

ALABAMA STATE DEPARTMENT OF EDUCATION **EDUCATOR CERTIFICATION SECTION**

5215 GORDON PERSONS BUILDING POST OFFICE BOX 302101 MONTGOMERY, AL 36130-2101

> Telephone: (334) 694-4557 Alabama Achieves | ALSDE

The Degree Equivalent Career and Technical Certificate (Health Science) to a Professional Educator Certificate Approach 2025-2026 Scholastic Year

FORM CTP

| ims approach is | o tot illutv | iduais seeking a Deg | | and Technical Certificate AL DATA | to a Froressional Edu | Cator Certificate. | |
|---|--------------|-------------------------|---|---|---|---------------------------------------|--|
| | | Legal N | | overnment-issued identificati | ion. | | |
| Title (e.g., Mr.) | | First | Middle | Maiden | Last | Suffix | |
| | | | | | | | |
| | Street/ | Apt./P.O. Box/Route and | l Box | City | State | ZIP Code | |
| | | | | | | | |
| | Cell Telep | hone | Home | e Telephone | Work To | elenhone | |
| | | | | · receptione | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| | | T | | | | | |
| Social Secu | rity Numbe | er | ALSDE ID Date of Birth (mm-dd-yyyy) | | | | |
| | | | | | | | |
| | | Email Address | | | | | |
| | | Eman Address | | | | | |
| | | | | | | | |
| | | | EOD CTATICTICAL | DUDDOGEG ONLY | | | |
| Ethnic Origin (Ch | hoose one) | Gender (Choo | | | PURPOSES ONLY Race (Choose one or more, regardless of Ethnicity) | | |
| □ (01) Hispanic L | atino | ☐ (F) Female | | | | | |
| □ (02) Not Hispan | nic Latino | ☐ (M) Male | | | □ (02) Black or African American □ (04) American Indian or Alaska Native | | |
| | | | | □ (05) Asian | | | |
| | | | | | ☐ (08) Native Hawaiian or Other Pacific Islander | | |
| Cl. 1 " " | "" | | | RIMINAL HISTORY IN | | 1.1 | |
| | | | ow. "YES " response judgment, conviction, | es require an attached exp | planation and any ad | ditional supporting | |
| uocumentation | (c.g. cour | r certifica copies of | | REFULLY | | | |
| ☐ Yes | s □ No | Have you ever ha | d any adverse action | (e.g. warning, reprimand, | suspension, revocation | n, denial, voluntary | |
| | | | | certificate, license or per | mit issued by an age | ncy other than the | |
| | | | epartment of Educat | | | 1 . 1 1 | |
| ⊔ Yes | s □ No | | | tigation involving a violat an the Alabama State D | | | |
| □ Yes | s □ No | | · · · · · · · · · · · · · · · · · · · | | | | |
| ☐ 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? | | | | | | | |
| | s □ No | | • | itered a plea of no contest | | meanor other than a | |
| | | minor traffic viola | | 1 | • | | |
| ☐ Yes | s □ No | Are you the subject | of a pending investiga | tion involving a criminal a | act? | | |
| | - | | RECORD O | F EDUCATION | | | |
| Degree and | Major | Name of Co | llege/University | Location | Dates Attended Beginning Month/Year | Dates Attended Ended Month/Year | |
| | | | | | month/ I tai | | |
| | | | | | | | |
| | | | | | | | |

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 persons is responsible for handling inquiries regarding the non-discrimination policies: Title IX Coordinator, *Support Services*, Alabama State Department of Education, P.O. Box 302101, Montgomery, AL 36130-2101, email: supportservices@alsde.edu

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| Name: | | | | |
|--|---|---|--|--|
| | GENERAL INFORMATION | | | |
| 1 2 | valent Career and Technical Certificate (Health Science to the date this application is received in the Educat | * | | |
| The certificate issued through this appropriate. | broach will be a Class B (bachelor's degree level) Sec | ondary Professional Educator | | |
| <u>HEA</u> | LTH SCIENCE PREREQUISITE CERTIFICATES | | | |
| | (Must be in health science.) Health Science | | | |
| Master's Equivalent Health Science 3 | | | | |
| | Sixth-Year Equivalent Health Science 4 | | | |
| Specialty Area 4 | | | | |
| | Specialty Area 5 | | | |
| | DUCATION, COURSEWORK, AND TEACHING EXP | | | |
| Education | Coursework | Work Experience | | |
| Bachelor's degree or higher Must be in a healthcare or related area and earned prior to the date the application is received in the Educator Certification Section. | Strategies for Teaching Special Needs Students in Inclusive Settings Verification on an official transcript, with a grade of "C" or above, from an Alabama college or university with State-approved educator preparation programs. The credit must have been earned within the five years prior to the date the application is received in the Educator Certification Section. | 2 full scholastic years of full-time classroom teaching experience in grades 6-12 in health science | | |
| 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 Alabama Achieves ALSDE (click Teachers & Administrators Teacher Center Teacher Certification Career and Technical Certificates Career and Technical Certificate – Career and Technical Education to Professional Educator Certificate). NOTE: The Occupational Proficiency Assessments are reviewed and updated annually. The Occupational Proficiency expires June 30th of each scholastic year. | | | | |
| 2. Occupational proficiency assessments are approved by the ALSDE at the ENTRY LEVEL and the MASTER LEVEL . The MASTER LEVEL assessments meet the requirements for the Degree Equivalent Career and Technical Certificate to a Professional Educator Certificate Approach. | | | | |
| 3. It is the applicant's responsibility to know the occupational proficiency assessment(s) for his/her program area(s), which must be met prior to applying through the Degree Equivalent Career and Technical Certificate to a Professional Educator Certificate Approach. | | | | |
| | APPLICATION CHECKLIST | | | |
| Required for issuance of the Degree E Boxes are to be checked, as applicable | | ificate. | | |
| | Application Forms | | | |

The fee must be paid by cashier's check <u>or</u> money order made payable to the Alabama State Department of Education (ALSDE) or through the ALSDE Educator Certification Online Payment System, with a major credit card, at <u>Educator Certificate/License Payments | ALSDE</u> (a transaction fee will be applied).

Nonrefundable Application Fee

A \$38.00 nonrefundable application fee. Neither personal checks nor cash will be accepted.

Supplement CIT with supporting documentation verifying United States citizenship or lawful presence in the United

States.

Submission of this application Form CTP.

• The cashier's check, money order, or copy of the receipt verifying the confirmation number for the online payment must accompany the application packet.

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| Name: | | | SSN: | | |
|-------|--|--|--|--|--|
| | | Backgrou | ınd Clearance | | |
| | Background clearance is based on a | fingerprint revi | ew. | | |
| | • 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 Certification Search | | | | |
| | • 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 Alabama Achieves 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. | | | | |
| | | ou have questior making an inqu | | <u> </u> | |
| | | | isite Certificate | | |
| | A photocopy of the applicant's value Acceptable prerequisite Career and Master's Equivalent Health Sixth-Year Equivalent Health Specialty Area 4 Specialty Area 5 | Technical Certi Science 3 | rerequisite Career and Technical Cert ficates in health science are: | incate in health science | |
| | 1 2 | Occupati | onal Proficiency | | |
| | occupational proficiency assessment proficiency assessment must be the Certification Section and must be about the ALSDE-appropriate must be obtained at Algorithms and the Certification of the Certification of the Certificate of the Cert | ent (test score, e assessment in let prior to approved occupation labama Achieve AREER/TECHN Occupational) | nal proficiency assessments (test score es ALSDE (click Teachers & Adminis IICAL CERTIFICATES – Career/proficiency assessments are subject to | ience. The occupational received in the Educator , license, or credential) in strators Teacher Center Technical Education to | |
| | Program Area | Grade Level | / assessment is being submitted. Name of ALSDE-approved | Date ALSDE | |
| | Frogram Area | (6-12) | Occupational Proficiency Assessment(s) | approved Occupational Proficiency Assessment(s) Taken and Passed | |
| | Health Science | 6-12 | | | |
| | Health Science | 6-12 | | | |
| | | T . | | | |
| | verifying the applicant's two full so experience within grades 6-12 in he The experience requiremen The applicant must request | e school system holastic years (alth science. t must be met p the school syst | ce Requirement n(s)/non-public school(s) where the a partial years are not acceptable) of full rior to application submission. em/non-public school where he/she w action a Supplement(s) EXP verifying a | -time classroom teaching as employed to complete | |

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| Testing Requirement | |
|--|--------------------------------|
| | |
| Electronic submission by the testing company of the applicant's successful completion of the requirements. Alabama Educator Certification Assessment Program (AECAP) prescribed Praxis Principles of Learni Teaching (PLT) test on a test date prior to the date the application is received in the Educator Certification S. Information about the PLT may be found at <u>Praxis</u> (click <i>Find Your State Requirements & Alabama & Cart Technical Certificate to Professional Educator Certificate Approach (CTE to PEC). An applicant who holds Alabama Professional Educator Certificate or Professional Leadership Certificate is exempt from the requirement.</i> | ng and ection. eer and a valid |
| Coursework Requirement | |
| Official transcript of the applicant verifying credit earned, prior to the date the application was received Educator Certification Section, for coursework in Strategies for Teaching Special Needs Students in In Settings, with a grade of "C" or above, at an Alabama college or university with State-approved educator preprograms. The credit must have been earned within the five years prior to the date the application is received the Educator Certification Section. | clusive aration |
| Degree Requirement | |
| Official transcript(s) of the applicant verifying a bachelor's or higher degree in a healthcare or related area senior institution that was regionally accredited at the time the degree was earned. The bachelor's degree mus a minimum overall grade point average (GPA) of at least 2.50 on a 4.0 scale or the master's or higher must reflect an overall GPA of at least 3.0 on a 4.0 scale. An applicant who holds a valid Alabama Professional Company of the property o | reflect degree |
| Educator Certificate or Professional Leadership Certificate is exempt from the GPA requirement. | 221011011 |
| • The overall GPA must be the GPA that was used as the basis for granting the degree and must be posted official transcript of the degree-granting institution. | |
| • The degree must have been earned prior to the date the application is received in the Educator Certification. | |
| • The Office of Career and Technical Education of the ALSDE must approve the degree in a healthcare area. | |
| All credits must be verified on official transcript(s) and submitted to the Educator Certification Section in a envelope from the institution. The applicant's current full name and social security number or ALSDE I accompany the transcript(s). | |
| Official transcripts may be submitted securely to the Educator Certification Section using one of the for options: Option 1: | lowing |
| Mailed to the Educator Certification Section in a sealed envelope from the institution. Alabama State Department of Education Educator Certification Section | |
| 5215 Gordon Persons Building | |
| Post Office Box 302101 | |
| Montgomery, AL 36130-2101 | |
| Option 2: | |
| Submitted securely to the Educator Certification Section through electronic transmission by the N Student Clearinghouse. Do not select the ETX option. | ational |
| Option 3: Submitted securely to the Educator Cortification Section through electronic transmission from the inst | itutian |
| Submitted securely to the Educator Certification Section through electronic transmission from the inst as an electronic PDF, to <u>certtranscripts@alsde.edu</u> . | itution |
| Transcripts submitted from an individual or a personal/business email account will not be accepted. | |

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| Name: | SSN: |
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| | |

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 I must meet all Alabama certification requirements in effect on the date the application is received in the Educator Certification Section, and APPLICATION FORMS AND SUPPORTING DOCUMENTS ARE NOT ACCEPTED BY FAX OR E-MAIL.
- I understand I must **thoroughly read** all requirements of this approach (Form CTP 05/2025).
- I understand it is my responsibility to keep all personal data on file in the Educator Certification Section current.
- I understand 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 CTP
- □ 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

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