

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	
<p>_____ 2.5+ GPA</p> <p>_____ Entry disposition (if not teaching)</p> <p>_____ Background check (if not teaching)</p> <p>_____ Admission application</p> <p>_____ Liability insurance</p> <p>_____ LiveText subscription</p> <p>_____ Confidentiality agreement</p> <p>_____ Unofficial transcripts</p> <p>Pre-Block courses completed</p> <p>PSYC 2060 – Education Psychology</p> <p>EDCI 2700 – Characteristics of Exceptional Children</p> <p>EDCI 3800 – Meeting Diverse Needs in Today’s Classroom</p> <p>KINS 2600 – Methods and Materials in Health and Physical Education for the Elementary School</p> <p>KINS 3600 - Methods and Materials in Health and Physical Education for the Middle and High School</p>	<p>PRAXIS I: Core</p> <p>_____ Reading 5712 (156 required) and</p> <p>_____ Writing 5722 (162 required) and</p> <p>_____ Math 5732 (150 required) or</p> <p>_____ 22+ ACT composite score or</p> <p>_____ 1030+ SAT combined verbal/math score or</p> <p>_____ Master’s Exemption</p> <p>A composite ACT score of 22+, a combined verbal/math SAT score of 1030+, or a Master’s degree will substitute for PRAXIS I.</p> <p>PRAXIS II: Content Knowledge</p> <p>_____ Health and Physical Education 5857 (160 required)</p>
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 _____	