



**Alternative Teacher Change of Status (COS)**

Forward this completed form to CDE when notifying us of a change in a candidate's status. Please retain copies for the student and the designated agency.

*Important Note:* For any CTE authorization issued contingent upon the candidate's alternative license, both the CTE authorization and the license will become null and void should the candidate cease participation in an alternative program.

by Mail	Colorado Department of Education 6000 E Evans Ave #2-100 Denver, CO 80222-5406	by eMail	To send via email: klein_t@cde.state.co.us	Questions	303.866.6628
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**Candidate's Information** \* Required Field

Last Name*	First Name*	Middle Name	Date of Birth*
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**Status Change** \* Required Field

Choose One:*	<input type="checkbox"/> Ceased participation in the alternative teacher/principal licensure program with this designated agency.	Effective Date*
	<input type="checkbox"/> Has changed placement to: _____ <small>(Name of New School/School District)</small>	_____

**Reason for Change in Status** \* Required Field

Choose One:\*

Resignation   
  Termination   
  Other (Please Specify, e.g. Need for a new placement as determined by the Designated Agency)

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**Designated Agency** \* Required Field

Designated Agency Representative's Name*	Title*
Email Address*	Contact Phone*
Signature of Representative* <i>X</i>	Date*

Comments/Notes

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