



The Bachelor's Equivalent **Health Science 1** Career and Technical Certificate Approach

FORM BH1

The application process for the Bachelor's Equivalent Health Science 1 Career and Technical Certificate **must be completed in conjunction with the superintendent of the Alabama county/city school system for which the applicant is to teach.**

PERSONAL DATA					
Legal name as it appears on government issued identification.					
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)	
Email Address					
FOR STATISTICAL PURPOSES ONLY					
Ethnic Origin (Choose one)		Gender (Choose one)		Race (Choose one or more, regardless of Ethnicity)	
<input type="checkbox"/> (01) Hispanic Latino <input type="checkbox"/> (02) Not Hispanic Latino		<input type="checkbox"/> (F) Female <input type="checkbox"/> (M) Male		<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	
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					
<input type="checkbox"/> Yes <input type="checkbox"/> 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 ?					
<input type="checkbox"/> Yes <input type="checkbox"/> 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 ?					
<input type="checkbox"/> Yes <input type="checkbox"/> No Are you currently the subject of an investigation involving sexual misconduct or physical harm to a child?					
<input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever resigned from a position rather than face disciplinary action?					
<input type="checkbox"/> Yes <input type="checkbox"/> 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?					
<input type="checkbox"/> Yes <input type="checkbox"/> No Are you the subject of a pending investigation involving a criminal act?					
RECORD OF EDUCATION					
Degree and Major	Name of College/University	Location	Dates Attended Beginning MM/YY	Dates Attended Ending MM/YY	

GENERAL INFORMATION

All requirements must be met for the Bachelor's Equivalent Health Science 1 Career and Technical Certificate **prior to** the date the application for the Bachelor's Equivalent Health Science 1 Career and Technical Certificate is received in the Educator Certification Section.

DEGREE EQUIVALENT 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

^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. This certificate is nonrenewable.

^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.

SUMMARY OF REQUIRED TRAINING AND WORK EXPERIENCE

Options	Required Training	Required Work Experience
Option 1	Associate's degree	5,400 clock hours completed within 7 years ^A
Option 2	Bachelor's degree or higher	3,600 clock hours completed within 5 years ^A

^A Required work experience must be completed within the time period outlined above and immediately prior to the date the application is received in the Educator Certification Section.

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 and Technical Certificates ⇨ Career and Technical Education Degree Equivalent Certificate - Health Science).

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

- 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.
- 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 BACHELOR'S EQUIVALENT 1 – HEALTH SCIENCE

Required for issuance of the Bachelor's Equivalent Health Science 1 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 BH1**.

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 **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, (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 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

- ☐ **Options 1 and 2 in the EDUCATION AND REQUIRED WORK EXPERIENCE** section require a photocopy of the applicant's currently valid score on the Alabama State Department of Education (ALSDE) **currently** approved occupational proficiency assessment (test score, license, or credential) in health science. The score(s) must have been attained **prior to** the date the application is received in the Educator Certification Section. See the **OCCUPATIONAL PROFICIENCY INFORMATION** section of this form for additional information.

The following must be met by the applicant for issuance of the Bachelor's Equivalent 1 Health Science Career and Technical Certificate:

- ☐ 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	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		

TESTING REQUIREMENTS AND INFORMATION

The CTE Basic Skills Assessments are administered through ACT WorkKeys®. The required assessments are **Applied Math, Business Writing, and Workplace Documents**; no other WorkKeys® assessments outlined on the ACT® website will be accepted.

WorkKeys® Skill Assessment	Skill Level Range	Minimum Required Passing Score
Applied Math	3 – 7	4
Business Writing	1 – 5	3
Workplace Documents	3 – 7	4

LEARN about the required CTE Basic Skills Assessments.

LOCATE a test center and the name of the contact person.

- Assessment registration can **ONLY** be done by calling the test center. The specific contact person for a test center should be contacted.

For **SCORE REPORT SUBMISSION**

(Please **DO NOT** submit scanned or paper score reports.)

An email will be sent to the test taker from the test center. The email will contain a score report with an Examinee ID. Once the email is received you will need to complete the following steps:

- Establish a MyWorkKeys personal account.
- Create a new account
 - Examinee ID required
- Complete required information and submit
 - An email containing your Activation Code will be sent to the email address you provided.
- Locate your Activation Code in your email
- Select link provided in your email
 - Enter Activation Code and submit
- Enter User ID and Password from your personal WorkKeys account.
- Locate Test Management Tab (located on the left side of the screen)
- Locate recent test(s) taken from last 90 days – **Please note: ACT WorkKeys is unable to verify tests taken 90 days ago or beyond.**
- Select “Share Test” for each assessment under the action bar
- Select “Yes”, agree to terms and submit
- Locate the “**Public Share URL**” on your screen (located directly above the test) and copy

Example:

 **Public
Share
URL:**

- Create an email to be sent to CTE-EducatorCertification@ALSDE.edu.
- Paste the copied “**Public Share URL**” in your email and also include:
 - Your Legal First and Last name as it appears on government-issued identification ,
 - The last four digits of your social security number OR your entire TCH number, and
 - A statement confirming ACT® provided a link to the score report.

Example:

John Doe

SSN: 8523

I, John Doe confirm ACT provided this link for my WorkKeys test results.

For additional information regarding test registration or requirements, contact the Educator Certification Section at (334) 694-4557.

	<p>Individuals who are exempt from meeting the Basic Skills Assessment requirement are those who hold:</p> <ul style="list-style-type: none"> • A valid Specialty Area Career and Technical Certificate, a valid Alabama Professional Educator Certificate, or a valid Alabama Professional Leadership Certificate; OR • At least a bachelor's degree from a senior institution that was regionally accredited at the time the degree was earned; an official transcript must be submitted to the Educator Certification Section confirming the degree. <p><input type="checkbox"/> To document basic skills, passing scores on one of the following has been met:</p> <p><input type="checkbox"/> Option 1: Submission of the applicant's passing scores on the CTE Basic Skills Assessments administered through ACT WorkKeys® in Applied Math, Business Writing, and Workplace Documents. Assessments completed before July 1, 2019, WILL NOT be accepted. See the above information on score submission. No scanned copies or paper copies of score reports will be accepted.</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> Option 2: Electronic submission by the testing company, directly to the ALSDE, of the applicant's passing scores on the Praxis Core Academic Skills for Educators (Core) basic skills assessment in Mathematics, Reading, and Writing attained prior to July 1, 2019. Information about requesting score reports for the Core may be found at Praxis Core.</p> <p style="text-align: center;">Testing Options 1 or 2 CANNOT be combined.</p>
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	<u>EDUCATION AND REQUIRED WORK EXPERIENCE</u>
<input type="checkbox"/>	<p>Documentation of education/required work experience:</p> <ul style="list-style-type: none"> • All education and work experience must be earned and completed prior to the date the application is received in the Educator Certification Section. • All required work experience must be as a healthcare practitioner. • All required degrees must be in a healthcare or related area. <p>Option 1: Associate's degree and acceptable work experience:</p> <p><input type="checkbox"/> Verification, on the applicant's official transcript, of an associate's degree in a healthcare or related area from a postsecondary institution that was regionally accredited at the time the degree was earned; AND</p> <p><input type="checkbox"/> Verification that the applicant attained 5,400 clock hours (three years) of acceptable work experience as outlined in the <u>ACCEPTABLE WORK EXPERIENCE</u> section below. The experience must have been completed within the seven years immediately prior to the date the application is received.</p> <p>Option 2: Bachelor's or higher degree and acceptable work experience:</p> <p><input type="checkbox"/> Verification, on the applicant's official transcript, of a bachelor's or higher degree with an academic major in a healthcare or related area from a senior institution that was regionally accredited at the time the degree was earned; AND</p> <p><input type="checkbox"/> Verification that the applicant attained 3,600 clock hours (two years) of acceptable work experience as outlined in the <u>ACCEPTABLE WORK EXPERIENCE</u> section below. The experience must have been completed within five years immediately prior to the date the application is received.</p>

ACCEPTABLE WORK EXPERIENCE

For the Bachelor's Equivalent Health Science 1 Career and Technical Certificate, 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.

RECORD OF EDUCATION and WORK EXPERIENCE

The section must be completed by the applicant. The applicant must document education and work experience.

Degree	Name of College/University	Location	Dates Attended	
			Beginning Month/Year	Ending Month/Year
Associate's Degree				
Bachelor's Degree				
Master's Degree				

WAGE EARNING EXPERIENCE AS A HEALTHCARE PRACTITIONER

(Attach an additional sheet if needed):

Name of Employer and Location	Job Duties/Responsibilities	Dates of Experience	
		Beginning Month/Year	Ending Month/Year

POST-SECONDARY TEACHING EXPERIENCE IN HEALTH SCIENCE OR A 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 health science: _____ Years _____ Months

RECOMMENDATION and AUTHORIZATION*To be completed by the county/city superintendent.*

The applicant ☐ is employed ☐ will be employed ☐ is an employee of a business or governmental agency with which this school system has established a partnership during the _____ - _____ scholastic year (*must be the current scholastic year*).

I recommend this applicant for the Bachelor's Equivalent Health Science 1 Career and Technical Certificate in the area of health science.

Bachelor's Equivalent Health Science 1 Career and Technical 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.

My local board of education has authorized:

- ☐ me to employ the individual for whom this application is being submitted, **OR**
☐ the individual for whom this application is being submitted to teach in our system while remaining an employee of a business or governmental agency with which we have established a partnership, subject to the issuance of a valid Bachelor's Equivalent Health Science 1 Career and Technical Certificate.

I understand that the Bachelor's Equivalent Health Science 1 Career and Technical Certificate will not be issued for the applicant until all eligibility requirements have been met and background clearance has been received. I have established procedures for monitoring the applicant's compliance with the requirements for issuance of subsequent Degree Equivalent Health Science Career and Technical Certificates.

I understand failure to assign the applicant properly will result in an out-of-field penalty assessment.

I am verifying that a photocopy of this form, reflecting signatures, has been given to the applicant and that I have reviewed this document in its entirety for all-inclusive information pertaining to this approach.

LEA Representative's Initials:

Signature of County/City Superintendent

County/City School System

Typed or Printed Name

Date

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., Supplement CTV) 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 certification approach (Form BH1 08/2022).

~I understand the Bachelor's Equivalent Health Science 1 Career and Technical Certificate is valid from the date of issuance through the remainder of the same scholastic year, and thereafter for the next two consecutive scholastic years and is **nonrenewable**.

~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 refer to at www.alabamaachieves.org/ (click Teachers & Administrators ⇨ Teacher Center ⇨ Teacher Certification ⇨ Career and Technical Certificates ⇨ Career and Technical Education 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