Paper Clip Only. Do NOT Staple.



ALABAMA STATE DEPARTMENT OF EDUCATION EDUCATOR CERTIFICATION SECTION

5215 GORDON PERSONS BUILDING POST OFFICE BOX 302101 MONTGOMERY, AL 36130-2101 Telephone: (334) 694-4557 www.alabamaachieves.org/

The Master's Equivalent Health Science 3 Career and Technical Certificate Approach

FORM MH3

The application process for the Master's Equivalent Health Science 3 Career and Technical Certificate may be completed when all requirements for the prerequisite Career and Technical Health Science Certificate have been met.

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	
(8)								
	Street	/ Apt./P.O.]	Box/Route an	d Box	City	State	ZIP Code	
	Cell Telep	hone		Home	Telephone	Work Te	lephone	
Social Secu	ırity Numl	er		ALSDE ID	Date of Birth (mm-dd-yyyy)			
Social Sec				11102111	Date of Bit in (inin-du-yyyy)			
		Email	Address					
				FOR STATISTICAL				
Ethnic Origin (C			Gender (Cha		Race (Choose one or more, regardless of Ethnicity)			
☐ (01) Hispanic I ☐ (02) Not Hispa			☐ (F) Female		(01) White			
□ (02) Not Hispa	inc Latino		☐ (M) Male		☐ (02) Black or African American ☐ (04) American Indian or Alaska Native			
					□ (05) Asian			
		DDO	EEGGION	AT CELABITIC AND CI	(08) Native Hawaiian or			
Chack "vas"	or "no"	for each	augstion be	olow "VFS" rasponsa	RIMINAL HISTORY IN es require an attached exp	FURMATION planation and any add	litional supporting	
•			•	iow. IES response judgment, conviction,	-	nananon ana any aa	unonai supporting	
accumentation	1 (0.8. 001	iri eeriigie	a copies oj	READ CA				
ΠVe	se \square N	o Have	VOIL EVET		on (e.g. warning, reprin	mand suspension r	evocation denial	
– 10	,s – 1		•	•	a professional certific			
			•		ate Department of Edu		int issued by an	
ΠVa	s \square N	•	•		investigation involvin		rofaccion's laws	
	.s ப 1 v				y an agency <u>other thar</u>			
				of Code of Lines b	y an agency other than	the Madama Stat	c Department or	
	Education? ☐ Yes ☐ No Are you currently the subject of an investigation involving sexual misconduct or physical harm to							
⊔ 1€	es LIN	•		ry the subject of an i	nvesugation involving s	exual illisconduct of	physical narm to	
□ Y6	es 🗆 N		a child? 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 misdemeand other than a minor traffic violation?				of inisacincanor			
☐ Yes ☐ No Are you the subject of a pending investigation involving a criminal act?								
RECORD OF EDUCATION								
Degree and Major		I	Name of Co	ollege/University	Location	Dates Attended Beginning MM/YY	Dates Attended Ending MM/YY	

The Alabama State Board of Education and the Alabama State Department of Education do not discriminate on the basis of race, color, disability, sex, religion, national origin, or age in their programs, activities, or employment and provide equal access to the Boy Scouts and other designated youth groups. The following person is responsible for handling inquiries regarding the non-discrimination policies: Title IX Coordinator, *Prevention and Support Office*, Alabama State Department of Education, P.O. Box 302101, Montgomery, AL 36130-2101, email: supportservices@alsde.edu.

Form MH3 08/2023 Page 1 of 7

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	Valid Period	Renewable
	Equivalency		
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.

*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	Coursework/Training	Work Experience
Option 1	Valid Career and Technical Certificate: Specialty Area 2 or Bachelor's Equivalent Health Science 2 OR Meets requirements for, but never held the Bachelor's Equivalent Health Science 2 OR Held one of the following certificates	Four courses (2 required and 2 electives) 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
Option 2	 and it has expired: Specialty Area 2 Health Science Certificate Bachelor's Equivalent Health Science 2 Career and Technical Certificate 	CTE TCP Level 2	or 7 years of work experience as a healthcare practitioner attained prior to the receipt of the application in the Educator Certification Section

^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

- 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 www.alabamaachieves.org/ (click Teachers & Administrators Teacher Center Teacher Certification Career and Technical Certificates Degree Equivalent Certificate Technical Education).
 - NOTE: The Occupational Proficiency Assessments are reviewed and updated annually. The Occupational Proficiency expires on June 30th 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 MASTER'S EQUIVALENT 3 - HEALTH SCIENCE

Required for issuance of the Master's Equivalent Health Science 3 Career and Technical Certificate. *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 MH3.

Nonrefundable Application Fee

- A \$38.00 nonrefundable application fee. Neither personal checks nor cash will be accepted.
- The fee must be paid by cashier's check <u>or</u> money order made payable to the Alabama State Department of Education or through the <u>Alabama State Department of Education Educator Certification Online Payment System</u>, with a major credit card, (a 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.

Background Clearance

- Background clearance is based on a fingerprint review.
 - For applicants seeking **initial certification, additional certification, or certificate renewal** to teach in Alabama, your criminal history background checks must have been completed by both the Alabama State Bureau of Investigation (ASBI) and the Federal Bureau of Investigation (FBI). You can check the status of your background checks and confirm whether you meet the state's suitability requirements for teaching at https://tcert.alsde.edu/Portal.
 - For Applicants who **have not** been cleared by both agencies through the Educator Certification Section of the Alabama State Department of Education (ALSDE), you will need to undergo fingerprinting for a criminal history background check. Details on how to complete the background review process can be found at https://www.alabamaachieves.org/teacher-center/teacher-certification/. If you have any questions about our criminal history background check process, you can contact us at (334) 694-4557 or bgr@alsde.edu.
 - Applicants may verify receipt of their criminal history results at the ALSDE by visiting
 https://tcert.alsde.edu/Portal/Public/Pages/SearchCerts.aspx. If your results are not located, or you have questions about your status, please allow 10 business days from the date of fingerprint submission before making an inquiry.

Occupational Proficiency 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.alabamaachieves.org/ (click Teachers & Administrators Teacher Center Teacher Certification Career and Technical Certificates Degree Equivalent Certificate – Health Science). 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. For each program area sought, indicate the appropriate ALSDE-approved occupational proficiency assessment being submitted. Program Area Name of ALSDE-approved Valid Period of Currently Active Grade Level Alabama License Alabama License (6-12)Health Science 6-12 Health Science 6-12 Health Science 6-12

SSN:

Tienam Science 6 12				
REQUIRED PREREQUISITE CERTIFICATES AND TRAINING				
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.				
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.				
☐ <u>Submission of</u> a photocopy of the applicant's valid Specialty Area 2 Career and Technical Certificate in health science; or				
☐ <u>Submission of</u> a photocopy of the applicant's valid Bachelor's Equivalent Health Science 2 Career and Technical Certificate.				
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.				
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.				
☐ Submission of Form BH2, the Application for the Bachelor's Equivalent Health Science 2 Career and Technical Certificate for the 2023-2024 Scholastic Year, with the required supporting documents.				

Name:

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).

□ <u>Submission of</u> 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 <u>Alabama institution with a State-approved program in a career and technical education teaching field</u>. The coursework must be completed within 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.

- □ <u>Verification</u> the applicant attained **12,600 clock hours** (seven years) of acceptable work experience as outlined in the <u>ACCEPTABLE WORK EXPERIENCE</u> section below.
- □ <u>Submission of</u> 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.

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.

experience was earned.					
WAGE EARNING EXPERI	ENCE AS A HEALTHCARE PRACT	FITIONER (Attach an add	litional sheet if needed):		
This section must be completed by the app	plicant if Option 2 in the REQUIREMENTS section in	s used. The applicant must doc	ument work experience.		
Job Duties/Responsibilities	Dates of Experience	Dates o	Dates of Experience		
	Beginning MM/YY	Ending	Ending MM/YY		
			TER AREA		
POST-SECONDARY TEAC	HING EXPERIENCE IN HEALTH	SCIENCE OR RELA	TED AREA		
	(Attach an additional sheet if needed):				
Name of Post-Secondary Institution	Degree Level(s)	Dates	Dates		
and Location	and Subject(s) Taught	Beginning	Ending		
		MM/YY	MM/YY		
Total wage earning and/or teaching e	experience in the program area sough	t: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 an 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 MH3 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 www.alabamaachieves.org/ (click Teachers & Administrators ~ Teacher Certification ~ Career and Technical Certificates ~ Career and Technical Education Degree Equivalent Certificate 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*.
- ~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 \$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