



Approved Program Verification Form

Colorado

This form is for the following INITIAL applications only: Teacher, Special Service Provider, Principal or Administrator.

To Be Completed by the Applicant: Complete all fields in the top portion of this form only; forward it to your college, university or program representative for approval and signature; upload the completed form into your application prior to submission.

Select the type of license for which you are applying: (Choose only ONE type)

Teacher Special Services Provider Principal Administrator

Last Name* First Name* Middle Initial Date of Birth*

List any Previous Names Used* Contact Daytime Phone* Email Address*

(None)*

Mailing Street Address* City* State* Zip*

Social Security Number* (last 4) College/University ID Number (leave blank if none or unknown)

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* I completed: a Colorado **traditional** preparation program a Colorado **alternative** preparation program.

To be completed by the Colorado College/University Dean, Certification Officer or Alternative Program:

Please complete the bottom portion of this form in its entirety and return it to the candidate named above for inclusion in an application for a Colorado educator license.

1 I verify that the individual above completed a state-approved educator preparation program on: _____ Date _____

Ex: elementary education, social studies, principal, etc.

in the following endorsement area(s): _____

Ex: K-6, 7-12, ages birth through 8, etc.

for the following grade-/age-level(s): _____

* This program is approved as meeting Colorado state English Learner standards: yes no *

2 I verify that the individual above has met the following requirements of the approved preparation program:

- Has satisfactorily completed the Colorado state board-approved assessments required for program completion or licensure in the state of Colorado
- Has completed student teaching, internship and/or practicum in the grade/developmental level and endorsement/specialization area(s) sought
- Has fulfilled all requirements necessary for program completion

Yes No If you are not able to verify the above, please indicate the reasons and list any remaining requirements:

College, University or Alternative Program Name Phone Number

Street Address City State Zip*

Name (please print) Title

Signature Contact email address Date