

NON- EXAM CERTIFICATION APPLICATION

FOR

APE HIGHER EDUCATION

This application is to be used by persons working in the area of higher education or in Agencies/ Organizations involved in Adapted Physical Education. It also provides a means for demonstrating how you have maintained your currency in the field of Adapted Physical Education. Qualification under the criteria listed in Section 2 of this application indicates that you are exempt from having to take the APENS exam.

Since the field of Adapted Physical Education is growing at an ever increasing pace, your certification will be valid for seven years from the date of certification under this application. You will be required to file a new application for certification seven years hence if you wish to remain a CAPE.

When filling out the application: Please type or print your responses to all sections of the application. It is necessary to provide complete information as requested. It is your responsibility to notify the APENS Committee of any change in the information on this application within 3 days of when that change occurs.

When submitting the application: Please include with this application all materials listed on the enclosed checklist. **The completed application must include the \$100.** Your check or money order should be made payable to APENS. Applications received after the submission deadline will only be processed for the following examination. Forward this application only to the address shown below:

**APENS
Attn. Timothy. D. Davis, Ph.D. CAPE
E224 Park Center
SUNY Cortland
P.O. Box 2000, Cortland, NY 13045**

If you have any questions concerning the various applications or eligibility criteria, please contact the APENS office toll free at 1-888-APENS-EXam (1-888-273-6739). If no one is available to take your call, please leave a detailed message which includes a phone number and the best time to return your call or <mailto:APENS@cortland.edu>

The APENS Committee reserves the right to reject any application that does not meet eligibility criteria as documented in this application.

APENS Nondiscrimination Policy: It is the policy of the APENS Committee and the National Consortium for Physical Education and Recreation for Individuals with Disabilities (NCPERID) to comply with all applicable laws which prohibit discrimination in the employment or service provision because of a person's race, color, religion, gender, age, disability, national origin, or because of any other protected characteristic.

SECTION 1
Personal Information

PLEASE TYPE OR PRINT

Name: _____
Last First MI

Mailing Address: _____
Street Address

City State Zip

School District: _____

Home Phone: _____ Social Security #: _____

Work Phone: _____ Date of Birth: _____

Fax: _____ E-Mail Address: _____

SECTION #2 – Application Options (Non-exam)

There are two options under which an applicant who is or has been a professional in higher education, agencies, and/or organizations can apply for the APENS Certification.

Option #1: Non-tenured Faculty and Professionals

Provide appropriate **verification or documentation of each** of the following:

- A. Major in adapted physical education (minimum of 15 credit hours), and special education or related area in doctoral program. This must be documented with transcripts.
- B. Taught a minimum of 2 years in higher education or public/private school environment in the area of adapted physical education.
- C. Minimum of 9 semester hours of supervising college/university students in practica, internships, and/or student teaching related to the direct instruction of students with disabilities in physical education environments.
- D. and provide a check or money order in the amount of \$100.00 payable to APENS.

Option #2: Tenured Faculty

Provide **verification or documentation of** tenure and/or promotion in higher education and significant adapted physical education teaching responsibilities for the past ten years.

Send a check or money order in the amount of \$100.00 payable to APENS.

Please check the option under which you will apply: ___ **Option #1** or ___ **Option #2**

The APENS Committee reserves the right to reject any application that does not meet eligibility criteria as documented in this application.

Confidentiality Release: (Signing is optional and is not necessary for certification)

I agree that the APENS Committee may release my name and address to individuals and/or organizations for educational and research purposes. By signing this special release, your name and address will be released for mailing lists requested by organizations sponsoring educational programs and conferences or special research studies.

Applicant's Signature

Date

The National Standards for Adapted Physical Education Project was funded by the United States Department of Education, Office of Special Education and Rehabilitation Services, Division of Personnel Preparation: (1992-1997) #HO29K20092. The views expressed are those of the grantee, the University of Virginia. No official endorsement by the U.S. Department of Education is intended or should be inferred.

SECTION 3 - Verification and Notarization

Applicant Affidavit

By signing below, I am indicating that I understand that if I am granted certification, the certification status could be revoked based upon any new evidence of being guilty of the issues in items 1-5 in this affidavit.

By signing below, I am indicating that I have satisfied, or will satisfy, all of the basic requirements of my candidacy in order to be granted certification.

For items 1-5 below check the appropriate response. If you answer yes, please fully describe on a separate sheet and attach to this application, including court date, docket number, copy of relevant court documents, and disposition.

1. Have you ever been convicted of, pleaded guilty to, or pleaded nolo contendere to a felony or misdemeanor which is directly related to public health or education? This includes but is not limited to rape, sexual abuse of a student, actual or threatened use of a weapon of violence; or prohibited sale or distribution of controlled substance, or its possession with intent to distribute. _____ Yes _____ No

2. Have you ever been found guilty of gross or repeated negligence or malpractice in professional work, which includes releasing confidential information of individuals with whom the certificant or applicant has a professional relationship? _____ Yes _____ No

3. Are you now, or have you ever been, impaired by any physical and/or drug condition, or habitual use of alcohol or any other drug or substance to a degree which impairs competent or objective professional performance? _____ Yes _____ No

4. Have you ever been suspended from an academic institution? _____ Yes _____ No

5. Have you provided material misrepresentation or fraud in any statement to the APENS Committee or to the public, including but not limited to, statements made to assist the applicant, certificant, or another apply for, obtain, or retain certification? _____ Yes _____ No

I have completed this application for certification purposes only. I authorize the APENS Committee to communicate any actual or alleged violation of its rules or standards by me, the status of my application, and the pendency and outcome of any matters involving me to its certificants, state and federal authorities, employers, educational programs, insurance companies, and others. I authorize the APENS Committee to request information relevant to this application and my eligibility, certification, recertification and review of certification. I authorize any entity to furnish this information to the APENS Committee. I hereby release, discharge, and exonerate the APENS Committee, its officers, directors, members and any person furnishing documents, records, and other information relating to my eligibility, recertification, or review of certification, from any and all liability of any nature and kind arising out of the furnishing or inspection of all documents, records, or other information and any investigation and evaluation made by the APENS Committee.

State of _____ County of _____ Candidate Signature _____

Sworn and subscribed before me this _____ day of _____, 2_____

My commission expires: _____ Notary Public _____

Section 4: Survey

BIOGRAPHICAL INFORMATION: The following information is needed to assist us in our research efforts. Any data you provide will remain confidential. **Declining to report these items will not affect your eligibility for certification.**

Name (please print): _____
Last First MI

If your school records are under another name (i.e., Maiden Name),

please enter it here: _____

Please check ONLY ONE in each of the following categories:

1. Gender: ___ Male ___ Female

2. In which of the following teaching settings do (did) you carry out your primary professional activities?
 ___ (a) preschool ___ (d) high school ___ (g) community college teaching
 ___ (b) elementary school ___ (e) transition services ___ (h) college/university teaching
 ___ (c) middle school ___ (f) hospital ___ (i) agency or organization

3. What is your current employment status in adapted physical education?
 ___ (a) full-time ___ (b) part-time ___ (c) retired ___ (d) not working in adapted physical education

4. How many years of experience do you have teaching physical education?
 ___ (a) < 2 years ___ (b) 2-5 years ___ (c) 6-10 years ___ (d) > 10 years

5. If you are currently teaching adapted physical education, please indicate your primary professional activity:
 ___ (a) direct service ___ (b) consulting ___ (c) administration
 ___ (d) other (please specify) _____

6. For how many years have you been primarily an adapted physical education teacher?
 ___ (a) < 2 years ___ (b) 2-5 years ___ (c) 6-10 years ___ (d) > 10 years ___ (e) not applicable

7. What is your principal motivation for seeking certification?
 ___ (a) required by employer ___ (b) professionalism ___ (c) state requirements
 ___ (d) to enhance employment opportunities ___ (e) other: _____

8. RACE ___ (W) White (not Hispanic origin)
 ___ (B) African American
 ___ (I) Native American
 ___ (A) Asian or Pacific Islander
 ___ (H) Hispanic
 ___ (O) Other: _____

In order to improve our APENS dissemination efforts, we would like to know how you learned about the examination. Please check one of the following and indicate the name of the person, place, or event below:

___ Professor ___ Employer ___ Co-worker ___ Friend ___ Website

___ Convention ___ College/University ___ Other

Name of source: _____

APENS Certification Application Checklist for Educators in Higher Education, Agencies, & Organizations

Did complete the following items?

- _____ Name, Mailing Address, Phone Number, and Social Security Number (p. 2)
- _____ Indicate under which of the two options you are applying (p. 3)
- _____ Confidentiality Release Signed and Dated (**Optional**) (p. 3)
- _____ Application Affidavit Questions Answered (p. 4)
- _____ Application Signed and Notarized (p. 4)
- _____ Survey (**Optional**) (p. 5)

Did you include the following items?

Option #1:

- _____ Documentation of a major (minimum of 15 credit hours) in adapted physical education, and special education or related area in doctoral program.
- _____ Documentation of a minimum of 2 years teaching adapted physical education in higher education or public/private school environment.
- _____ Documentation of a minimum of 9 semester hours of supervising college/university students in practica, internships, and/or student teaching related to the direct instruction of students with disabilities in physical education environments.
- _____ A check or money order in the amount of \$100.00 payable to APENS.

or Option #2:

- _____ Documentation of tenure and significant contribution to the field of adapted physical education to include service, research, and or teaching for the past seven years.
- _____ A check or money order in the amount of \$100.00 payable to APENS.

Attention:

Failure to complete and include the required items listed above may result in the ineligibility or the withholding of certification until all materials are submitted to the APENS office.