



**Approved Program Verification Form**

**For Special Service Provider Initial Licensure Only**

**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.

**To be completed by the Applicant**

\* Required Field by Applicant

Last Name*		First Name*		Middle Name		Date of Birth*	
List any Previous Names Used*				Contact <u>Daytime</u> Phone*		Email Address*	
<input type="checkbox"/> None							
Mailing Street Address*				City*		State*	Zip*
Social Security Number* (last 4)		X X X - X X -		College/University ID Number (leave blank if none or if unknown)			

**To be completed by the Designated Representative of the Approved Preparation Program**

<b>1</b>	The applicant successfully completed an approved provider program on:	Date
	Examples: Audiology, Occupational Therapy, Nursing, School Psychology, Social Work, Speech-Language Pathology, etc.)	
<b>2</b>	The applicant's major endorsement area is in the field of:	
	Examples: Audiology, Occupational Therapy, Nursing, School Psychology, Social Work, Speech-Language Pathology, etc.)	
<b>3</b>	Was the applicant's Practicum/Internship/Clinical completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Hours of Practicum/Clinical:
	Hours of Internship:	Setting of Practicum/Internship/Clinical: Examples: School Setting, Community/Public Health, etc.
<b>4</b>	<b>For School Social Work ONLY:</b>	
	<b>a</b> Did this applicant complete coursework in school/special education law (IDEA, 504 and ADA)? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>b</b> Did this applicant complete coursework that included FBA (Functional Behavior Assessment) and the development of BIP (Behavior Intervention Plans)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>5</b>	Do you know of any reason the applicant should not serve in Colorado schools? <input type="checkbox"/> Yes* <input type="checkbox"/> No	
*If "yes," please send a brief statement of explanation to the Educator Licensing Supervisor at the address above.		
<b>6</b>	Was the applicant eligible to hold a standard license/certificate in your state at the time the approved program was completed? <input type="checkbox"/> Yes <input type="checkbox"/> No**	
	**If "no," please identify any remaining requirements	
<b>7</b>	Do you verify that the applicant named above has successfully completed a state-approved program for the preparation of educational/service personnel; that the applicant is in good standing; and that the applicant has the knowledge and competencies essential for educational service? ** <input type="checkbox"/> Yes <input type="checkbox"/> No**	
	**If "no," please identify any remaining requirements	

**Designated Representative of the Preparation Program completing form**

College/University or Alternative Program Name					
Street Address		City	State	Zip	Phone Number
Name (printed or typed)		Title		Date	
Signature			Contact email address		