



Statement of Assurance of Employment - Alternative Principal Program

The Alternative Principal Authorization will be issued when CDE receives the Statement of Assurance of Employment form along with a copy of the applicant's signed agreement. The Alternative Principal Authorization allows the candidate to participate in the Alternative Principal Preparation Program while performing duties of a Principal or Assistant Principal or similar duties (such as a Dean).

DISTRICT

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 Employer

This is to certify that the applicant/candidate has been offered a full-time principal or assistant principal or like position contract as an alternative principal candidate in a school district, accredited non-public school or Board of Cooperative Services

Employer Name	School/School District Phone		
Employer Address	City	State	Zip
Candidate Placement <input type="checkbox"/> Principal <input type="checkbox"/> Assistant Principal <input type="checkbox"/> Other: _____			
Applicant's Agreement Period*	mm/dd/yyyy	to	mm/dd/yyyy
<small>*Attach copy of completed agreement</small>			

Authorized employer representative completing form

Authorized Employer Representative's Name (printed or typed)	Date	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 position that corresponds to the principal endorsement? Yes No

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