

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
1124 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 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.

School	Responsibilities	No. of years	Supervisor

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:

Category (See definition below)	Number of Points	Maximum Points Allowed
Official		6
Presentation		3
Professional Development		9
Licensure/endorsement		3
Supervisor	_____	2
Total Points		23

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.**

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

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.

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

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 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 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 ___ (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 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:

Re-Certification/Non-EXAM Application Checklist for PE/APE Professionals

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

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

Call 607 753 4969 Website: www.cortland.edu/apens Email: apens@cortland.edu