



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](http://AlabamaAchieves.org)

The Master's Equivalent Health Science 3 Career and Technical Certificate Approach 2025-2026

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.**

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

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.

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 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.

^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.

If you hold/held **ONLY** a Level, Type, or Specialty Certificate, please contact the Educator Certification Section for advisement.

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

- ☐ Supplement CIT Form with supporting documentation verifying United States citizenship or lawful presence in the United States.
- ☐ 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 **or** 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, (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 [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.
 - 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.

Occupational Proficiency

- ☐ A photocopy of the applicant's currently valid score on the ALSDE-approved **MASTER LEVEL** Occupational Proficiency in health science. The proficiency must have been attained **prior to** the date the application is received in the Educator Certification Section.
1. Information about the ALSDE-approved Occupational Proficiency in health science may be obtained at [Alabama Achieves](#) (click Teachers & Administrators ⇨ Teacher Center ⇨ Teacher Certification ⇨ Career and Technical Certificates ⇨ Degree Equivalent Certificate - Technical Education).
NOTE: The Occupational Proficiency is reviewed and updated annually. The Occupational Proficiency expires on June 30th 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.
2. 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 the requirements for any level certificate, but is required for the Master's Equivalent Health Science 3 and Sixth-Year Equivalent Health Science 4 Certificates.
- ☐ 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.

Program Area	Grade Level (6-12)	Name of ALSDE-approved Alabama License, Certification, and Professional Learning	Valid Period of Currently Active Alabama License, Certification, and Professional Learning
Health Science	6-12		
Health Science	6-12		
Health 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 and 2 must be in health science.

Option 1: A *valid* Bachelor's Equivalent Health Science 2 Career and Technical Certificate.

Option 2: If the Bachelor's Equivalent Health Science 2 Career and Technical Certificate *has not been held or has expired*, 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*, with the required supporting documents.

REQUIREMENTS

For issuance of the Master's Equivalent Health Science 3 Career and Technical Certificate, verification that one of the following two options must be met prior to the date the application is received in the Educator Certification Section:

Option 1: Completion of the (ALSDE) approved **MASTER LEVEL** Occupational Proficiency and completion of four courses (**two** required **AND** **two** electives).

- ☐ 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 Alabama institution with a State-approved program in a career and technical education teaching field. The coursework must be completed within five years (60 months) immediately prior to the receipt of the application 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 ALSDE-approved **MASTER LEVEL** Occupational Proficiency, completion of the *Career and Technical Education Teacher Certification Program Level 2 (CTE TCP Level 2)* **AND** verification of acceptable work experience.

- ☐ Verification the applicant attained **12,600 clock hours (seven years)** of acceptable work experience as outlined in the **ACCEPTABLE WORK EXPERIENCE** section below.
- ☐ A photocopy of the applicant's PowerSchool Professional Development Training History Report verifying completion of the *(CTE TCP Level 2)* **prior to** the date the application is received in the Educator Certification Section.
- ☐ Individuals who hold a valid Class A or higher Professional Educator Certificate in a career and technical education teaching field or program area are exempt from completion of the *Career and Technical Education Teacher Certification Program Level 2 (CTE TCP Level 2)*.

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* 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.

WAGE EARNING EXPERIENCE AS A HEALTHCARE PRACTITIONER *(Attach an additional sheet if needed):*

This section must be completed by the applicant if Option 2 in the **REQUIREMENTS** section is used. The applicant must document work experience.

Job Duties/Responsibilities	Dates of Experience Beginning MM/YY	Dates of Experience Ending MM/YY

POST-SECONDARY TEACHING EXPERIENCE IN HEALTH SCIENCE OR RELATED AREA

(Attach an additional sheet if needed):

Name of Post-Secondary Institution and Location	Degree Level(s) and Subject(s) Taught	Dates Beginning MM/YY	Dates Ending MM/YY

Total wage earning and/or teaching experience in the program area sought: _____ 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).

~I understand issuance of **each** Degree Equivalent Health Science Career and Technical Certificate 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). I also 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 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 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** _____

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**