



## Statement of Assurance of Employment - Individualized Principal Preparation

An Alternative Principal Authorization allows a candidate to perform the duties of a principal, assistant principal or similar position **which requires the individual to hold a principal license in order to fulfill the duties of the role**. The Colorado State Board of Education must approve the individualized preparation program **prior** to the issuance of the authorization and the candidate's participation in the program.

- D** **Applicant:** Complete the "applicant" section, then forward to your employer (and associated organization, if applicable) for signature. When all sections have been **completed and signed**, upload this completed form to your application.
- Employer:** Complete the "employer" section, **attach a copy of the applicant's completed agreement** and return to the applicant.
- Associated Organization (if applicable):** Complete the "associated organization" section and return to the applicant.

*Forms with incomplete sections will not be processed and will be returned to the applicant for completion.*

### To be Completed by the Applicant/Candidate

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

### To be completed by the Employer

The individual named above has been offered a contract to serve as a full-time principal or assistant principal (or like position that **REQUIRES** the individual to hold a principal license) in a school district, accredited non-public school or board of cooperative services.  Yes  No

Employer Name	School/School District Phone
Employer Address	City
	State
	Zip

Candidate Placement:  Principal  Assistant Principal  Other: \_\_\_\_\_

Applicant's Agreement Period\*  to

\*Attach copy of completed agreement

### Authorized employer representative completing form

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

### To be completed by the Associated Organization (if applicable)

Applicant's Enrollment Period  to

### Authorized representative completing form

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