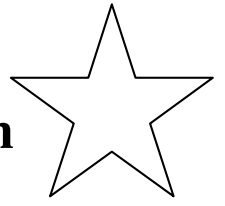

**The Alliance For Accreditation and Certification
of Structured Language Education, Inc.**
Sponsored by The International Dyslexia Association



**The Alliance Registration Exam
For
Multisensory Structured Language
Education**

**A National Registration Exam
Administered by
The Academic Language Therapy Association
(ALTA)**

National Registration Application

THERAPIST LEVEL

Registration Exam Application Procedures

1. The Alliance National Registration Exam is offered only through IMSLEC accredited courses or university or community college testing centers. All special arrangements for testing at a university or community college must be approved by the ALTA National Registration Exam Committee (Exam Committee). Requests for special arrangements must be submitted 60 days prior to the exam administration. Any fees incurred for testing at a university or community college are the responsibility of the exam applicant.
2. The applicant submits the completed application form and returns it to the Exam Committee, along with appropriate documentation and fee no later than 30 days prior to exam date. Requests for test accommodations must be in writing to the ALTA Registration Exam Committee no later than 60 days prior to the exam date.
3. Upon approval of the application by the Exam Committee, the applicant is declared a candidate and is eligible to take the registration exam.
4. The candidate is sent notice of eligibility for the examination with specific time and site information as well as a National Registration Exam Guide.
5. The candidate will be required to present photo identification to proctors at the examination site.
6. The candidate will be informed in writing by the Exam Committee of his/her examination results.
7. All candidates who pass the exam will receive a certificate acknowledging the successful completion of the exam.
8. If a candidate passes the examination, he/she will be eligible for immediate ALTA membership as a Certified Academic Language Therapist (CALT). ALTA membership entitles the individual to all the rights and privileges of membership including the use of the initials CALT in all correspondence and listing in the ALTA directory as a CALT. See the enclosed mission statement and bylaws of the organization.
9. If a candidate fails the examination, he/she will be notified in writing by the Exam Committee and may apply for the next scheduled examination or make new special arrangements with a university or community college testing center. The candidate may retake the exam as many times as needed within a 12-month period. However, the full examination fee must be paid for each retake. Additional retakes after a 12-month period require approval by the Exam Committee.
10. In the event a candidate completes the application process and is unable to take the exam on the scheduled date, the candidate must notify the National Office no later than 72 hours after the exam date in order for the application to remain active and for the fee to be applied to the next scheduled exam date. A candidate's application is considered active for a 12-month period after the initial approval.
11. Applications will be declared void and the fee forfeited if there has been no response for one calendar year despite reasonable requests from ALTA for communication.
12. Candidate must pay a new examination fee if more than one year has transpired.

Training Verification Form

Please complete the following if you did *not* receive training from an IMSLEC accredited training course.

In lieu of a certificate of completion from an IMSLEC affiliate, I verify that this applicant has completed a comprehensive multisensory structured language education program consistent with the standards of the ALTA and that the information regarding instructional hours, clinical teaching hours, demonstrations of competency, clinical teaching documentation and proof of the therapist's progress and competency supplied are true and correct.

Name of Center/Program _____

Accredited by: (eg AOGPE) _____

Address _____

City

State

Zip Code

Phone _____

Fax _____

Program Director _____

Other instructors and clinical supervisors:

Dates of training: ____/____/____ to ____/____/____

Total number of clock instructional (classroom) hours: _____

Total number of supervised clinical teaching hours: _____

Total number of demonstrations of clinical competency: _____

Demonstrations included: (include number for each category)

_____ live critique with feedback from clinical supervisor

_____ written feedback only

In addition, please submit the following:

1. Documentation, for example the course syllabi, of instructional hours to include the following competencies:
 - Knowledge of the field of dyslexia and related written-language disorders.
 - Reading development and instruction.
 - Structure of written-language (phonology, sound/symbol association, syllable instruction, morphology, orthography, syntax, semantics, composition, written-language development).
 - Instructional strategies (simultaneous, multisensory, systematic and cumulative, direct instruction, diagnostic teaching, and synthetic and analytic instruction).
 - Knowledge of multisensory, structured language education based methods and multisensory structured language curricula.
 - State, federal and local learning disability and dyslexia legislation, guidelines and policies.
 - Professional writing skills, practice management and ethics.
2. List of published materials used in coursework
3. Summary of course requirements
4. Required reading list/bibliography

Signature of Director

Date

University or Community College Testing Site Request Form

Date _____

Name of applicant _____

Name of testing site _____

Proposed date _____

University or Community College Testing Site Contact

Name of contact person

Address _____

City

State

Zip Code

Phone _____

Email _____

Fax _____

4. DECLARATIONS

I choose immediate membership into ALTA upon successful completion of my exam. Membership in ALTA carries the privilege of using the initials CALT after my name and being listed as a CALT in the ALTA directory. **The application fee that includes immediate ALTA membership is \$150.**

Applicants choosing ALTA membership please read and sign Section A.

Applicants preferring not to join ALTA please read and sign Section B.

Section A (To be completed by those choosing ALTA membership.)

Have you ever been denied an ALTA certificate of registration? No Yes (If answer is "yes," please provide reasons.)

Have you ever had your ALTA certificate of registration revoked or suspended? No Yes (If answer is "yes," please attach an explanation including when it was revoked or suspended, and provide reasons.)

Have you ever been convicted of a felony? No Yes (If answer is "yes," please attach a detailed explanation, including documentation if fully pardoned.)

In making this application to the Academic Language Therapy Association (ALTA) for the issuance of a certificate of registration, I agree to abide by the rules and regulations of the Association, uphold the ALTA mission statement, abide by the ALTA Bylaws and take all examinations necessary to the processing of my application. I have read the ALTA Mission Statement and Bylaws of the Academic Language Therapy Association.

Upon issuance of a certificate of registration, I agree to be bound by the Code of Ethics of the Academic Language Therapy Association. I further understand that the fee submitted with this application is non-refundable.

I understand that if I am requesting testing at a university or community college testing site, I am responsible for all necessary arrangements as well as all additional fees that may be incurred.

I agree to hold the Academic Language Therapy Association, its members, officers, agents, and examiners free from any damage or claim for damage or complaint by reason of any action they or any one of them take in connection with this application, the attendant examination, the grades with respect to any examination, and/or failure of ALTA to issue me a certificate of registration. I hereby grant permission to ALTA to seek any information or references it deems fit in securing my credentials pertinent to this application.

I further agree that in the event that the issued certificate is revoked, suspended, or cancelled, I shall return said certificate to ALTA.

The information that I have provided in this application is truthful. I understand that giving ALTA false information of any kind may result in the voiding of this application and my failing to be granted certification and registration.

Signature of Applicant: _____ Date: _____

Section B (To be completed by those not choosing ALTA membership.)

I do not wish to join ALTA. I understand that unless I am an ALTA member I may not use the initials CALT after my name and I will not be listed in the ALTA directory. **The application fee that includes a certificate of successful completion without ALTA membership is \$125.**

I understand that if I am requesting testing at a university or community college testing site, I am responsible for all necessary arrangements as well as all additional fees that may be incurred.

I agree to hold the Academic Language Therapy Association, its members, officers, agents, and examiners free from any damage or claim for damage or complaint by reason of any action they or any one of them take in connection with this application, the attendant examination, the grades with respect to any examination, and/or failure of ALTA to issue me a certificate of successful completion. I hereby grant permission to ALTA to seek any information or references it deems fit in securing my credentials pertinent to this application.

The information that I have provided in this application is truthful. I understand that giving ALTA false information of any kind may result in the voiding of this application and my failing to be granted a certificate.

Signature of Applicant: _____ Date: _____

ATTACHMENTS

The following should accompany the application:

- 1. Payment of fee (required) \$150 for exam administration and ALTA membership, \$125 for exam administration only.

Check enclosed

MasterCard/Visa/AmEx _____ Exp _____

- 2. Training Verification documentation (either a or b required)

a. Copy of certificate of completion of therapist training from an IMSLEC accredited course, *or*

b. Completed training verification form

- 3. Request for accommodations (optional)

I am requesting accommodation of a special need in taking the exam. **(60-day advance notice required)**. Please attach your specific request with an explanation of the requested accommodations and documentation of medical/educational diagnosis for approval from the Exam Committee.)

- 4. Request for a university or community college testing site (optional)

I will make arrangements at a university or community college testing site. (60-day advance approval is required.) Please attach the University or Community College Testing Site Request form for approval by the Exam Committee.

<u>Office Use Only</u>	
Date received	_____
Date approved	_____
Date of examination	_____
Notes	_____