



Alternative Teacher Change in Status (CS)

Forward this completed form to CDE when notifying us of a change in a candidate's status. Maintain copies for the student and the Designated Agency.

For any CTE Authorization issued that is contingent upon having an Alternative License, both the authorization and the license will become null and void upon receipt of this form.

by Mail	Colorado Department of Education 6000 E Evans Ave Bldg 2 #100 Denver, CO 80222-5406	by eMail	To send via email: CDElicensing@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 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)

Designated Agency

* Required Field

Designated Agency Representative's Name*	Title*
Email Address*	Contact Phone*
Signature of Representative* 	Date*

Comments/Notes
