Approved Program Verification Form   Colorado

This form is for the following applications only: **Teacher, Principal or Administrator.**

To Be Completed by the Applicant:	Complete <u>all fields</u> 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:

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)   **X X X – X X –**

✳   I completed:

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:

     in the following endorsement area(s):   select 2nd endorsement for dual prep programs only

✳   This program is approved as meeting: Colorado's English Learner standards: ✳

     This program is approved as meeting Educator Effectiveness Evaluator Training requirements:

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 college/university/designated agency/program requirements necessary for program completion

If you are not able to verify the above, please indicate the reasons and list any remaining requirements:

☐ Yes   ☐ No

College, University, Designated Agency or Alternative Program Name   Phone Number

Street Address   City   State   Zip

Name (please print)   Title

Signature   Contact email address   Date

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