



Exchange Educator Interim Authorization Verification Form

This form must be completed for individuals applying for an Exchange Educator Interim Authorization.

The Exchange Educator Interim Authorization is valid only in the school district/BOCES in which the individual applied.

DIRECTIONS

Applicant: Complete the "Applicant" section, then forward to the "Employer" for completion and authorized signature. When the form has been completed and signed, upload this completed form into your application BEFORE you submit your application. This form must be uploaded into your application; do not mail this form to CDE.

Employer: Complete the "Employer" section in its entirety. If not completely filled out, the authorization cannot be granted to the applicant.

For the purposes of this form, the term "Employer" can encompass public school district or BOCES or a charter school.

To be completed by the Applicant. Please PRINT. \* Required Field by Applicant. Fields include: Last Name, First Name, Middle Name, Date of Birth, Previous Names, Contact Daytime Phone, Email Address, Mailing Street Address, City, State, Zip, Social Security Number, Applicant's Signature, Date.

To be completed by the Employer. Please PRINT. This portion must be completed by the Superintendent, Human Resources Director or other designated signatory for the employer. Fields include: Name of Employer, Employer Phone, Select One (Public School District, BOCES, Charter School), Mailing Street Address, City, State, Zip.

1 Does the applicant hold a bachelor's degree or its equivalent? [ ] Yes, the undersigned verifies that the applicant holds a bachelor's degree or its equivalent. [ ] No

2 Is the applicant certified or licensed - or eligible to be certified or licensed - as a teacher, special services provider, principal or administrator in another country? [ ] Yes, the undersigned verifies that the applicant is or is eligible to be certified or licensed in another country. [ ] No

3 Is the applicant participating in an exchange educator program in your school district? [ ] Yes, the undersigned verifies that the applicant is participating in an exchange educator program in our district. [ ] No

4 What endorsement area does the applicant qualify for (choose one)? Examples: Elementary Education, Social Studies, Principal

By signing below you have completed the "employer" section in its entirety and that you attest to the three questions above and to the best of your knowledge have no reason that this applicant should not teach in Colorado schools based upon professional incompetence or unethical behavior.

Authorized employer representative completing form. Fields include: Name, Title, Contact Phone Number, Signature, Contact email address, Date.

\*Note: You cannot use the same form if renewing. A new form must be obtained to apply for this authorization again. An incomplete form will be returned for completion, which will significantly increase application processing time.