



## 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*
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List any Previous Names Used* <input type="checkbox"/> (None)*	Contact Daytime Phone*	Email Address*
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Mailing Street Address*	City*	State*	Zip*
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Social Security Number* (last 4)	X X X - X X -							
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\* 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
* <b><i>For Colorado-approved principal and administrator programs only!</i></b>	
This candidate also fulfilled:	Yes No
Educator Effectiveness Training requirements	Yes No
READ Act-Administrator Training requirements	Yes No

**2** 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:

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