



**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](#)**

This section must be completed by the employing Alabama school system or nonpublic/private school.

School System Code: \_\_\_\_\_

## The Bachelor's Equivalent **Health Science 1** Career and Technical Certificate Approach **2025-2026**

### 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.**

<b>PERSONAL DATA</b>					
<i>Legal name as it appears on government-issued identification.</i>					
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					

<b>FOR STATISTICAL PURPOSES ONLY</b>		
<b>Ethnic Origin (Choose one)</b> <input type="checkbox"/> (01) Hispanic Latino <input type="checkbox"/> (02) Not Hispanic Latino	<b>Gender (Choose one)</b> <input type="checkbox"/> (F) Female <input type="checkbox"/> (M) Male	<b>Race (Choose one or more, regardless of Ethnicity)</b> <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**

- ☐ 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?

### **RECORD OF EDUCATION**

Degree and Major	Name of College/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](mailto:supportservices@alsde.edu).

**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 <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

<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. This certificate is nonrenewable.

<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.

**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**

- ☐ Supplement CIT Form with supporting documentation verifying United States citizenship or lawful presence in the United States.
- ☐ 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 [ALSDE 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 [Certificate 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 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](mailto:bgr@alsde.edu).
  - Applicants may verify receipt of their criminal history results at the ALSDE by visiting [Certificate Search](#). 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.

**Classroom Schedule**

The applicant's schedule from PowerSchool, verifying the applicant is properly certified each period/block of the day. The only courses the applicant can teach are those specific to health science and at the grade level of the requested Bachelor's Equivalent Health Science 1 Career and Technical Certificate based on the current ALSDE Courses Application within the AIM Portal. **NOTE: The submitted PowerSchool schedule must display the Teacher Schedule, printed from the district office view, for the entire academic year and be signed by the Career and Technical Director and/or the LEA School Representative.**

**NOTE: ALSDE Courses must be used and cannot be shredded out.**

**Official Transcripts**

- ☐ Official transcripts of **all degrees and credits earned**. All degrees and credits must be verified on an official transcript(s) and must be submitted to the Educator Certification Section. At least an Associate's Degree in a healthcare or related area.
- The applicant's **current legal** name and Social Security or ALSDE ID number must accompany the transcript(s).

**Occupational Proficiency**

- ☐ **Options 1 and 2 in the EDUCATION AND REQUIRED WORK EXPERIENCE** section require a photocopy of the applicant's Alabama State Department of Education (ALSDE) **currently** approved Occupational Proficiency in health science. The proficiency must have been attained **prior to** the date the application is received in the Educator Certification Section.
- Information about the Alabama State Department of Education (ALSDE) approved Occupational Proficiency in health science may be obtained at [Alabama Achieves](#) (click Teachers & Administrators ⇨ Teacher Center ⇨ Teacher Certification ⇨ Career and Technical Certificates ⇨ Career and Technical Education Degree Equivalent Certificate - Health Science).  
**NOTE: The Occupational Proficiency is reviewed and updated annually. The Occupational Proficiency expires June 30<sup>th</sup> of each scholastic year.** It is the applicant's responsibility to know the Occupational Proficiency for health science, which must be met prior to applying for a subsequent Degree Equivalent Health Science certificate.
  - The Occupational Proficiency is approved by the ALSDE at the **ENTRY LEVEL** and the **MASTER LEVEL**. The **ENTRY LEVEL** meets 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** may be used to meet requirements for any level certificate but is required for the Master's Equivalent Health Science 3 and Sixth-Year Equivalent Health Science 4 Certificates.
- 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.**

- ☐ Indicate the appropriate ALSDE-approved Occupational Proficiency assessment being submitted.

<b>Program Area</b>	<b>Grade Level (6-12)</b>	<b>Name of ALSDE-approved Alabama License/Certification</b>	<b>Valid Period of Currently Active Alabama License/Certification</b>
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 ACT Assessment](#) about the required CTE Basic Skills Assessments.

[LOCATE a test center](#) 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:**

<https://testadministration-stress.act.org/mwk/emCertDetails.do?event=go&realm=17740116&certid=8KW3D7>

- Create an email to be sent to [CTE-EducatorCertification@ALSDE.edu](mailto: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.**

<input type="checkbox"/>	<p>Applicants who are <b>exempt</b> from meeting the Basic Skills Assessment requirement are those who hold:</p> <ul style="list-style-type: none"> <li>• A valid Specialty Area Career and Technical Certificate, a valid Alabama Professional Educator Certificate, or a valid Alabama Professional Leadership Certificate; <b>OR</b></li> <li>• 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.</li> </ul> <p>To document basic skills, passing scores on <b>one</b> of the following has been met:</p> <p><input type="checkbox"/> <b>Option 1:</b> 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. <b>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.</b></p> <p style="text-align: center;"><b>OR</b></p> <p><input type="checkbox"/> <b>Option 2:</b> 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 <b>attained prior to July 1, 2019</b>. Information about requesting score reports for the Core may be found at <a href="#">Praxis Core</a>.</p> <p style="text-align: center;"><b>Testing Options 1 or 2 CANNOT be combined.</b></p>
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<b>EDUCATION AND REQUIRED WORK EXPERIENCE</b>	
<input type="checkbox"/>	<p><b>Documentation of education/required work experience:</b></p> <ul style="list-style-type: none"> <li>• All education and work experience must be earned and completed prior to the date the application is received in the Educator Certification Section.</li> <li>• All required <b>work experience</b> must be as a healthcare practitioner.</li> <li>• All required <b>degrees</b> must be in a healthcare or related area.</li> </ul> <p><b>Option 1: Associate's degree</b> 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; <b>AND</b></p> <p><input type="checkbox"/> Verification that the applicant attained <b>5,400 clock hours (three years)</b> of acceptable work experience as outlined in the <a href="#">ACCEPTABLE WORK EXPERIENCE</a> section below. The experience must have been completed <b>within the seven years</b> immediately <b>prior to</b> the date the application is received.</p> <p><b>Option 2: Bachelor's or higher degree</b> 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 or accredited DEAC at the time the degree was earned; <b>AND</b></p> <p><input type="checkbox"/> Verification that the applicant attained <b>3,600 clock hours (two years)</b> of acceptable work experience as outlined in the <a href="#">ACCEPTABLE WORK EXPERIENCE</a> section below. The experience must have been completed <b>within five years</b> immediately <b>prior to</b> 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* 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* 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	Dates Attended 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/Yea	Dates of Experience 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 of Experience Beginning Month/Yea	Dates of Experience 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.

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, as the designated representative of the LEA who requested the applicant's official transcript, am providing a copy of the official transcript(s) with my signature attesting to the following:

- ☐ I have obtained the official transcript(s) directly from the official transcript provider, **whether by opening or downloading it. (Transcripts that were downloaded by the applicant or opened by the applicant are not acceptable.)**  
☐ I have reviewed and verified the applicant has met the education and college/university accreditation eligibility requirements.

Verification, on the applicant's official transcript, of:

- ☐ An earned associate's degree in a healthcare or related area from a postsecondary institution that was regionally accredited at the time the degree was earned; **OR**  
☐ A bachelor's degree or higher with an academic major in a healthcare or related area from a senior institution that was regionally accredited or accredited by the Distance Education Accreditation Commission (DEAC) at the time the degree was earned

**LEA Representative's Initials:** \_\_\_\_\_

The applicant's **current** legal name and Social Security or ALSDE ID number must accompany the transcript(s).

I understand the 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.

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).

~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 issuance of **each** Degree Equivalent Health Science Career and Technical Certificate in health science requires verification of a currently valid 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. I understand the ALSDE-approved Occupational Proficiency 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.

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

~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 \_\_\_\_\_