



Two-Year Alternative Licensure Program (2YALP)

For Colorado Teachers
www.tirp.org



Application Form

APPLICATION SUBMISSION DATE: _____

APPLICATION FEE (\$30): _____

A. Personal Contact Information

Name _____

Address _____

Street

City

State

Zip

Phone: Home _____ Cell _____

*Social Security Number _____ Birth Date _____

*Mandatory for acceptance

*Email address _____ Citizenship: US _____ Other _____

*Mandatory for the program communications

Please state where

Information regarding four-year degree(s) you have attained:

COLLEGE OR UNIVERSITY	DEGREE	YEAR CONFERRED	AREA OF CONCENTRATION

- ✓ Have you been offered a teaching position? **YES** or **NO** (Please circle) If YES, where? _____
- ✓ **Have you submitted fingerprints to the CDE?** More information can be found here: [Fingerprinting for CDE Licensure - Approved Vendor Selection | CDE \(state.co.us\)](#) **YES** or **NO** (please circle.) * You have 30 days from the time CDE receives your background check to apply for a license.
- ✓ **Do you meet the requirements for an Alternative License? Praxis Test Score:** _____ **or Degree?** _____
- ✓ **Have you submitted the "Teacher" application on the CDE website and have the updated status in your eLicensing account, "Alternative License Pending Employment/Program"?** **YES** or **NO** (please circle) If no, have you submitted the application? **YES** or **NO** (please circle)
- ✓ ***Please do NOT submit fingerprints or complete the Teacher application for an Alternative License until you have been offered a job.**

Please put a "1" under "Desired License" for the area/subject(s) you are most qualified/interested in teaching and a "2" if there is another area you are interested in.

Area/Subject	Desired License	Circle grade level you would like to teach	Area/Subject	Desired License	Circle grade level you would like to teach
Dance K-12		ES MS HS	Middle School Math		MS
Drama Theatre Arts K-12		ES MS HS	Math		MS HS Both
World Languages K-12		ES MS HS	Business/Marketing		MS HS Both
Comprehensive Health K-12		ES MS HS	English Language Arts 7-12		MS HS Both
Instructional Technology K-12		ES MS HS	Science 7-12		MS HS Both
Music K-12		ES MS HS	Social Studies 7-12		MS HS Both
Physical Education K-12		ES MS HS	Family and Consumer Sciences 7-12		MS HS Both
Visual Art		ES MS HS	Speech 7-12		MS HS Both
Special Education Generalist Ages 5-21		ES MS HS	Technology/Industrial Arts 7-12		MS HS Both
Elementary		ES			

B. Do you speak another language fluently? _____ Which language? _____

C. **Enclose a cover letter in which you formally apply for admission to the Two Year Alternative Licensure Program and in which you address the following questions.**

1. What are some of the reasons you want to teach in the endorsement area indicated?
2. What skills and background experience do you feel you bring to the field of teaching?
3. What are some reasons you have chosen this program to get your license?
4. The PPBOCES/UCCS Two Year Alternative Licensure Program is time consuming and demanding. Describe how you plan to fit this program into your life.
5. Why do you think you will be successful?

D. **Fill out the “Experience with Children/Youth” chart, attached. If you have no experience with school-aged children so indicate on the chart.**

E. **Please attach with your application:**

- A copy of all score sheets sent to you for the PLACE or PRAXIS test(s) – may be submitted later after test
- **Legible copies** of transcripts from every institution of higher education you attended; you will need official transcripts for the Colorado Department of Education, you will scan and upload these to their system.
- Your current resume (helpful handout from WWU to present it as an “educator resume”:
http://www.wwu.edu/careers/docs/resumehandout_foreducators.pdf)
- Three (3) current letters of recommendation (ask individuals writing recommendations for you to include in the letter their knowledge of your competence to teach in the subject area you noted above as well as their relationship to you). Letters should be dated and signed. **(This is also helpful for when you are applying for positions in the area).** They can be addressed, “To Whom It May Concern.”
- **\$30.00 application fee** made payable to: PPBOCES/2YALP (money order or cashier’s check) non-refundable
- Optional Equal Opportunity Employer form

F. **The Two Year Alternative Licensure Program** requires that you:

- attend all scheduled teacher education sessions
- finish and submit all assignments
- allow yourself to be involved in 100 hours of professional development activities (some involving videotaping) each year of the two-year program
- pay all fees (please see our website at www.tirp.org)
- Failure to comply may result in late completion or dismissal from the program.

I understand that information in this application may be shared with interested individuals in districts or schools who are members or associate members of the Pikes Peak BOCES, as well as other districts or schools who may purchase services from the Pikes Peak BOCES, including hiring alternative licensed teachers.

Please sign below indicating that you understand and agree to comply with the above requirements.

Signature of Program Candidate

Return your completed application to:
Pikes Peak BOCES/UCCS Two Year Alternative Licensure Program
2883 S. Circle Dr.
Colorado Springs, CO 80906
(719) 622-2081

3/16/2022

Applicant Name _____

Date _____

Experiences with Children/Youth

Instructions: Please describe below the experiences you have had working with children/youth (subbing, teacher on an emergency certificate, charter schools, private schools, volunteering, etc---experiences other than parenting). Please list most recent experience first. You may continue this chart on another page or on the back, if necessary. **Please type or write legibly.**

Dates of Experience	School/School District	Contact Person	Your Responsibility	Was this a Substitute Assignment?	Age of Youth
				Yes No	
				Yes No	
				Yes No	
				Yes No	

EQUAL OPPORTUNITY EMPLOYER

Prospective candidates will receive consideration without discrimination because of race, creed, sex, age, national origin, handicap or veteran status.

To facilitate compliance with the Department of Health, Education and Welfare requests for information for the Office for Civil Rights, please complete the information requested below. **This information is used for statistical purposes only in data collection for CDE.** Filling out and including the following with your application is optional.

Name _____

Sex: Male _____ Female _____

What is your ethnic background?

Hispanic or Latino _____

Not Hispanic or Latino _____

What is your race?

African American _____

Alaska Native _____

White _____

Asian _____

American Indian _____

Native Hawaiian or Other Pacific Islander _____

Other, please list _____

Are you an individual with a disability? If yes, in what way?

