



Statement of Assurance - Alternative Teacher Preparation Participation

Attention Candidates: Upon receipt of this completed form, CDE will issue you an alternative teacher license which allow you to serve as the teacher of record only while you are actively participating in an approved Colorado alternative preparation program.

- (1) Complete the "Applicant" section (green) below; then forward this form **first** to your school/district and **then** to your alternative preparation program/designated agency for completion.
- (2) When both the school/district and program have completed their portions initial the statements in the "applicant" section (green) and sign and date the form .
Forms with incomplete sections will not be processed and will be returned for completion, delaying the issuance of an alternative license.
- (3) U login to your eLicensing account and upload this form to your application.

To Be Completed by the Applicant/Candidate

Last Name*	First Name*	Middle Name	Date of Birth*
Previous Names Used* <input type="checkbox"/> None		Email Address*	
Mailing Street Address*	City*	State*	Zip*

Employing School/District (complete and sign this section and return form to the applicant)

This is to certify that the individual named above has received teaching agreement/contract as an alternative teacher in the following school/school district, accredited non-public school or Board of Cooperative Services.

School/District Name		School/District Phone	
School/District Address	City	State	Zip
Applicant's Placement	Content Area	Grade Level	
Applicant's Agreement Period* (mm/dd/yyyy)	to (mm/dd/yyyy)	Is this an online school?	Yes No (circle one)

Authorized School/School District Representative Completing Form

Authorized School/School District Representative's Name (printed or typed)		Title
Signature of Authorized Representative <i>X</i>	Date	Contact email address

Designated Agency/Alternative Program (complete and sign this section and return form to the applicant)

u e applicant placed in a classroom that corresponds to the approved endorsement and grade area Yes No

The applicant is enrolled in following teacher preparation program: (choose one) 1-year 2-year 3-year (SPED Only)

Applicant's Enrollment Period: (mm/dd/yyyy) to (mm/dd/yyyy)

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Designated Agency Name PPBOCES/UCCS Two Year Alternative Licensure Program	Name of Approved Representative (printed) Samantha Griffin	Contact Phone Number 719-622-2081
Signature <i>X</i>	Date	Contact email address sgriffin@ppboces.org

To Be Initialed and Signed by the Applicant **After** Form Is Complete

I certify under penalty of perjury that: (initial each statement)

- _____ (1) @am employed as a teacher of record in the content area and school/district indicated above;
- _____ (2) @am enrolled in the Colorado-approved alternative education program indicated above;
- _____ (3) @understand that an alternative teacher license issued to me based on this statement is valid only as long as I am employed in this school/district and enrolled and actively participating in the alternative program specified; and
- _____ (4) @understand that should this employment be severed and/or my participation in the program cease, the program will notify CDE of this change of status and my alternative license will be expired immediately.

Applicant's Signature

Date

X