



Statement of Assurance of Employment - Individualized Alternative Principal Preparation

An Principal Authorization allows a candidate to perform the duties of a principal, AP 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-11101-0210

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 (mm/dd/yyyy)
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	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, BOCES, charter or accredited non-public school.

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	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