

LSUA Department of Education
 Certification-Only Alternate Path Program Grades K - 12
 Health and Physical Education
Application for Admission

Applicant Information	
Name:	PCID#:
Phone:	Email:
Highest degree earned:	Institution conferring degree:
Requirements for Admission	
<div style="margin-bottom: 10px;"> _____ 2.5+ GPA _____ Entry disposition (if not teaching) _____ Background check (if not teaching) _____ Admission application _____ Liability insurance _____ LiveText subscription _____ Confidentiality agreement _____ Unofficial transcripts </div> <div> Pre-Block courses completed PSYC 2060 – Education Psychology EDCI 2700 – Characteristics of Exceptional Children EDCI 3800 – Meeting Diverse Needs in Today’s Classroom KINS 2600 – Methods and Materials in Health and Physical Education for the Elementary School KINS 3600 - Methods and Materials in Health and Physical Education for the Middle and High School </div>	<div> PRAXIS I: Core _____ Reading 5712 (156 required) and _____ Writing 5722 (162 required) and _____ Math 5732 (150 required) or _____ 22+ ACT composite score or _____ 1030+ SAT combined verbal/math score or _____ Master’s Exemption </div> <div style="margin-top: 10px;"> A composite ACT score of 22+, a combined verbal/math SAT score of 1030+, or a Master’s degree will substitute for PRAXIS I. </div> <div> PRAXIS II: Content Knowledge _____ Health and Physical Education 5857 (160 required) </div>
Questionnaire (if a felony record is found, you will not be admitted to the program)	
Have you ever been refused admission or dropped from a teacher education or other degree program at this or any other college or university?	
Have you ever been convicted of a felony?	
Are you presently charged with or under indictment for a felony?	
Have you ever been committed to a correctional institution?	
Have you ever had a professional license revoked or denied?	
Signature of Applicant	
I have read this application and the information given is correct and complete to the best of my knowledge. If any information on this form changes while I am pursuing my certificate, I will report this change to the Education Department immediately.	
	Date:
Signature of Advisor	
	Date:
Department Comments	
Application accepted _____ Application Denied _____ Semester of Admission _____	