

SPEECH, LANGUAGE, HEARING SCIENCES: SPEECH-LANGUAGE PATHOLOGY ASSISTANT CERTIFICATE

This certificate allows students with a prior bachelor's degree to gain the competencies required by the Colorado Department of Education to be authorized as a speech-language pathology assistant (SLP-A). During the final semester of the program, students complete SLHS 4350 (Speech-Language Pathology Assistant Methods). SLHS 4350¹ is composed of a 3-credit online seminar & 4-credit public-school SLP-A internship; students intern for 180 hours under the direction of an ASHA-certified SLP.

Required course	<i>Suggested prerequisite</i>
SLHS 2100 Language Acquisition & Development	<i>Intro to Comm Science (SLHS 1500)</i>
SLHS 2530 Speech Science	<i>College Algebra (MTH 1110 or 1112)</i>
SLHS 3200 Clinical Phonetics (pre/coreq: SLHS 2100 and SLHS 2530)	
SLHS 3530 Anatomy/Physiology of Speech/Hearing (pre/coreq: SLHS 2530)	<i>General Biology (BIO 1080/1090)</i>
SLHS 3600 Diagnostic Audiology (prereq: SLHS 2530 + pre/coreq SLHS 3530)	
SLHS 4100 Language Disorders & Differences (prereq SLHS 2100)	<i>Princ. Of Assess & Interven (SLHS 3300)</i>
SLHS 4200 Speech Disorders & Differences (prereq SLHS 3200)	<i>Princ. Of Assess & Interven (SLHS 3300)</i>
SLHS 4610 Aural Rehabilitation (prereq: SLHS 2100 & 3600)	
SLHS 4350 Speech-Language Pathology Assistant Methods (prereq: SLHS 2100, 2530, 3200, 3530, 3600, 4100, & 4200, prereq/coreq 4600)	

Additional considerations

- Degree-seeking SLHS majors are required to take non-SLHS prerequisites. These *suggested prereqs* (2nd column above) may be waived for certificate students; however, students without this background knowledge will need to enroll in a formal course and/or engage in independent review of the material to be successful.
- Before beginning the 4350 internship, students must provide documentation that they completed 25 observation hours with ASHA-certified SLPs.

Next steps

1. **Meet with an SLHS advisor.** Request an appointment with an SLHS advisor by visiting <https://outlook.office365.com/owa/calendar/SpeechLanguageHearingSciencesAdvising1@msudenver.onmicrosoft.com/bookings/> or by emailing/calling the SLHS administrative assistant, Shannon Harris (sharri82@msudenver.edu/303-615- 0045). Have an unofficial transcript with date bachelor's degree conferred available at this appointment.
2. **Enroll at MSU Denver.** Students must be enrolled to complete this certificate. Official transcripts will be required. Refer to the university website for current enrollment information(<https://msudenver.edu/admissions/>).
3. **Register for courses and/or submit course request.** For classes that have a prerequisite (SLHS or otherwise) not completed at MSU Denver, students will need registration assistance. Students must complete a Financial Responsibility and Promissory Note agreement (see back page), which includes a required signature from an SLHS advisor. Submit completed and signed forms to Shannon Harris. See the department website for the date at which requests for registration assistance opens; early requests are not accepted, and forms are processed in the order received.

¹ Students cannot enroll in this course without first applying for and receiving permission from the MSU Denver SLP-A program coordinator. See the department website for application deadline and requirements (including minimum grade & GPA requirements).

The Financial Responsibility Agreement to be completed and submitted to Shannon Harris.

To see the complete Financial Responsibility Agreement please visit:

<https://msudenver.edu/bursar/forms/>

**Metropolitan State University of Denver
Financial Responsibility and Promissory Note Agreement**

To view the COMPLETE version of this document visit www.msudenver.edu/bursar/forms/

I have read, understand, and agree to pay the University pursuant to this Financial Responsibility and Promissory Note Agreement as indicated during the process of scheduling classes. I waive any defense to enforcement of this promissory note, including, but not limited to, any defense that it is invalid or unenforceable due to its contingent nature and the method of its execution. *Liability for claims for injuries or damages to persons or property arising from the negligence of the State of Colorado, its departments, institutions, agencies, boards, officials, and employees is controlled and limited by the provisions of the Governmental Immunity Act §24-10-101, et seq. and the risk management statutes, CRS §24-30-1501, et seq., as amended. No term or condition of this Agreement shall be construed or interpreted as a waiver, express or implied, of any of the immunities, rights, benefits, protections, or other provisions, of the Colorado Governmental Immunity Act, CRS §24-10-101 et seq., or the Federal Tort Claims Act, 28 U.S.C. §§1346(b) and 2671 et seq., as applicable now or hereafter amended.*

CRN	DEPARTMENT	COURSE NUMBER	TERM

By providing my signature, I affirm that I am requesting registration into the classes listed above and I am responsible academically and financially for these classes. I have read and understand any department notes and class notes related to the classes. I am aware of and abiding by any class prerequisites. I have read, understand, and agree to all provisions of the "Financial Responsibility Agreement", and I have read and understand my obligations, in accordance with University policies, as published in the "Catalog" and "Student Handbook."

Faculty/Staff Member Name: _____

Faculty/Staff Member Signature: _____

Student Name: _____ Date: _____
Last, First, M.I.

Student MSU email: _____ Student Phone #: _____

Student Signature: _____

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Departmental Use Only: Override Reason

Class Cap _____ Pre-req Override _____ Other _____

Staff Member Initials: _____ Date _____