



eLicensing Verification Access - Educator Preparation Program Agreement

EPP

Master Agreement / EPP Access Request

Each Colorado traditional educator preparation program may request access to the CDE's eLicensing system, specifically for the purpose of checking for criminal history information relating to student teachers currently enrolled in their program, pursuant to § 22-2-119.3 C.R.S.

This agreement must be completed and requested by the Certification/Licensure Officer that oversees the educator preparation program at one of the Colorado universities. If that Certification/Licensure Officer elects to add additional users, they will complete this form with the approval of the Licensure/Certification Officer. A new agreement must be completed anytime the signatory listed below changes or upon renewal. A valid agreement must be in place before access is granted.

Instructions: All requests for access must be applied for via the eLicensing system in each requestor's unique account. Upload your completed form into your application. No requests are accepted via email or the mail. For more detail, please visit http://www.cde.state.co.us/cdeprof/districthrs.

Please PRINT Requestor - to be known herein as an EPP *Required Field

Are you the Certification/Licensing Officer in charge of your university's educator preparation program? Yes, I understand that I am the sole Licensing Coordinator No, please have the Certification/Licensure Officer sign below authorizing you as an additional EPP user for your university

As the Certification/Licensing Officer, I do hereby request the below requester to be granted EPP eLicensing Verification Access. Signature Date The date should not be older than 60 days from the date in which the EPP applies for eLicensing Verification Access. Otherwise, please execute a new form.

Form fields for personal information: Last Name, First Name, Title, Email Address, Contact Phone, Name of University, University Mailing Street Address, City, State (CO), Zip.

This agreement is between the Colorado Department of Education, Educator Licensing Unit (CDE) and the above listed EPP for direct access to CDE's eLicensing system. The purpose is to specify the standards and responsibilities of both the CDE and/or the EPP in the operation and use of the eLicensing system. Access is not guaranteed and is solely at the discretion of CDE. Initial next to each of the following line items.

- A The EPP agrees that CDE will only provide access to information contained within the eLicensing system as authorized pursuant to §22-2-119.3 C.R.S.
B The educator preparation program agrees to appoint a single Licensing Coordinator (LC) that will act as the liaison between the university and CDE.
C The university agrees that the EPP is an employee of the university and is not a university student, an employee of a school district, private school, designated agency, or any other third party agency/employee.
D The EPP understands that the student teacher in their educator preparation program must submit to CDE a Field Experience Fingerprint form using their university issued student identification number.
E The EPP agrees that access into eLicensing is for official business use only and understands that any unauthorized use is strictly prohibited.
F The EPP understands that CDE is NOT conducting any background checks for any fingerprints received under the student teacher statute and that placement of student teachers is solely at the discretion of the university and/or the school district/charter school.
G The EPP agrees that none of the information that is obtained from within the eLicensing system shall be released to anyone as CDE is the official records custodian and such records are confidential and may not be subject to CORA.
H The EPP understands that any user to the system must have their own eLicensing account and apply individually for any access.
I The EPP understands that this access expires annually on your birthday. To renew, complete this form and submit a new application via your eLicensing account.

Signature

Do you hold, or have you ever held, a credential with CDE? No Yes, please enter a personal email address here: This information is necessary as CDE may need to create a secondary account for you as this access cannot be part of your personal eLicensing account. You will be emailed if this occurs. As the EPP, I have initialed items A-I (above) and agree to abide by the terms of this agreement. Signature Date The date should not be older than 60 days from the date in which the EPP applies for eLicensing Verification Access. Otherwise, please execute a new form.

For any questions regarding this process or any future questions regarding background checks, please email us at CDElicensingBackgroundUnit@cde.state.co.us or by phone at 303.866.6966.