

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>

Sponsored by

The National Consortium for Physical Education and Recreation for Individuals with Disabilities

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

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

Call at (607) 753-5422 or (607) 753-4969 Website: www.apens.org

Email: 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 \$100.00 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: _____ Social Security #: _____

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 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: _____

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 \$100.00 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

Name (please print): _____
Last First MI

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

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 1 at (607) 753-5422 or (607) 753-4969

email 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).

Type of Site	Responsibilities	Estimated Hours Worked	Supervisor
--------------	------------------	------------------------	------------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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.

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

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 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 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.