



EDUCATOR CERTIFICATION SECTION
5215 GORDON PERSONS BUILDING
POST OFFICE BOX 302101
MONTGOMERY, AL 36130-2101
Telephone: (334) 694-4557
ALSDE - Alabama Achieves

**The Degree Equivalent Career and Technical Certificate (Health Science)
to a Professional Educator Certificate Approach
FORM CTP**

This approach is for individuals seeking a Degree Equivalent Career and Technical Certificate (**Health Science**) to a Professional Educator Certificate.

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)	
☐ (01) Hispanic Latino ☐ (02) Not Hispanic Latino		☐ (F) Female ☐ (M) Male		☐ (01) White ☐ (02) Black or African American ☐ (04) American Indian or Alaska Native ☐ (05) Asian ☐ (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 Month/Year	Dates Attended Ended Month/Year

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, **Support Services**, Alabama State Department of Education, P.O. Box 302101, Montgomery, AL 36130-2101, email: supportservices@alsde.edu

GENERAL INFORMATION

All requirements for the Degree Equivalent Career and Technical Certificate (**Health Science**) to a Professional Educator Certificate Approach must be met **prior to** the date this application is received in the Educator Certification Section.

The certificate issued through this approach will be a Class B (bachelor's degree level) Secondary Professional Educator Certificate.

HEALTH 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

SUMMARY OF EDUCATION, COURSEWORK, AND TEACHING EXPERIENCE

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 "B" 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

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 [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 requirements are reviewed and updated annually, with changes taking effect July 1st. Applications received after July 1st of each year must meet the current Occupational Proficiency requirements.**
- 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 (**Health Science**) to a Professional Educator Certificate Approach.
- 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 (**Health Science**) to a Professional Educator Certificate Approach.

APPLICATION CHECKLIST

Required for issuance of the Degree Equivalent Certificate to the Professional Educator Certificate (**Health Science**). **Boxes are to be checked, as applicable.**

Application Forms

- ☐ Supplement CIT with supporting documentation verifying United States citizenship or lawful presence in the United States.
- ☐ Submission of this application Form CTP.

Nonrefundable Application Fee

- ☐ A \$38.00 **nonrefundable** application fee. A major credit card is required. A transaction fee will be applied. All application fees are non-refundable.

- To make an online payment, you **must** have an **AIM account**.
- To **create or log in** to your AIM account, please visit [AIM Portal](#).
- Once you have created an AIM account and logged in, follow the steps below.
 - Click on the tile labeled **ACE**, which will take you to your ACE dashboard
 - Once on your ACE dashboard, click on the **dollar sign (\$)** in the top right corner to make a payment.

If you cannot create or log into your AIM Account, contact the **ALSDE Help Desk** during normal business hours by emailing helpdesk@alsde.edu or calling 334-694-4777.

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 [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.
 - Applicants may verify receipt of their criminal history results at the ALSDE by visiting [Certification 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.

Prerequisite Certificate

- ☐ A photocopy of the applicant's valid Alabama prerequisite Career and Technical Certificate in health science. Acceptable prerequisite Career and Technical Certificates in health science are:
- ☐ Master's Equivalent Health Science 3
 - ☐ Sixth-Year Equivalent Health Science 4
 - ☐ Specialty Area 4
 - ☐ Specialty Area 5

Occupational Proficiency

- ☐ A photocopy of the applicant's currently valid passing score on the **MASTER LEVEL** ALSDE-approved occupational proficiency assessment (test score, license, or credential) in health science. The occupational proficiency assessment must be the assessment in effect on the date this application is received in the Educator Certification Section and must be met **prior to application submission**.
- NOTE: The Occupational Proficiency requirements are reviewed and updated annually, with changes taking effect July 1st. Applications received after July 1st of each year must meet the current Occupational Proficiency requirements.**

Information about the 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/TECHNICAL CERTIFICATES – Career/Technical Education to Professional Educator Certificate). **Occupational proficiency assessments are subject to change.**

☐	ALSDE-approved occupational proficiency assessment is being submitted.			
Program Area		Grade Level (6-12)	Name of ALSDE-approved Occupational Proficiency Assessment(s)	Date ALSDE approved Occupational Proficiency Assessment(s) Taken and Passed
Health Science		6-12		
Health Science		6-12		

Experience Requirement

- ☐ Supplement EXP, submitted by the school system(s)/non-public school(s) where the applicant was employed, verifying the applicant's two full scholastic years (partial years are not acceptable) of full-time classroom teaching experience within grades 6-12 in health science.
- The experience requirement must be met **prior to** application submission.
 - The applicant must request the school system/non-public school where he/she was employed to complete and submit to the Educator Certification Section a Supplement(s) EXP verifying appropriate experience.

Name: _____

SSN: _____

Coursework Requirement

- ☐ Official transcript of the applicant verifying credit earned, prior to the date the application was received in the Educator Certification Section, for coursework in Strategies for Teaching Special Needs Students in Inclusive Settings, with a grade of "B" or above, at 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.**

Degree Requirement

- ☐ Official transcript(s) of the applicant verifying a bachelor's or higher degree in a healthcare or related area from a senior institution that was regionally accredited at the time the degree was earned. The bachelor's degree must reflect **a minimum overall grade point average (GPA) of at least 2.50 on a 4.0 scale or the master's or higher degree must reflect an overall GPA of at least 3.0 on a 4.0 scale.** An applicant who holds a valid Alabama Professional Educator Certificate or Professional Leadership Certificate is exempt from the GPA requirement.
- The overall GPA must be the GPA that was used as the basis for granting the degree and must be posted on the 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 Section.
 - The Office of Career and Technical Education of the ALSDE must approve the degree in a healthcare-related area.

All credits must be verified on official transcript(s) and submitted to the Educator Certification Section in a sealed envelope from the institution. The applicant's current full name and Social Security number or ALSDE ID must accompany the transcript(s).

Official transcripts may be submitted securely to the Educator Certification Section using one of the following options:

Option 1:

- ☐ Mailed to the Educator Certification Section in a sealed envelope from the institution.

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 Montgomery, AL 36130-2101

Option 2:

- ☐ Submitted securely to the Educator Certification Section through electronic transmission by the National Student Clearinghouse. **Do not select the ETX option.**

Option 3:

- ☐ Submitted securely to the Educator Certification Section through electronic transmission **from the institution** as an electronic PDF, to certtranscripts@alsde.edu.

Transcripts submitted from an individual or a personal/business email account will not be accepted.

Name: _____

SSN: _____

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 Occupational Proficiency requirements are updated annually, with changes taking effect on July 1st each year.
- I understand if my application is received after July 1st, I must meet the current Occupational Proficiency requirements.
- I understand the submission of supporting documents or paying the nonrefundable application fee 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 07/2026).
- 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
- ☐ Receipt verifying online payment of the \$38.00 application fee
- ☐ Required supporting documentation

All documents must be mailed to the following address:

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