



Statement of Assurance - Alternative Teacher Preparation Participation

The Alternative Teacher License will be issued when CDE receives this Statement of Assurance form along with a copy of the applicant's signed agreement. The Alternative Teacher License allows the applicant to participate in the Alternative Teacher Preparation Program while performing duties of a teacher.

- Applicant:** Complete the "applicant" section, then forward to the School District for signature. Then forward the form to the "Designated Agency" for signature. When all sections have been **completed and signed**, upload this completed form to your application **BEFORE** you submit your application.
- School/School District:** Complete the "School/School District" section, **attach a copy of the applicant's completed agreement** and return to the applicant.
- Designated agency:** Complete the "Designated Agency" section and return to the applicant.
- Forms with incomplete sections will not be processed and will be returned to applicants for completion.*

To be Completed by the Applicant/Candidate

* Required Field

Last Name*	First Name*	Middle Name	Date of Birth*
List any Previous Names Used* <input type="checkbox"/> None		Contact Daytime Phone*	Email Address*
Mailing Street Address*		City*	State* Zip*
Applicant's Signature* <i>X</i>		Date	SOE Endorsement*

To be completed by the School or School District

This is to certify that the applicant has a full-time teaching agreement as an alternative teacher candidate in a school/school district, accredited non-public school or Board of Cooperative Services.

School/School District Name		School/School District Phone	
School/School District Address		City	State Zip
Applicant's Placement	Grade Level	Content Area	
Applicant's Agreement Period*	mm/dd/yyyy	to	mm/dd/yyyy
			Is this an online school? <input type="checkbox"/> Yes <input type="checkbox"/> No

*Attach copy of completed agreement

Authorized School/School District representative completing form

Authorized School/School District Representative's Name (printed or typed)		Title
Signature of Authorized Representative <i>X</i>	Date	Contact email address

To be completed by the Designated Agency

Is the applicant placed in a classroom that corresponds to the approved endorsement area? Yes No

The applicant is enrolled in our following approved teacher preparation program: (choose one) One-year Two-year Three-year (SPED Only)

Applicant's Enrollment Period	mm/dd/yyyy	to	mm/dd/yyyy
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Authorized representative completing form

Designated Agency Name		Name of Approved Representative (printed)	Contact Phone Number
Signature <i>X</i>	Date	Contact email address	