

Adapted Physical Education National Standards (APENS) Exam Application (2021-2022)

The following information outlines the examination and certification applications and process.

- **The APENS exam is now available ONLINE. In order to receive a login and pass code all sections of BOTH Part 1 and Part 2 of the application MUST be completed and submitted to the APENS office.**
- **Both Part 1 and Part 2 along with individual sections for each are included in this application.**

Part One (Examination Application – 3 sections). This document (part one) requests basic information necessary to sit for the examination, including online exam requirements; personal and biographical information; and the application and examination terms.

Part Two (Certification Application – 5 sections). This document requests the remainder of the information needed to receive the CAPE certificate after passing the APENS National Exam. You will NOT receive your CAPE certification unless your application is completed even if you have passed the exam. Outstanding or missing file information is the responsibility of the applicant. Applicants will have up to one calendar year to complete file to then earn and receive the CAPE certificate. The materials needed to complete and APENS CAPE file are documentation of the following:

- ⦿ A copy of current teaching license or certificate to teach physical education in the state you work and live;
- ⦿ verification of 200 hours teaching experience and/or practicum hours providing direct instruction in physical education to individuals with disabilities;
- ⦿ the endorsement of a supervisor or administrator;
- ⦿ academic preparation information (including copy of transcripts); and
- ⦿ signature verification **and notarization** of the application.

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 email to APENS@cortland.edu

Sponsored by

The National Consortium for Physical Education and Individuals with Disabilities

APENS Chairman, Timothy D. Davis, Ph.D. CAPE

1124 Park Center, SUNY Cortland, Box 2000, Cortland, NY 13045

Call 607-753-4969 Website: www.APENS.org Email: apens@cortland.edu

PART 1 - (3 sections)

EXAM APPLICATION

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. **Incomplete information may result in ineligibility to sit for the examination or withholding of the exam score and or CAPE certificate.** It is your responsibility to notify the APENS Committee of any changes in the information on this application within 30 days of when that change occurs.

Reminder: Upon passing the APENS exam and in order for you to receive the CAPE certificate, you will need to submit the following information including ALL sections of Part 2 of the application which includes:

- a copy of current teaching certification in physical education
- verification of at least 200 hours of experience teaching physical education directly to individuals with disabilities,
- copy of official transcripts from each college/university attended.
- Part One and Part Two may be submitted simultaneously

When submitting Part 1 and Part 2 of the application: Please include all materials listed on the checklist. **The completed application must include the \$250.00 examination fee.** Your payment, check or money order should be made payable to APENS. Forward this application only to the address shown below:

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 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.

**APENS
Attn. Timothy D. Davis, Ph.D. CAPE
1124 Park Center
Department of Physical Education
SUNY Cortland
P.O. Box 2000
Cortland, NY 13045**

SECTION 1 - Personal Information

PLEASE TYPE OR PRINT

IDENTITY

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: _____

School District: _____

Home Phone: _____

Work Phone: _____ Date of Birth: _____

Fax: _____

E-Mail Address: _____

Are you requesting special arrangements due to a physical or cognitive impairment or religious reasons? Yes No

If yes, APENS policy is that: Any individual who has a physical or cognitive impairment or limitation that prevents him/her from taking the test under standard conditions may request special testing arrangements. The types of accommodations that may be provided include large print, a person to read and/or mark the answer sheet, extended time, and/or a separate testing room. **Documentation from a physician or appropriate authority is required to confirm your special needs and testing adaptation request.** This documentation should be sent with your application and other supporting documents to the APENS office.

When submitting application/registration forms, include a separate letter describing:

a) your requested accommodation and b) supporting materials to include all pertinent information. After reviewing requests, the APENS Chair will send a letter confirming any accommodations. There are no additional charges for specific accommodations.

SECTION 2 - Application and Examination Terms

THIS SECTION MUST BE SIGNED IN ORDER FOR YOUR APPLICATION TO BE PROCESSED

I hereby authorize the APENS Committee, the NCPEID and their officers, directors, committee members, employees, and agents to review my application to sit for the APENS certification examination.

I authorize the proctors at my assigned test site to maintain a secure and proper test administration in their discretion. I acknowledge that in this capacity the proctors may relocate me before or during the examination. I will not communicate with other examiners in any way during the examination.

If I do anything which is not authorized or which is prohibited by the APENS Committee or NCPEID in connection with any APENS examination, I understand that my examination performance may be voided, and such activity may be the subject of legal action. In a case where my examination performance is voided, I will not receive a refund of the application fee, there will be no credit for any future examination, and such activity may be cause for review under or subject to other legal action.

I understand that the APENS Committee reserves the right to refuse the APENS examination (online or in person) if I do not have the proper identification (authorization letter and photo ID), or if administration has begun. If I am refused access to the exam for any of these reasons or fail to comply with any of the online test protocol as prescribed by the Respondus Lockdown Browser on BlackBoard, I will receive no refund of the application fee and/or exam fee and there will be no credit for future examinations. I understand that I may only seek online access (APENS login/password) to sit for the APENS examination for the purpose of seeking the APENS/CAPE certification, and for no other purpose. I will not disclose any information regarding the content of the examination, test questions, or test materials.

I understand that the review of the adequacy of examination materials will be limited to computing any scoring correction. I waive all further claims of examination review and agree to indemnify and hold harmless the above designated parties for any action taken pursuant to the rules and standards of the APENS Committee with regard to this application and/or the APENS examination.

By signing, I acknowledge that I have read and understand this information, and agree to abide by these terms.

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: 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 to earn the CAPE 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:

EXAM APPLICATION CHECKLIST **(Part One – 3 sections)**

Did you complete the following items?

Name, Mailing Address, Phone Number

Indicate if special accommodations are required to take the exam

Sign and date your application

Complete the survey - optional

Did include the following?

A check or money order made payable to APENS for the **\$250.00 certification fee**

Send your application to the address shown below.

**APENS
Timothy D. Davis, Ph.D. CAPE
1124 Park Center
Department of Physical Education
SUNY Cortland
PO Box 2000, Cortland, NY 13045**

PART TWO (5 sections)

CERTIFICATION APPLICATION

Name (please print):

Last

First

MI

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

This application and subsequent requested materials are REQUIRED to receive the CAPE certificate even if you have already taken and passed the APENS exam. The Certified Adapted Physical Educator (CAPE) certificate will only be mailed to you if the materials requested herein are submitted to the APENS office.

This application (Part 2) can be submitted at the same time as Part 1, and or prior to taking the APENS examination.

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. Please attach additional sheets to the application as needed. 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. Forward this application to the following address only:

**APENS
Timothy D. Davis, Ph.D. CAPE
1124 Park Center
Department of Physical Education
SUNY Cortland
Box 2000, Cortland, NY 13045**

For further information call (607) 753-4969 email us at apens@cortland.edu or visit our website at www.apens.org

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

SECTION 1 - Licensure in the Profession

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 valid.** If codes are used to identify content areas, please send a copy of your state codes. If you will be certified within a 6-month period, you can apply to become a CAPE. However, your certification will not be released until the appropriate documentation is submitted to the APENS Committee.

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) 12-18 (c) 19-24 (d) > 24

SECTION 2

Teaching Experience and/or Practica Hours in Physical Education with Individuals with Disabilities

List below, in chronological order, the teaching experiences and/or practica hours teaching physical education classes **directly to individuals with disabilities**. Count only those hours that pertain to providing **direct instruction in physical and motor skill development to individuals with disabilities**. **Please document 200 hours** (attach additional sheets as needed).

Type of Site	Responsibilities	Estimated Hours Worked	Supervisor
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SECTION 3 - 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.

Print this page – sign by and send to APENS Office

I, _____, verify that (Name of Candidate _____) 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 4 - Academic Preparation

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). Electronic transcripts may be sent DIRECTLY to the APENS email at APENS@cortland.edu **Photocopied or altered 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.**

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

College/ University	State	Dates Attended	Major	Degree	Date Awarded
		to			
		to			
		to			
		to			

Adapted Physical Education Coursework (12 credits required! See eligibility criteria). 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.

Course Prefix	Course Title	University	Course No.	Course Credits

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 5 - Verification and Notarization
Applicant Affidavit

Print this page – sign by Notary and send to APENS Office

By signing below, I (Candidate Signature: _____)
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 and will not disclose any information regarding the content
of the examination, test questions, or test materials. 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 (print)
Candidate Signature _____

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

My commission expires: _____ Notary Public

APENS EXAM APPLICATION CHECKLIST (Part Two)

Did you complete the following items?

Teaching License or Certification Information

Documentation of at least 200 teaching and/or practicum hours providing direct instruction in physical and motor skill development to individuals with disabilities

Supervisor/Administrator Information and Signature

Academic Preparation Information (min. of 12 Credit Hours in APE see eligibility criteria)

Adapted Physical Education Coursework Information

Application Affidavit Questions Answered

Application Notarized

Did you include the following items?

A copy of your Current Teaching License or Certification in Physical Education

An Official/Electronic Transcript from Each College/University Attended

Attention:

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