Approved Program Verification Form
Colorado

This form is for the following **INITIAL applications** only: **Teacher**, **Special Service Provider**, **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: (Choose only ONE type)

☐ Teacher ☐ Special Services Provider ☐ Principal ☐ Administrator

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

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

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 unknown)

✳ I completed: ☐ a Colorado *traditional* preparation program ☐ a Colorado *alternative* preparation program.

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: _____ Date

in the following endorsement area(s): _____ Ex: elementary education, social studies, principal, etc.

for the following grade-/age-level(s): _____ Ex: K-6, 7-12, ages birth through 8, etc.

✳ This program is approved as meeting Colorado state English Learner standards: ☐ 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 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 or Alternative Program Name	Phone Number

Street Address	City	State	Zip*

Name (please print)	Title

Signature	Contact email address	Date

APV102519

Incomplete forms will be returned to the applicant and significantly increase application processing time.