

# How to Complete the Statement of Assurance (SOA)

**Step 1:**  
Complete the **Applicant/Candidate** section (green section). This is to be completed by the ASPIRE candidate. Be sure to complete all the fields with \*

## Statement of Assurance - Alternative Teacher Preparation Participation

**Attention Candidates:** Upon receipt of this completed form, CDE will issue you an alternative teacher license which will allow you to serve as the teacher of record only while you are actively participating in an approved Colorado alternative preparation program.

- Complete the "Applicant" section (green) immediately below; then forward this form **first** to your school/district and **then** to your alternative preparation program/designated agency for completion.
- When both the school/district and program have completed their portions, initial the statements in the "applicant" section (green) at the bottom and sign and date the form. *Forms with incomplete sections will not be processed and will be returned for completion, delaying the issuance of an alternative license.*
- Then, login to your eLicensing account and upload this form to your application.

### To Be Completed by the Applicant/Candidate

Last Name*	First Name*	Middle Name	Date of Birth*
Previous Names Used*		Email Address*	
<input type="checkbox"/> None			
Mailing Street Address*		City*	State* Zip*

### Employing School/District (complete and sign this section and return form to the applicant)

This is to certify that the individual named above has received a teaching agreement/contract as an alternative teacher in the following school/school district, accredited non-public school or Board of Cooperative Services.

School/District Name	School/District Phone
School/District Address	City State Zip
Applicant's Placement Content Area <b>Select one</b>	credential type <b>Select</b>
Applicant's Agreement Period* (mm/dd/yyyy) to (mm/dd/yyyy)	Online school? <b>Select</b>

### Authorized School/School District Representative Completing Form

Authorized School/School District Representative's Name (printed or typed)	Title
Signature of Authorized Representative	Date Contact email address

### Designated Agency/Alternative Program (complete and sign this section and return form to the applicant)

The applicant is placed in a classroom that corresponds to the approved endorsement and grade area: **Select**

The applicant is enrolled in the following alternative teacher preparation program\*: (choose one) **Select**

Applicant's Enrollment Period: (mm/dd/yyyy) to (mm/dd/yyyy) credential type **Select**

### Authorized Program Representative Completing Form

Designated Agency Name	Name of Approved Representative (printed)	Contact Phone Number
<b>Select</b>		
Signature	Date	Contact email address

### To Be Initialed and Signed by the Applicant **After** Form Is Complete

I certify under penalty of perjury that: (initial each statement)

(1) I am employed as a teacher of record in the content area and school/district indicated above;

(2) I am enrolled in the Colorado-approved alternative education program indicated above;

(3) I understand that an alternative teacher license issued to me based on this statement is valid only as long as I am employed in this school/district and enrolled and actively participating in the alternative program specified; and

(4) I understand that should this employment be severed and/or my participation in the program cease, the program will notify CDE of this change of status and my alternative license will be expired immediately.

Applicant's Signature **X** Date

**Step 2:**  
Email your SOA to school HR department to complete the **Employing School/District** section (gray section).

**Step 3:**  
Upload your SOA to the application. **The Designated Agency/Alternative Program** is to be completed by ASPIRE to Teach.

**Step 4:**  
Candidate/Applicant completes the **To Be Initialed and Signed by the Applicant **After** Form is Complete** at the end. This section must be initial, signed, and dated prior to uploading it to the CDE Alternative Teacher application.

## Additional Information

### **Applicant/Candidate Section:**

- The Statement of Assurance (SOA) is for the Colorado Department of Education (state licensing agency).
- Your name must match your government-issued documents.

### **Employing School/School District Section:**

- **Content Area:** Select one content area from the list of the CDE's [eligible endorsement areas](#)
- **Credential Type:** Inform your HR which credential type you meet the requirements for:
  - **Alternative License** - Passing PRAXIS scores or Approved CDE Transcript Review depending on the endorsement.
  - **Interim Authorization** - Non-passing PRAXIS scores or receipt of scheduled PRAXIS exam.
    - Note: The Interim Authorization credential option is only for ECE, Elementary, SPED, Added SPED, or Added ECSE. All other endorsement areas must meet the requirements for the Alternative License.
- **Applicant Agreement Period:** Must be within the current school year dates and must have a specific end date (e.g., mm/dd/2027).
- **Online School:** Is this an online school? Yes or No.

### **Designated Agency/Alternative Program Section:**

- ASPIRE will complete this section once the candidate has finished the ASPIRE application and enrollment packet steps.

### **To Be Initialed and Signed by the Applicant After Form is Complete Section:**

- This section must be completed after you receive your signed Statement of Assurance from the ASPIRE Program.
- Please initial each statement, then sign and date this section before uploading it to your CDE Alternative Teacher application.

Email questions to: [ASPIRE@ucdenver.edu](mailto:ASPIRE@ucdenver.edu).