RE-CERTIFICATION (NON EXAM) APPLICATION

FOR

PE/APE PROFESSIONALS (2020-2021)

This form is to be used by Professional Physical Educators who desire RE-certification through the Non-Exam (portfolio) option and who are involved in teaching Adapted Physical Education. Applicants must meet the minimum requirements for this classification to submit their application. These requirements include:

- Minimum of 7 years teaching experience in Physical Education/Adapted Physical Education
- Valid and current teaching license in Physical Education
- Accrue minimum of 15 points under Section 5 of this application

Since the field of Adapted Physical Education is growing, your certification will be valid for 7 years from the date of certification under this application. You will be required to file a new application for certification every 7 years 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 30 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 $250.00 certification fee. Your payment, check or money order should be made payable to APENS. Forward this application only to the address shown below:

APENS
Attn. Timothy D. Davis, Ph.D. CAPE
E1106 Park Center
Department of Physical Education
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 607-753-4969. 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 send an email to: 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 for Individuals with Disabilities (NCPEID) 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

If your school records are under another name (i.e., Maiden Name),
  please enter it here: ____________________________

Mailing Address: ____________________________________________
  Street Address

  ____________________________  ____________________________  ____________________________
  City  State  Zip

Home Phone: ____________________________

Work Phone: ____________________________  Date of Birth: ____________________________

Fax: ____________________________  E–Mail Address: ____________________________

School District: ____________________________________________

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 2
Licensure in Physical Education

Please include a copy of any or all current licenses or certificates you possess to teach physical education in your state. Please note that your teaching certificate must be current and valid. If codes are used to identify content areas, please send a copy of your state codes.

PLEASE TYPE OR PRINT

Are you a certified physical education teacher? _____ Yes   _____ No

If yes, in what state is your current certification? _______________________________________

What other content areas are you certified to teach? ________________________________

The following are not required for certification, however it would help us if you provided the information for research purposes.

Do you have a pre-service emphasis area or minor in adapted physical education? 
_____ Yes   _____ No

If yes, what was the number of course credits in adapted physical education taken?
_____ (a) 3-12   _____ (b) 13-18   _____ (c) 19-24   _____ (d) > 24
SECTION 3
Teaching Experience with Individuals with Disabilities in Physical Education

List below, in chronological order the teaching physical education classes directly to individuals with disabilities. Count only those positions that pertain to providing direct instruction in physical and motor skill development to individuals with disabilities. To qualify under this provision, you must demonstrate a minimum of 7 years teaching experience. If you need more space, please use extra paper and identify it as belonging to this section.

<table>
<thead>
<tr>
<th>School</th>
<th>Responsibilities</th>
<th>No. of years</th>
<th>Supervisor</th>
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SECTION 4
Endorsement of Supervisor/Administrator

This section is to be signed by the supervisor or school administrator who is able to verify information listed in Section 3. Please make an extra copy of this form for each supervisor.

I, ______________________, verify to the best of my knowledge that the information in section 2 of this application is accurate and pertains to providing direct physical education instruction to individuals with disabilities. I verify the applicant has fulfilled or will fulfill the eligibility requirements for certification as set forth by the APENS Committee. I realize the APENS Committee reserves the right to contact me about this information.

Printed name of Supervisor ___________________________ Signature of Supervisor ___________________________

Address of Supervisor ____________________________________________________________ Date ____________

Work Phone ___________________________ Fax Phone ___________________________ E-Mail Address ___________________________
Section 5
Professional APE Experience

In addition to the 10 years of appropriate teaching experience listed above, you must have accrued fifteen (15) points in the following five (5) categories over the past seven (7) years:

<table>
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<th>Category (See definition below)</th>
<th>Number of Points</th>
<th>Maximum Points Allowed</th>
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<tr>
<td>Official</td>
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<td>6</td>
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<tr>
<td>Presentation</td>
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<td>3</td>
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<tr>
<td>Professional Development</td>
<td></td>
<td>9</td>
</tr>
<tr>
<td>Licensure/endorsement</td>
<td></td>
<td>3</td>
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<tr>
<td>Supervisor</td>
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<tr>
<td>Total Points</td>
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<td>23</td>
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**Category, Point Value and Maximum**

1) Elected official or board member of a (1) state or national adapted physical education council or sport organization (to include organizations that directly impact or advocate for persons with disabilities) for a minimum of one (1) year (2 points per year for a maximum of 6 points).

2) Demonstrated presentation or in-service workshop (as a presenter) at state or national levels related to adapted physical education and persons with disabilities (1 point per presentation for a maximum of 3 points).

3) Have taken and successfully passed a 3-credit hour college/university professional development workshop or graduate level course in adapted physical education (3 points per course for a maximum of 9 points) or documentation of attendance at professional development workshop (1 point per documented professional development workshop).

4) Possess a valid adapted physical education state licensure/endorsement which required the successful completion of a minimum of four (4) semester credit courses in adapted physical education (3 points). *Contingent upon the state offering licensure or certification

5) Supervised interns or student teachers in adapted physical education/physical education for a minimum of 200 hours (2 points).

In categories 1-3, up to three experiences can be counted. For example, in taking and successfully passing four adapted physical education classes, three of the four may be counted for a total of nine points from that category. Experiences in categories 4 and 5 may only be counted once.

If you have any questions concerning the various applications or eligibility criteria, please contact Dr. Timothy Davis (607) 753-4969 or e-mail APENS@cortland.edu.
SECTION 6
Academic Preparation

If you are or have been a CAPE and are applying for RE-CERTIFICATION, you need only list those items which have changed since your last application.

An official academic transcript must be submitted with this application for each college or university attended in order to verify and receive credit for education beyond high school (a student copy is acceptable if it is the original student copy from the school and has a university seal). **Photocopied transcripts are not acceptable.** Transcripts must indicate the date of graduation and the degree awarded. All official academic transcripts must accompany the application. A notarized affidavit of academic work may be submitted for special consideration where the college or university attended no longer exists, or in cases when college/university records have been destroyed by fire or other disasters. All academic coursework must be in English or be accompanied by a notarized translation to English. **For those completing their academic preparation, certification will be withheld until proof of graduation is provided.**

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<tr>
<th>College/University</th>
<th>State</th>
<th>Dates Attended</th>
<th>Major</th>
<th>Degree</th>
<th>Date Awarded</th>
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**Adapted Physical Education Coursework.** List only the course or courses below that you feel address the requirement of a survey course in adapted physical education. If the course does not have a title that indicates it as an introduction or survey course in adapted physical education, please attach a course description.

<table>
<thead>
<tr>
<th>Course Prefix</th>
<th>Course Title</th>
<th>University</th>
<th>Course No.</th>
<th>Course Credits</th>
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**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
SECTION 7 - 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, 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 contender” 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 your 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 pendancy 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 Name (print) ______________________________

Candidate Signature __________________________________________

Sworn and subscribed before me this ______ day of ____________, 2_________

My commission expires:_____________ Notary Public ______________________________
Section 8 - 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 any of 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
   - (b) elementary school
   - (c) middle school
   - (d) high school
   - (e) transition services
   - (f) hospital
   - (g) community college teaching
   - (h) college/university teaching
   - (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 becoming a CAPE. 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: ____________________________________________
Did you complete the following items?

_____ Name, Mailing Address, Phone Number

_____ Licensure in the Profession

_____ Teaching Experience

_____ Endorsement

_____ Calculate the number of points of Additional APE Teaching Experience

_____ Academic Preparation

_____ Verification Affidavit Questions Answered

_____ Application Signed and Notarized

Did include the following items?

_____ A check or money order made payable to APENS for $250.00.

_____ A photocopy of all current licenses or certificates

_____ Any extra copies of Supervisor/Administrator Endorsements

_____ Official academic transcripts

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

Sponsored by
The National Consortium for Physical Education and Individuals with Disabilities
APENS Chairman, Timothy D. Davis, Ph.D. CAPE
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