





Emergency Authorization Packet - Page 2 of 4

\* 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 -
---------------------------	---------------------------------------	----------------------------------	---------------

The above named applicant shall be employed as a teacher, principal, administrator or SLPA as follows: List a specific grade level (e.g., elementary, secondary, early childhood, etc.) and a single endorsement area (eg., English, music, etc.).

\*\*Note: Special education and special services endorsements 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*
--------------	------------------------------	--	-----------------	-----------

Is this an initial or a renewal Emergency Authorization request for this individual for this district?\*

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

**A** Please describe/demonstrate the 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 describe the district's effort to recruit a fully licensed person to fill this position.\*



Emergency Authorization Packet - Page 3 of 4

\* 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 Section C]

**D** 1. For **teaching** positions only, indicate why an educator participating in an alternative licensure program is not a feasible solution to this shortage situation.\*

2. For all positions, please indicate what the candidate is doing to meet the requirements for a full license or authorization.\*

[Empty text box for response to Section 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 authorization requires the approval of the Colorado State Board of Education prior to issuance.  
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.

Name (printed)*	Title*	Today's Date*
Signature* X	Contact Email Address*	



Emergency Authorization Packet - Page 4 of 4 Renewal Only

\* 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:

A2 College/university at which the program is being completed:

A3 The applicant's endorsement area is:

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 degree/program but has not passed the content area exam yet.

B1 Applicant is registered for the content exam on:

NOTE: The applicant must provide a copy of the transcript showing the completion of the program

B2 The applicant's endorsement area is:

C The applicant has been evaluated for an Alternative Teacher Preparation Program in the following endorsement area and has course and/or content exam deficiencies:

C1 Endorsement

C2 Applicant needs the following coursework:

C3 Applicant is registered for the content exam on:

D The applicant is aware of these deficiencies and is working toward fulfilling the requirement(s)? Yes No

E None of the above pertain to the applicant, as follows:

Empty text box for E response

By signing this form, 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 on behalf of the school district/BOCES/facility school, 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 authorization requires the approval of the Colorado State Board of Education prior to issuance.
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 and contact information fields: Name (printed), Title, Today's Date, Signature, Contact Email Address