



Change of Status form *for adjunct, apprenticeship, emergency and TEE authorizations and alternative licenses*

Forward this completed form to CDE to notify us of a change in a candidate's employment and/or enrollment.

Important note for alternative teacher candidates: If a CTE authorization was issued contingent on the candidate's alternative teacher license, both the authorization and license will be voided should the candidate cease alternative preparation participation.

by Email

Email completed form to: klein_t@cde.state.co.us when candidate has resigned position and program; provide to candidate to include in a subsequent application if changing districts, content area or program

questions

General questions: Call 720.739.3304

Candidate's Information

* Required

Last Name*

First Name*

Middle Name*

Date of Birth*

/ /

Status Change / Reason for Change in Status

Choose one:*

Effective date:*

☐ Ceased participation in preparation program: ____ Resigned ____ Terminated

/ /

☐ Ceased employment: ____ Resigned ____ Terminated

☐ Has changed placement** to:

**candidate may be required to apply for a new credential

(Name of new school/District/BOCES/Charter school)

☐ Other: (please specify, e.g., credential no longer needed/applicable, candidate has moved to another district, candidate pursuing other content area, etc.)

Designated Agency / Institution of Higher Education / School District / BOCES

* Required

Representative's name*

Title*

Email address*

Phone*

Representative signature*

Date*