates to mastery as designated by the program and indicated in the course syllabus and/or scoring guides. I understand that I am required to re-accomplish and re-submit any substandard work.	
5. I understand that failure to adhere to the MGRESA Program guideline and standards of mastery will result in failure to receive credit for the course and a non-recommendation for the award of the program.	
6. I understand that I am expected to complete the course assignments and specially designed work identified by my Candidate Support Team (CST). The work will be submitted by the assigned due dates. I am responsible for communicating and seeking any deviation from the due dates provided. Supporting documents, such as an FMLA form, must be submitted with a request for extension.	
7. I understand that if I fall two or more weeks behind, my instructor will notify the MGRESA Program Development Coordinator. As a good steward of school district funds, the Program Development Coordinator is required to notify the system when candidates are not progressing.	
8. I understand that I am responsible for procuring course materials. Outstanding fees must be paid for all prior to the recommendation of the program award.	

Candidate Signature

Date



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Georgia Educator Certificate

Include a copy of your Georgia Educator Certificate which can be found using your GAPSC account at www.gapsc.com. (Click on "MyPSC login/register" in the upper right corner)

GACE Ethics Assessment

Include a copy of your GACE Ethics for Teachers (351) passing score report which can be found by logging in to your GACE account at www.gace.es.pearson.com.

Program Cost and Payment

The cost for the 18 week program is \$2400 for candidates within the Middle GA RESA service area and \$2900 for those not within the Middle GA RESA service area. These charges include all training and materials as well as expenses incurred by MGRESA GaPSC-certified Speech Language Pathologist for travel to districts.

SLA payments will be payroll deducted monthly through your system of employment. The appropriate payroll deduction form (attached) must be completed and submitted to the Middle Georgia RESA office before official acceptance into the SLA program.

The SLA program is an **18-week, job-embedded program**. Candidates who do not complete the program within the 18 weeks, will have an additional plan designed by their CST to help them complete, but will incur additional fees as follows:

PROGRAM PERIOD	MEMBER	NON-MEMBER
1st 18 weeks	\$2400	\$2900
2nd 18 weeks	\$1200	\$1450
3rd 18 weeks	\$600	\$725

Signature and Release of Information

I understand that a false statement, omission or misrepresentation on any part of my application or materials submitted during the application process is grounds for being denied eligibility to or dismissal from Middle Georgia RESA's Alternative Preparation for Speech-Language Associate Program.

Signature: _____

Date: _____



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Middle Georgia RESA Member System Payroll Deduction Authorization

(Bibb, Crawford, Houston, Jasper, Jones, Monroe, Peach, Twiggs)

I, _____ (Employee Name), _____ (Employee ID #), authorize the deduction of **\$480 per month for 5 months** from my payroll check by the _____ (District Name) County School District payroll office. The deductions will begin **August 2026 and continue through December 2026**. This deduction is being made to care for the cost of the **MGRESA Alternative Preparation for Speech-Language Associate Program (SLA)**, at a total cost of **\$2400.00**.

If necessary, **Second or Third 18-week Period** fees will be handled through payroll deduction during the subsequent school year(s). A new Payroll Deduction Authorization Form will be completed for these fees.

Should I leave the employment of _____ (District Name) County Schools prior to December 2026, I understand that the remaining balance due will be deducted from my final check.

SLA Candidate Signature

Date

Printed Name, Title
Payroll Representative

Email Address of Payroll Representative

Signature of Payroll Representative

Date

*****Candidate will complete and submit this form to his/her school system Payroll Department.**

*****Payroll - please return the completed form to Sho Major (smajor@mgresa.us)**

MAIL PAYMENTS TO:

Middle Georgia RESA
80 Cohen Walker Drive
Warner Robins, GA 31088

CONTACT PERSON:

Sho Major, smajor@mgresa.us; 478-988-7169



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Middle Georgia RESA Non-Member System Payroll Deduction Authorization

I, _____ (Employee Name), _____ (Employee ID #), authorize the deduction of **\$580 per month for 5 months** from my payroll check by the _____ (District Name) County School District payroll office. The deductions will begin **August 2026 and continue through December 2026**. This deduction is being made to care for the cost of the **MGRESA Alternative Preparation for Speech-Language Associate Program (SLA)**, at a total cost of **\$2900.00**.

If necessary, **Second or Third 18-week Period** fees will be handled through payroll deduction during the subsequent school year(s). A new Payroll Deduction Authorization Form will be completed for these fees.

Should I leave the employment of _____ (District Name) County Schools prior to December 2026, I understand that the remaining balance due will be deducted from my final check.

SLA Candidate Signature

Date

Printed Name, Title
Payroll Representative

Email Address of Payroll Representative

Signature of Payroll Representative

Date

*****Candidate will complete and submit this form to his/her school system Payroll Department.**

*****Payroll - please return the completed form to Sho Major (smajor@mgresa.us)**

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