



Approved Program Verification Form

Colorado

This form is for the following applications only: Teacher, Principal or Administrator.

To Be Completed by the Applicant: Complete all fields in the top portion of this form only; forward it to your college, university or program representative for approval and signature; upload the completed form into your application prior to submission.

Select the type of license for which you are applying:

Last Name* First Name* Middle Initial Date of Birth*

List any Previous Names Used* Contact Daytime Phone* Email Address* (None)*

Mailing Street Address* City* State* Zip*

Social Security Number* (last 4) XXX-XX-XXXX



I completed:

To be completed by the Colorado College/University Dean, Certification Officer or Alternative Program:

Please complete the bottom portion of this form in its entirety and return it to the candidate named above for inclusion in an application for a Colorado educator license.

1 I verify that the individual above completed a state-approved educator preparation program on:

in the following endorsement area(s):

select 2nd endorsement for dual prep programs only

and has fulfilled Colorado's English Learner standards: Yes No

* The following pertain to Colorado-approved principal and administrator programs only!

This candidate also fulfilled: Educator Effectiveness Training Standards Yes No READ Act-Administrator Training Standards Yes No

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I verify that the individual above has met the following requirements of the approved preparation program:

- Has satisfactorily completed the Colorado state board-approved assessments required for program completion or licensure in the state of Colorado
Has completed student teaching, internship and/or practicum in the grade/developmental level and endorsement/specialization area(s) sought
Has fulfilled all college/university/designated agency/program requirements necessary for program completion

Yes No

If you are not able to verify the above, please indicate the reasons and list any remaining requirements:

Text box for reasons and requirements

College, University, Designated Agency or Alternative Program Name Phone Number
Street Address City State Zip
Name (please print) Title
Signature Contact email address Date