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.

Colorado Department of Education
6000 E Evans Ave #2-100
Denver, CO 80222-5406

To send via email:
klein_t@cde.state.co.us

Questions 303.866.6628

Candidate’s Information

<table>
<thead>
<tr>
<th>Last Name*</th>
<th>First Name*</th>
<th>Middle Name</th>
<th>Date of Birth*</th>
</tr>
</thead>
</table>

Status Change

Choose One:* ☐ Ceased participation in the alternative teacher/principal licensure program with this designated agency.

☐ Has changed placement to:

[Name of New School/School District]

Effective Date*

Reason for Change in Status

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

Comments/Notes

Designated Agency

<table>
<thead>
<tr>
<th>Designated Agency Representative’s Name*</th>
<th>Title*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email Address*</td>
<td>Contact Phone*</td>
</tr>
<tr>
<td>Signature of Representative*</td>
<td>Date*</td>
</tr>
</tbody>
</table>

Comments/Notes