



Emergency Authorization Packet - Page 1 of 4

An emergency authorization may be granted to an applicant who has not yet met the requirements for a Colorado Initial Teacher, Principal, Administrator or a Special Services Provider/School Counselor license or a Speech Language Pathology Assistant authorization AND provides evidence of enrollment in a program that will meet the requirements for that license or authorization.

In order to employ a non-licensed teacher, principal, administrator, school counselor or SLPA, a Colorado school district must make the request and provide documented evidence of a demonstrated need (via this form) for specific and essential educational services for students which can be provided by the applicant.

All requests for emergency authorizations must be approved by the Colorado State Board of Education prior to approval and issuance. Requests are reviewed by CDE for qualification and then submitted as an agenda item for the board's consideration at an upcoming monthly meeting. Please note: due to submission deadlines, requests for emergency authorizations may be delayed.

NOTE: Emergency authorizations are NOT issued for special education-related endorsements. Please refer to the Temporary Educator Eligibility Authorization (TEE).

DIRECTIONS

Applicant: Print this form, complete Section A (this page) and forward the entire form to your employing school district/BOCES/approved facility* for completion. Then, upload the completed form into your application prior to submission to CDE. Please print or type.

School District/BOCES*: Please complete Section B in its entirety and return to the applicant for submission within an application. Please print or type.

*For the purposes of this form - a school district/BOCES/approved facility is known herein as "school district"

Section A To Be Completed by the Applicant * Required Field by Applicant

Form section A containing fields for school district name, endorsement area, personal information (last name, first name, middle name, date of birth, social security number, email address, mailing street address, city, state, zip, contact phone), and license information (current Colorado teaching license, previous emergency employment).

List all colleges/universities and or professional training schools where courses toward degrees were completed.*

Table with 6 columns: Years Attended, Name of College/University, State, Degree Earned, Year Earned, Major Fields and/or Licensure Programs. Includes an example row for University of Colorado at Colorado Springs.

I understand that in accordance with sections 18-8-503 and 18-8-501(2)(a)(I), C.R.S., false statements made herein are punishable by law. I state under penalty of perjury in the second degree, as defined in 18-8-503, C.R.S., that the statements above are true and correct. I also understand that providing false information is grounds for denial, suspension or revocation of a license or authorization.

Applicant's Signature* and Date* fields with a handwritten signature 'X'.



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* Required Field

Section B

To Be Completed by the School District

Name of School District*

Street Address* City* State* Zip* Phone Number*

The above school district hereby requests that an Emergency Authorization be issued to:

Applicant Name (printed)*	Educator Identification Number - EDID	Social Security Number* (last 4)	X X X - X X -
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The above named applicant shall be employed as a teacher, principal, administrator, special services provider/school counselor or SLPA as follows: List a specific grade level (e.g., elementary, secondary, early childhood, etc.) and a single endorsement area (eg., English, school counselor, etc.). Special education endorsements and other special services providers may be issued on a TEE.

Grade Level*	Endorsement (list only one)*	Employment* <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Beginning Date*	End Date*
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Indicate if this is the first Emergency Authorization made for this district, or indicate if this is a renewal request.*

This is a first time request. Pages 1 – 3 must be completed. This is a second request. Pages 1, 2 (to this question only) and page 4 need to be completed.

A Please provide documented evidence of a demonstrated need for specific and essential educational services which can be provided by the applicant, but which would otherwise be unavailable to students due to a shortage of licensed educators with appropriate endorsements.*

B Please document the district's effort to recruit a fully-licensed person to fill this position.*



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Required Field

Section B To be Completed by the School District/BOCES/Facility School or State Operated Program

C Please indicate why the employment of this non-licensed person is essential to the preservation of good instructional programs and to the educational well-being of children.*

Empty text box for response to question C.

D Please indicate why an educator participating in an Alternative Licensure Program is not a feasible solution to this shortage situation.*

Empty text box for response to question D.

By signing this form, the school official at the school district/BOCES/facility school certifies that a fully licensed and qualified person is not available to provide the essential educational services as specified above. Also by signing you acknowledge:

- 1. You have read and understand everything contained in this document.
2. You understand that background-related issues will significantly delay the processing of this request and are reviewed prior to step 3.
3. You understand that this approval requires the approval of the Colorado State Board of Education.
3a This could add up to an additional 60 days of processing time. During the review of the application, the applicant should not assume the role of the position they are seeking.
4. You and the applicant understand that an Emergency Authorization is approved for up to one calendar year and may be renewed only once.

Signature fields: Name (printed)*, Title*, Today's Date*, Signature*, Contact Email Address*



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Required Field

Section C To be Completed by the School District/BOCES/Facility School or State Operated Program

R1 Please indicate the reason for the renewal of this Emergency Authorization for the applicant shown in Section A.*

Empty text box for R1 response

R2 Please select only ONE from the following.*

A The applicant is in the process of completing an approved program.

A1 The applicant will complete their program on: [Date field]

A2 College/university at which the program is being completed: [College/University Name field]

A3 The applicant's endorsement area is: [Endorsement Name field]

NOTE: The applicant must provide a copy of a transcript verifying progress towards completion of an approved program. Applicant will need to upload the corresponding transcript(s) into their on-line application.

B The applicant completed an approved program but has not passed the content area exam yet.

B1 Applicant is registered for the content exam on: [Date field] NOTE: The applicant must provide a copy of the transcript showing the completion of the program

B2 The applicant's endorsement area is: [Endorsement Name field]

C The applicant completed an approved program except the practicum or student teaching.

C1 That practicum or student teaching will be completed on: [Date field]

C2 College/university at which the program is being completed: [College/University Name field]

C3 The applicant's endorsement area is: [Endorsement Name field]

D The applicant has been evaluated for an Alternative Teacher Preparation Program and has course deficiencies and/or content area exam deficiencies.

D1 Has the applicant been informed of these deficiencies and are they working towards meeting the requirement? [Yes/No checkboxes]

E None of these choices pertain to the applicant: [Explanation field]

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Form fields for Name (printed), Title, Today's Date, Signature, and Contact Email Address