

#### ALABAMA STATE DEPARTMENT OF EDUCATION EDUCATOR CERTIFICATION SECTION 5215 GORDON PERSONS BUILDING POST OFFICE BOX 302101 MONTGOMERY, AL 36130-2101 Telephone: (334) 694-4557 https://www.alabamaachieves.org/

## The Sixth-Year Equivalent Health Science 4 Career and Technical Certificate Approach

#### FORM HS4

The application process for the Sixth-Year Equivalent Health Science 4 Career and Technical Certificate **may be completed when all** requirements for the prerequisite Career and Technical Health Science Certificate have been met.

PERSONAL DATA Legal name as it appears on government issued identification.						
Title (e.g., Mr.)		First	Middle	Maiden	Last	Suffix
	Street	Ant /DO Boy/Doute or	d Dov	City.	State	ZIP Code
	Street	/Apt./P.O. Box/Route a		City	State	ZIF Code
	Cell Telep	hone	Home T	) elephone	Work Telepho	one
				•	*	
Social Secu	iritv Numb	er	ALSDE ID	Date	e of Birth (mm-dd-yyyy)	
		Email Address				
		Linun Pruur 055				
Ethnic Origin (C	hoose one)	Gender (Ch	FOR STATISTICAL	PURPOSES ONLY Race (Choose one or more, 1	conardless of Ethnicity)	
□ (01) Hispanic I		$\Box$ (F) Femal	,	$\square$ (01) White	eguratess of Entitieny)	
$\Box$ (01) Hispanic I $\Box$ (02) Not Hispa		$\Box$ (M) Male		$\Box$ (02) Black or African Am	erican	
				$\square$ (04) American Indian or A	laska Native	
				□ (05) Asian □ (08) Native Hawaiian or C	Other Pacific Islander	
		PROFESSION	AL STATUS AND CRI	MINAL HISTORY INF		
Check "yes" of	or "no" f	for each question be	elow. "YES" responses	require an attached exp	lanation and any additio	nal supporting
documentation	ı (e.g. cou	irt certified copies o	f judgment, conviction, a			
			READ CAR	EFULLY		
□ Ye	es 🗆 N			on (e.g. warning, reprin		
				rofessional certificate,	license or permit issued	by an agency
		<u>other than the</u>	Alabama State Depa	rtment of Education?		
□ Ye	□ 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			epartment of		
		Education?				
$\Box$ Ye	□ Yes □ No Are you currently the subject of an investigation involving sexual misconduct or physical harm to				ysical harm to	
		a child?				
□ Ye	es 🗆 N	Have you ever resigned from a position rather than face disciplinary action?				
□ Ye	es □ N	o Have you ever	been convicted of, or e	entered a plea of no con	test to a felony or misde	emeanor other
		than a minor tra		L L	•	
□ Ye	es □ N	o Are you the sul	pject of a pending inve	stigation involving a cri	iminal act?	
RECORD OF EDUCATION						
Dates Attende			ended			
Degree and	Major	Name of C	ollege/University	Location	Beginning	Ending
			-		Month/Year	Month/Year

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### **GENERAL INFORMATION**

This application is to be completed by individuals seeking the Sixth-Year Equivalent Health Science 4 Career and Technical Certificate and submitted directly to the Educator Certification Section.

All requirements must be met for the Sixth-Year Equivalent Health Science 4 Career and Technical Certificate prior to the date the application for the Sixth-Year Equivalent Health Science 4 Career and Technical Certificate is received in the Educator Certification Section.

## CAREER AND TECHNICAL CERTIFICATES IN HEALTH SCIENCE

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

<sup>A</sup> 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.

<sup>B</sup> 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.

<sup>C</sup> 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. <sup>D</sup> 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.

## \*SUMMARY OF REQUIRED DEGREES/CERTIFICATES and PREREQUISITE CERTIFICATES

#### \*This summary is for general information and is not all-inclusive.

	<b>Required Degrees</b> <sup>A</sup> /Certificates	Prerequisite Certificates <sup>B</sup>
Option	A master's or higher degree in a healthcare or related area <sup>A</sup>	Valid Career and Technical Certificate:
		• Specialty 3 or Specialty 4 in Health Science
		• Master's Equivalent 3 Health Science
		OR
		Meets requirements for, but never held for Master's Equivalent Health Science 3 Career a Technical Certificate <b>OR</b>
		Held one of the following certificates, and it h expired:
		• Specialty 3 or Specialty 4 in Health Science Career and Technical Certification
		• Master's Equivalent 3 Health Science Career and Technical Certificate <sup>B</sup>

<sup>A</sup> Must be earned from a senior institution that was regionally accredited at the time the degree was earned in a healthcare or related area. <sup>B</sup> Required prerequisite certificate must be in health science.

## **OCCUPATIONAL PROFICIENCY INFORMATION**

1. 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 <u>www.alabamaachieves.org/</u> (click Teachers & Administrators  $\bigcirc$  Teacher Center  $\bigcirc$  Teacher Certification  $\bigcirc$  Career and Technical Certificates  $\bigcirc$  Degree Equivalent Certificate - Technical Education).

NOTE: The Occupational Proficiency Assessments are reviewed and updated annually. The Occupational Proficiency expires on June 30<sup>th</sup> of each scholastic year.

- 2. 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 the 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 the 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.
- 3. 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.

	APPLICATION PACKET CHECKLIST FOR SIXTH-YEAR EQUIVALENT 4 – HEALTH SCIENCE				
Req	Required for issuance of the Sixth-Year Equivalent Health Science 4 Career and Technical Certificate.				
Box	Boxes are to be checked, as applicable.				
	Application Forms				
	Submission of Supplement CIT Form with supporting documentation verifying United States citizenship or lawful				
	presence in the United States.				
	Submission of this application Form HS4.				
	Nonrefundable Application Fee				
	A \$38.00 nonrefundable application fee. Neither personal checks nor cash will be accepted.				
• T	• The fee must be paid by cashier's check or money order made payable to the Alabama State Department of Education or				
tł	through the Alabama State Department of Education Educator Certification Online Payment System, with a major credit				
c	card, (a transaction fee will be applied).				
• T	• The cashier's check, money order, or copy of the receipt verifying the confirmation number for the online payment must				
a	accompany the application packet.				
	Background Clearance				
	Background clearance is based on a fingerprint review. Applicants who have not been cleared by both the Alabama				
	State Bureau of Investigation (ASBI) and Federal Bureau of Investigation (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.				

	Occupational Proficiency			
	A photocopy of the applicant's currently valid score on the Alabama State Department of Education (ALSDE) approved <b>MASTER LEVEL</b> occupational proficiency assessment (test score, license, or credential) in health science. The current occupational proficiency requirements may be obtained at <u>www.alabamaachieves.org/</u> (click Teachers & Administrators $\bigcirc$ Teacher Center $\bigcirc$ Teacher Certification $\bigcirc$ Career and Technical Certificates $\bigcirc$ Degree Equivalent Certificate – Health Science).			
	□ A photocopy of the applicant's <b>currently active</b> Alabama license in a registered nursing, paramedical, or approved allied health specialty. The <b>currently active</b> license must have been attained <b>prior to</b> the date the application is received in the Educator Certification Section. <b>Issuance of each subsequent certificate also requires this currently active Alabama license.</b>			
	<b>For each program area</b> sought, indicate the appropriate ALSDE-approved occupational proficiency assessment being submitted.			
	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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<b>REQUIRED PREREQUISITE CERTIFICATES AND TRAINING</b>
Documentation of required prerequisite certificate:
• 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.
<b>Option 1</b> : A <i>valid</i> Specialty Area 3 or Specialty Area 4 Career and Technical Certificate in health science <b>OR</b> a <i>valid</i> Master's Equivalent Health Science 3 Career and Technical Certificate.
Submission of a photocopy of the applicant's valid Specialty Area 3 or Specialty Area 4 Career and Technical Certificate in health science; or
Submission of a photocopy of the applicant's valid Master's Equivalent Health Science 3 Career and Technical Certificate.
<b>Option 2</b> : If the Specialty Area 3 or Specialty Area 4 <b>OR</b> the Master's Equivalent Health Science 3 Career and Technical Certificate <i>has expired</i> , the certificate must be reinstated before applying for the Sixth-Year Equivalent Health Science 4 Career and Technical Certificate.
<b>Option 3:</b> If the Specialty Area 3 or Specialty Area 4 <b>OR</b> Master's Equivalent Health Science 3 Career and Technical Certificate <i>has not been held</i> , all requirements for the Master's Equivalent Health Science 3 Career and Technical Certificate must have been met by the applicant <b>prior to</b> the date the application is received in the Educator Certification Section.
□ <u>Submission of</u> Form MH3 the Application for the Master's Equivalent Health Science 3 Career and Technical Certificate for the 2023-2024 Scholastic Year, with the required supporting documents.

## **REQUIREMENTS**

For issuance of the Sixth-Year Equivalent Health Science 4 Career and Technical Certificate, verification that requirements were met by the applicant prior to the date the application is received in the Educator Certification Section.

Completion of the Alabama State Department of Education (ALSDE) approved **MASTER LEVEL** occupational proficiency assessment and a master's or higher degree.

- □ <u>Submission of</u> the official transcript of the applicant verifying an earned master's or higher degree in a healthcare or related area from a senior institution that was regionally accredited at the time the degree was earned. The degree must have been earned prior to the date the application is received in the Educator Certification Section.
- 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 <u>www.alabamaachieves.org/</u> (click Teachers & Administrators <sup>credenter Center <sup>credenter Center Center <sup>credenter Center Center <sup>credenter Center Center <sup>credenter Center Center Center Center Center <sup>credenter Center Center Center Center Center Center Center Center <sup>credenter Center <sup>credenter Center <sup>credenter Center <sup>credenter Center <sup>credenter Center <sup>credenter Center <sup>credenter Center <sup>credenter Center </sup></sup></sup></sup></sup></sup></sup></sup></sup></sup></sup></sup></sup></sup>
  - □ 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**.

## 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.

# ~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 HS4 08/2023).

~I understand I must meet the **current** Occupational Proficiency Assessment for any subsequent Degree Equivalent Certificates as outlined on the current Occupational Proficiency document for that scholastic year. \_\_\_\_\_Applicant's Initials

~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 at <u>www.alabamaachieves.org/</u> (click Teachers & Administrators  $\bigcirc$  Teacher Center  $\bigcirc$  Teacher Certification  $\bigcirc$  Career and Technical Certificates  $\bigcirc$  Degree Equivalent Certificate – Health Science).

~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 HS4
- □ Money order, cashier's check, or receipt verifying online payment of \$38.00 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