January, 2011

APENS National Certification Exam
Eligibility Criteria and Review Procedures

Candidates applying for the national CAPE certification must meet the following criteria established by the APENS Board of Directors and supported by the APAC/AAPAR *Highly Qualified Adapted Physical Education Teacher* Position Paper. There are three options available for Adapted Physical Educators/Physical Educators, persons in Higher Education and professionals (directors of Special Olympics, sport programs, etc.) who work with individuals with disabilities in physical activity/education to become CAPE certified.

**Option 1:** Sit for the APENS exam.

Candidates must meet the following minimum criteria to be eligible to sit for the APENS exam.

1. Bachelor's degree with a major in Physical Education or equivalent (e.g., Sport Science, Kinesiology, etc.).
2. A minimum of *twelve* semester hours (credits) specifically addressing the educational needs of individuals with disabilities. It is required that nine semester hours (credits) be specific to the area of adapted physical education or meet the following criteria:
   A. Satisfactory completion of a minimum of 9 credits in APE coursework and 3 credits of coursework from a related field (e.g. special education, speech, OT, PT, recreation, psychology) as documented with official college/university transcripts.
   B. Satisfactory completion of a minimum of 6 credits in APE coursework and 3 credits in coursework from a related field as documented with official college/university transcripts; and up to 3 credits awarded for professional experience teaching APE as documented in writing from a local education agency.
      o Note: Up to 3 credits can be awarded with documented years experience teaching APE. The following formula would apply and must be documented in writing from a local education agency. For every two years of full-time teaching in APE, 1 credit of requirement can be earned/awarded. The total amount of professional experience teaching APE that can be applied to the 12 credit eligibility is 3 credits (i.e., acknowledgment of up to 6 years of teaching experience in APE).
3. A minimum of 200 hours of documented experience providing physical education instruction to individuals with disabilities.
4. A current valid teaching certificate in physical education.
   *Evidence of coursework must relate to physical activity and students with disabilities as set forth by state and/or national standards for professional preparation in adapted physical education. The National Consortium for Physical Education and Recreation for Individuals with Disabilities (NCPERID) and the Adapted Physical Activity Council (APAC) believe that coursework in adapted physical education should provide evidence of competency in the following areas:
     a. Disability studies
     b. Motor assessment of individuals with disabilities
     c. Report writing
     d. Special education law
     e. Development of individualized education programs (IEP)
     f. Adaptations and modifications for physical education
     g. Behavior management
     h. Collaboration and consultation skills
     i. Advocacy skills
     j. Instructional design and planning
     k. Individual teaching and learning styles
     l. Inclusion practices
     m. Community and family resources
     n. Professional leadership
     o. Assistive technology for physical education

**Review Procedures**
The aforementioned criteria shall be reviewed by the APENS standing committee members. Results of their review will be sent to the APENS administrative office who will report the findings in letter format to the candidate to determine eligibility to sit for the APENS exam.

Where necessary, it will be up to the APENS standing committee members to request additional information (e.g. course syllabus, title of text book used, etc.) in order to meet the 12 credit criteria.

**Option 2:** Non Exam Option (Physical/Adapted Physical Educators with more than 10 years experience)

**Option 3:** Non Exam Option (Professionals and Higher Education Faculty)
Adapted Physical Education National Standards (APENS) Exam Application

The following documents are the examination and certification applications to become a CAPE. Deadlines based on where you would like to take the examination can be found on our website http://www.apens.org under APENS Exam Dates and Places or under Frequently Asked Questions.

Dividing the application process makes it easier for individuals to complete the process necessary to take the examination. Individuals may wait until receiving their examination results before submitting Part Two, or submit both Part One and Part Two together, prior to the examination. Both parts are included in this application.

Part One (Examination Application) requests basic information necessary to sit for the examination, including test site choices; personal and biographical information; and the application and examination terms.

Part Two (Certification Application) consists of the remainder of the application process, which is necessary in order to receive certification after passing the examination. This requires:
- a current license or certificate to teach physical education;
- verification of 200 hours teaching experience and/or practical hours providing direct instruction in physical education to individuals with disabilities;
- the endorsement of a supervisor or administrator;
- academic preparation information (including official transcripts); and
- verification and notarization of the application.

If you have any questions concerning the various applications or eligibility criteria, please contact the APENS office at (607) 753-5422 or (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 mailto:APENS@cortland.edu
PART 1
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 scores. 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.

Reminder: Upon passing the examination, you will need to submit additional information to receive certification, including: part two of the application, 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, and official transcripts from each college/university attended. Part One and Part Two may be submitted simultaneously, if desired.

When submitting the application: Please include with this application all materials listed on the enclosed checklist. The completed application must include the $150.00 examination fee. 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:

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.

APENS
Attn. Timothy. D. Davis, Ph.D. CAPE
E224 Park Center
SUNY Cortland
P.O. Box 2000
Cortland, NY 13045
SECTION 1 - Personal Information

PLEASE TYPE OR PRINT

SITE SELECTION (See enclosure entitled “Potential APENS Examination Sites”)

My site choices are (enter the test site name):

a. ________________________  b. ________________________   c. ________________________

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: ________________________    Fax: ________________________

Work Phone: ________________________    Date of Birth: ________________

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 mailed with your test registration form to the APENS office.

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

a) your disability or special need and b) the adaptations being requested

If religious beliefs prohibit an individual from taking the examination on a Saturday, an alternate day may be requested. The application must be accompanied by a letter of confirmation from the individual’s clergy. After reviewing requests, the testing coordinator will send a letter confirming any special arrangements. There are no charges for these special arrangements.
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 NCPERID 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 NCPERID 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 admission to any APENS examination if I do not have the proper identification (authorization letter and photo ID), or if administration has begun. If I am refused admission for any of these reasons or fail to appear at the test site, I will receive no refund of the application fee or examination fee and there will be no credit for future examinations. I understand that I may only seek admission to sit for the APENS examination for the purpose of seeking APENS 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 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: __________________________________________

5
Potential APENS Examination Sites

The following is a list of sites used for the administration of past APENS examinations. Generally, if the closest site offered requires longer than a 2-hour drive for the candidate, the committee will attempt to locate a closer, more reasonable site. If you would like to request a site other than those listed below, please write the name of the nearest college or university with an adapted physical education program in the "Site Selection" section on page 1 of your application. If possible, include the name and number of a contact person for that site.

**AAHPERD Convention**

**ALASKA**
University of Alaska - Anchorage

**ARIZONA**
Arizona State University

**CALIFORNIA**
California State University, Chico
California State University, L.A.
California State University, Northridge
California State University, Long Beach
California State University, San Bernardino
California State University, San Jose
San Francisco State University
Humboldt State University
Fresno State University
Cal Poly Pomona

**COLORADO**
University of Northern Colorado

**CONNECTICUT**
Bridgewater State College

**FLORIDA**
Palm Beach County
University of Florida

**GEORGIA**
University of Georgia
Kennesaw State College
Augusta College

**HAWAII**
Chaminade University of Honolulu

**IDAHO**
Idaho State University

**ILLINOIS**
Northern Illinois University
Illinois State University
Western Illinois University
Southern Illinois University Edwardsville

**INDIANA**
Ball State University
Indiana University
Indiana - Purdue University Indianapolis

**IOWA**
University of Northern Iowa

**KENTUCKY**
University of Kentucky

**LOUISIANA**
Louisiana Tech University

**MAINE**
University of Maine

**MARYLAND**
University of Maryland
Coppin State College

**MASSACHUSETTS**
Bridgewater State College
MICHIGAN
Eastern Michigan University
Michigan State University

MINNESOTA
University of Minnesota
Mankato State University
St Cloud State University

NEBRASKA
University of Nebraska - Omaha
University of Nebraska - Kearney

NEVADA
University of Nevada- Reno
University of Nevada - Las Vegas

NEW HAMPSHIRE
University of New Hampshire

NEW MEXICO
University of New Mexico

NEW YORK
Ithaca College
SUNY Brockport
SUNY Cortland
Manhattan College
Adelphi University

NORTH CAROLINA
East Carolina University
North Carolina Central University
University of North Carolina

NORTH DAKOTA
University of North Dakota

OHIO
University of Akron
Wright State University
Ohio State University
Cleveland State University

OKLAHOMA
University of Central Oklahoma

OREGON
Oregon State University

PENNSYLVANIA
West Chester University
Slippery Rock University

SOUTH DAKOTA
Black Hill State College
Northern State University (Aberdeen)

TENNESSEE
University of Tennessee
Middle Tennessee State University

TEXAS
Sam Houston State University
Texas Christian University
Texas A&M University
Texas A&M Corpus Christi
University of Texas
Texas Woman's University

UTAH
University of Utah

VIRGINIA
University of Virginia

WASHINGTON
Washington State University

WASHINGTON DC
AAHPERD Headquarters

WISCONSIN
University of Wisconsin, La Crosse

WYOMING
University of Wyoming, Laramie
EXAM APPLICATION CHECKLIST  
(Part One)

Did you complete the following items?

_____ Indicate your preferences as to where you wish to sit the exam (p. 3)

_____ Name, Mailing Address, Phone Number, and Social Security Number (p. 3)

_____ Indicate if special arrangements are required to take the exam (p. 3)

_____ Sign and date your application (p.4)

_____ Complete the survey - optional (p. 5)

Did include the following?

_____ A check or money order made payable to APENS for the $150.00 application fee

Send your application to the address shown below.

APENS  
Timothy D. Davis, Ph.D. CAPE  
E224 Park Center, SUNY Cortland,  
Box 2000, Cortland, NY 13045
PART TWO
CERTIFICATION APPLICATION

This application is designed for those who have passed the APENS Examination and are now submitting the appropriate information to become a Certified Adapted Physical Educator (CAPE). This application can be submitted with Part One, prior to taking the examination, if desired.

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 3 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
E224 Park Center, SUNY Cortland,
Box 2000, Cortland, NY 13045

For further information call at (607) 753-5422 or (607) 753-4969
e-mail us at apens@cortland.edu
or visit our website at www.apens.org

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.

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 photocopy 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).

<table>
<thead>
<tr>
<th>Type of Site</th>
<th>Responsibilities</th>
<th>Estimated Hours Worked</th>
<th>Supervisor</th>
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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.

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 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). 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.

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.

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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 ___________________________

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

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 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 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 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?

_____ License or Certification Information (p. 10)

_____ Documentation of at least 200 teaching and/or practicum hours providing direct instruction in physical and motor skill development to individuals with disabilities (p. 10)

_____ Supervisor/Administrator Information and Signature (p. 11)

_____ Academic Preparation Information (p. 12)

_____ Adapted Physical Education Coursework Information (p. 12)

_____ Application Affidavit Questions Answered (p. 13)

_____ Application Notarized (p. 13)

Did you include the following items?

_____ A copy of your Current Teaching License or Certification in Physical Education (p. 10)

_____ An Official Transcript from Each College/University Attended (p. 12)

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