

The Master's Equivalent **Health Science 3
Career and Technical Certificate Approach
for the **2021-2022** Scholastic Year**

Application and Summary of Requirements



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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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					
FOR STATISTICAL PURPOSES ONLY					
Gender (choose one) <input type="checkbox"/> (F) Female <input type="checkbox"/> (M) Male		Ethnic Origin (choose one) <input type="checkbox"/> (01) Hispanic Latino <input type="checkbox"/> (02) Not Hispanic Latino		Race (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 by individuals seeking the Master's Equivalent Health Science 3 Career and Technical Certificate and submitted directly to the Educator Certification Section.

All requirements must be met for the Master's Equivalent Health Science 3 Career and Technical Certificate **prior to** the date the application for the Master's Equivalent Health Science 3 Career and Technical Certificate is received in the Educator Certification Section.

CAREER AND TECHNICAL CERTIFICATES IN HEALTH SCIENCE

Certificates	Degree Equivalency	Valid Period	Renewable
Bachelor's Equivalent Health Science 1	Bachelor's	Minimum of 2 years ^A	No
Bachelor's Equivalent Health Science 2	Bachelor's	Minimum of 5 years ^B	Yes
Master's Equivalent Health Science 3	Master's	Minimum of 5 years ^B	Yes
Sixth-Year Equivalent Health Science 4	Sixth-year	Minimum of 5 years ^B	Yes
Specialty Area 1	Bachelor's	Minimum of 2 years ^{C, D}	No
Specialty Area 2	Bachelor's	Minimum of 5 years ^B	Yes
Specialty Area 3	Master's	Minimum of 5 years ^B	Yes
Specialty Area 4	Master's	Minimum of 5 years ^B	Yes
Specialty Area 5	Sixth-year	Minimum of 5 years ^B	Yes

^A Bachelor's Equivalent Health Science 1 Certificates are valid from the date of issuance through the remainder of the same scholastic year, and thereafter, for the next two consecutive scholastic years.

^B These Career and Technical Certificates are valid from the date of issuance through the remainder of the same scholastic year, and thereafter, for the next five consecutive scholastic years.

^C Specialty Area 1 Certificates issued beginning February 10, 2015, were valid from the date of issuance through the remainder of the same scholastic year, and thereafter, for the next two consecutive scholastic years. Specialty Area Certificates were phased out after the 2015-2016 scholastic year.

^D Specialty Area 1 Certificates issued prior to February 10, 2015, and with a valid period beginning July 1, 2013 or July 1, 2014, were valid for two scholastic years. Specialty Area Certificates were phased out after the 2015-2016 scholastic year.

OCCUPATIONAL PROFICIENCY INFORMATION

- Information about the Alabama State Department of Education (ALSDE) approved occupational proficiency assessments (test score, license, or credential) in health science may be obtained at www.alabamaachieves.org (click Teachers & Administrators ☞ Teacher Center ☞ Teacher Certification ☞ CAREER/TECHNICAL CERTIFICATES – HEALTH SCIENCE). Occupational proficiency assessments are subject to change.
- Occupational proficiency assessments are approved by the Alabama State Department of Education (ALSDE) at the **ENTRY LEVEL** and the **MASTER LEVEL**. The **ENTRY LEVEL** assessments meet requirements for the Bachelor's Equivalent Health Science 1 and the Bachelor's Equivalent Health Science 2 Career and Technical Certificates. The **MASTER LEVEL** assessments meet requirements for the Master's Equivalent Health Science 3 and Sixth-Year Equivalent Health Science 4 Certificates. **MASTER LEVEL** assessments may also be used to meet requirements for the Bachelor's Equivalent Health Science 1 and Bachelor's Equivalent Health Science 2 Certificates.
- It is the applicant's responsibility to know the occupational proficiency assessment(s) for health science which must be met prior to applying for a subsequent Degree Equivalent Health Science certificate.

Name:

SSN: - -

***SUMMARY OF REQUIRED PREREQUISITE CERTIFICATES, DEGREES, COURSEWORK/TRAINING,
and WORK EXPERIENCE**

**This Summary is for general information and is not all inclusive.*

Options	Prerequisite Certificate	Degrees	Coursework/Training	Work Experience											
Option 1	Valid Specialty Area 2 or Bachelor's Equivalent Health Science 2 Career and Technical Certificate OR Requirements met for Bachelor's Equivalent Health Science 2 Career and Technical Certificate if Specialty Area 2 Health Science Certificate or the Bachelor's Equivalent Health Science 2 Career and Technical Certificate <i>has not been held or has expired.</i>	None specified	Four courses (2 required and 2 electives) <table border="1" data-bbox="751 317 1343 669"> <thead> <tr> <th align="center">Required Courses</th> </tr> </thead> <tbody> <tr> <td>Classroom Management and CTE Lab</td> </tr> <tr> <td>Meeting the Needs of Exceptional CTE Students</td> </tr> <tr> <th align="center">Electives Courses</th> </tr> <tr> <td>Career and Technical Student Youth Organizations</td> </tr> <tr> <td>Course Development and Evaluation in CTE</td> </tr> <tr> <td>History and Principles of CTE</td> </tr> <tr> <td>Industrial Health and Shop Safety</td> </tr> <tr> <td>Learning Resources and Technology in CTE</td> </tr> <tr> <td>Teaching CTE</td> </tr> <tr> <td>Testing/Evaluation in CTE</td> </tr> </tbody> </table>	Required Courses	Classroom Management and CTE Lab	Meeting the Needs of Exceptional CTE Students	Electives Courses	Career and Technical Student Youth Organizations	Course Development and Evaluation in CTE	History and Principles of CTE	Industrial Health and Shop Safety	Learning Resources and Technology in CTE	Teaching CTE	Testing/Evaluation in CTE	None specified
Required Courses															
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History and Principles of CTE															
Industrial Health and Shop Safety															
Learning Resources and Technology in CTE															
Teaching CTE															
Testing/Evaluation in CTE															
Option 2	Valid Specialty Area 2 or Bachelor's Equivalent Health Science 2 Career and Technical Certificate OR Requirements met for Bachelor's Equivalent Health Science 2 Career and Technical Certificate if Specialty Area 2 Health Science Certificate or the Bachelor's Equivalent Health Science 2 Career and Technical Certificate <i>has not been held or has expired.</i>	None specified	CTE TCP Level 2	12,600 clock hours or 7 years of work experience as a healthcare practitioner attained prior to the receipt of the application in the Educator Certification Section											

APPLICATION REQUIREMENTS and CHECKLIST**APPLICATION FORMS AND SUPPORTING DOCUMENTS ARE NOT ACCEPTED BY FAX OR E-MAIL.**

An application packet for Alabama certification must include the items listed below:

<input type="checkbox"/>	Supplement CIT with supporting documentation verifying United States citizenship or lawful presence in the United States.																
<input type="checkbox"/>	Form MH3.																
<input type="checkbox"/>	A \$30.00 nonrefundable application fee. Each additional certificate for which an applicant is determined to be eligible will require a \$30.00 nonrefundable fee for issuance. Neither personal checks nor cash will be accepted. <ul style="list-style-type: none"> The fee must be paid by cashier's check or 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 www.alabamainteractive.org/education (a \$4.00 transaction fee will be applied). The cashier's check, money order, or copy of the receipt verifying the confirmation number for the online payment must accompany the application packet. 																
<input type="checkbox"/>	Background clearance based on a fingerprint review. <ul style="list-style-type: none"> 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 https://tcert.alsde.edu/Portal. Applicants for initial certification, additional certification, and certificate renewal who have not been cleared 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. Instructions regarding the fingerprinting process through Gemalto Cogent may be obtained at https://www.aps.gemalto.com/al/index_adeNew.htm or by calling (866) 989-9316 (toll free). 																
<input type="checkbox"/>	Occupational Proficiency <ul style="list-style-type: none"> <input type="checkbox"/> Submission of a photocopy of the applicant's currently valid score on the Alabama State Department of Education (ALSDE) approved MASTER LEVEL occupational proficiency assessment (test score, license, or credential) in health science. The current occupational proficiency requirements may be obtained at www.alabamaachievers.org (click Teachers & Administrators ⇨ Teacher Center ⇨ Teacher Certification ⇨ CAREER/TECHNICAL CERTIFICATES – HEALTH SCIENCE). See the OCCUPATIONAL PROFICIENCY INFORMATION section of this form for additional information. <input type="checkbox"/> A photocopy of the applicant's currently active Alabama license in a registered nursing, paramedical, or approved allied health specialty. The currently active license must have been attained prior to the date the application is received in the Educator Certification Section. Issuance of each subsequent certificate also requires this currently active Alabama license. 																
<input type="checkbox"/>	For each program area sought, indicate the appropriate ALSDE approved occupational proficiency assessment being submitted.																
	<table border="1"> <thead> <tr> <th>Program Area</th> <th>Grade Level (6-12)</th> <th>Name of ALSDE approved Alabama License</th> <th>Valid Period of Currently Active Alabama License</th> </tr> </thead> <tbody> <tr> <td>Health Science</td> <td>6-12</td> <td></td> <td></td> </tr> <tr> <td>Health Science</td> <td>6-12</td> <td></td> <td></td> </tr> <tr> <td>Health Science</td> <td>6-12</td> <td></td> <td></td> </tr> </tbody> </table>	Program Area	Grade Level (6-12)	Name of ALSDE approved Alabama License	Valid Period of Currently Active Alabama License	Health Science	6-12			Health Science	6-12			Health Science	6-12		
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Health Science	6-12																
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<input type="checkbox"/>	Documentation of required prerequisite certificate: <ul style="list-style-type: none">• All prerequisite Career and Technical Education Certificates must be valid or all requirements must be met for eligibility to hold the valid certificate(s) prior to the date the application is received in the Educator Certification Section.• All prerequisite Career and Technical Education Certificates in Options 1, 2, and 3 must be in health science.
<input type="checkbox"/>	Option 1: A <i>valid</i> Specialty Area 2 Career and Technical Certificate in health science OR a <i>valid</i> Bachelor's Equivalent Health Science 2 Career and Technical Certificate. <ul style="list-style-type: none"><input type="checkbox"/> <u>Submission of</u> a photocopy of the applicant's valid Specialty Area 2 Career and Technical Certificate in health science; or<input type="checkbox"/> <u>Submission of</u> a photocopy of the applicant's valid Bachelor's Equivalent Health Science 2 Career and Technical Certificate.
<input type="checkbox"/>	Option 2: If the Specialty Area 2 OR the Bachelor's Equivalent Health Science 2 Career and Technical Certificate <i>has expired</i> , the certificate must be reinstated before applying for the Master's Equivalent Health Science 3 Career and Technical Certificate.
<input type="checkbox"/>	Option 3: If the Specialty Area 2 OR Bachelor's Equivalent Health Science 2 Career and Technical Certificate <i>has not been held</i> , all requirements for the Bachelor's Equivalent Health Science 2 Career and Technical Certificate must have been met by the applicant prior to the date the application is received in the Educator Certification Section. <ul style="list-style-type: none"><input type="checkbox"/> <u>Submission of</u> Form BH2 the <i>Application for the Bachelor's Equivalent Health Science 2 Career and Technical Certificate for the 2021-2022 Scholastic Year</i>, with the required supporting documents.

Proceed to Requirements



REQUIREMENTS

For issuance of the Master’s Equivalent Health Science 3 Career and Technical Certificate, verification that one of the following two options, as appropriate, was met by the applicant prior to the date the application is received in the Educator Certification Section:

Option 1: Completion of four courses (**two** required **AND** **two** electives).

- Submission** of the official transcript(s) of the applicant verifying credit was earned for **four courses** (two required **AND** two electives) from the courses specified below, with grades of “C” or above. Coursework must be earned at an Alabama institution with a State-approved program in a career and technical education teaching field. The coursework must be completed within the five years (60 months) immediately prior to the receipt of the application in the Educator Certification Section.

The credits must be earned prior to the date the application is received in the Educator Certification Section.

- **Courses** (Two required and two electives):

Required Courses
Classroom Management and CTE Lab
Meeting the Needs the Exceptional CTE Students
Elective Courses (select two)
Career and Technical Student Youth Organization
Course Development and Evaluation in CTE
History and Principles of CTE
Industrial Health and Shop Safety
Learning Resources and Technology in CTE
Teaching CTE
Testing/Evaluation in CTE

Option 2: Completion of the *Career and Technical Education Teacher Certification Program Level 2 (CTE TCP Level 2)* **AND** verification of acceptable work experience.

- Verification** the applicant attained **12,600 clock hours (seven years)** of acceptable work experience as outlined in the **ACCEPTABLE WORK EXPERIENCE** section below.
- Submission** of a photocopy of the applicant’s PowerSchool Professional Development Training History Report verifying completion of the *Career and Technical Education Teacher Certification Program Level 2 (CTE TCP Level 2)* **prior to** the date the application is received in the Educator Certification Section.

Proceed to Work Experience



ACCEPTABLE WORK EXPERIENCE

For the Master's Equivalent Health Science 3 Career and Technical Certificate through Option 2 in the **REQUIREMENTS** section above, acceptable **part-time or full-time** work experience must have been attained by the applicant through one or more of the following and verified as indicated below and on *Supplement CTV Career and Technical Education Employment Verification* and/or *Supplement EXP*:

1. Work experience in the healthcare industry as an **employee** in a compensated position as a healthcare practitioner, must be verified on *Supplement CTV Career and Technical Education Employment Verification* and with a notarized cover letter as prescribed on Supplement CTV.
2. **Self-employment** in the healthcare industry as a healthcare practitioner must be verified on *Supplement CTV Career and Technical Education Employment Verification* and with supporting documents as prescribed on Supplement CTV.
3. **Teaching experience** at the postsecondary level in health science or a related area, must be verified on *Supplement EXP*. The postsecondary institution must have been regionally accredited at the time the experience was earned.

WAGE EARNING EXPERIENCE AS A HEALTHCARE PRACTITIONER *(Attach an additional sheet if needed):*

This section must be completed by the applicant if Option 2 in the **REQUIREMENTS** section is used. The applicant must document work experience.

Job Duties/Responsibilities	Dates of Experience	
	Beginning Month/Year	Ending Month/Year

POST-SECONDARY TEACHING EXPERIENCE IN HEALTH SCIENCE OR RELATED AREA

(Attach an additional sheet if needed):

Name of Post-Secondary Institution and Location	Degree Level(s) and Subject(s) Taught	Dates	
		Beginning Month/Year	Ending Month/Year

Total wage earning and/or teaching experience in the program area sought: _____ Years _____ Months

APPLICATION SUBMISSION and ATTESTATIONS

~I understand the Educator Certification Section is unable to determine eligibility for Alabama certification until all required application components have been received and reviewed. Additional information may be requested upon review of the file.

~I understand 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.

~I understand that 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 [Master's Equivalent Health Science 3](#).

~I understand that **APPLICATION FORMS AND SUPPORTING DOCUMENTS ARE NOT ACCEPTED BY FAX OR E-MAIL.**

~I understand that I must **thoroughly read** all requirements of this approach (Form MH3 08/2021).

~I understand issuance of **each** Degree Equivalent Health Science Career and Technical Certificate in health science requires verification of a currently valid passing score on the appropriate ALSDE approved **ENTRY LEVEL** (for the Bachelor's Equivalent Health Science 1 and 2 certificates) or **MASTER LEVEL** (for the Master's Equivalent Health Science 3 and Sixth-Year Equivalent Health Science 4 certificates) occupational proficiency assessment (test score, license, or credential). I also understand the passing score on the appropriate ALSDE approved occupational proficiency assessment must be attained prior to the date the application for a subsequent Degree Equivalent Health Science Career and Technical Certificate is received in the Educator Certification Section.

~I understand issuance of **each** Degree Equivalent Health Science Career and Technical Certificate requires verification of my **currently active** Alabama license in a registered nursing, paramedical, or approved allied health specialty which I must attain prior to the date the application for a subsequent Degree Equivalent Health Science Career and Technical Certificate is received in the Educator Certification Section. For information on the current ALSDE approved occupational proficiency assessments, contact the Educator Certification Section at (334) 694-4557 or refer to at www.alabamaachieves.org (click Teachers & Administrators ⇨ Teacher Center ⇨ Teacher Certification ⇨ CAREER/TECHNICAL CERTIFICATES – HEALTH SCIENCE).

~I understand requirements for the Sixth-Year Equivalent Health 4 Career and Technical Certificate may be found on the *Application for the Sixth-Year Equivalent Health Science 4 Career and Technical Certificate for the 2021-2022 Scholastic Year*.

~I understand that it is my responsibility to keep all personal data on file in the Educator Certification Section current.

~I understand that by affixing my signature to this document, I am certifying that true and correct information is being provided.

Date _____ Signature of Applicant _____

I have completed the following documents, and I am mailing them to the address below:

- Supplement CIT, including supporting documentation
- Form MH3
- Money order, cashier's check, or receipt verifying online payment of \$30.00 application fee
- Required supporting documentation

All documents must be mailed to the following address:

**Alabama State Department of Education
Educator Certification Section
5215 Gordon Persons Building
Post Office Box 302101
Montgomery, AL 36130-2101**