



Statement of Assurance - Alternative Teacher Preparation Participation

Attention Candidates: Upon receipt of this completed form, CDE will issue you an alternative teacher license which allow you to serve as the teacher of record only while you are actively participating in an approved Colorado alternative preparation program.

- (1) Complete the "Applicant" section (green) below; then forward this form first to your school/district and then to your alternative preparation program/designated agency for completion.
(2) When both the school/district and program have completed their portions initial the statements in the "applicant" section (green) and sign and date the form.
(3) U login to your eLicensing account and upload this form to your application.

To Be Completed by the Applicant/Candidate

Form section for applicant information including Last Name, First Name, Middle Name, Date of Birth, Previous Names Used, Email Address, Mailing Street Address, City, State, and Zip.

Employing School/District (complete and sign this section and return form to the applicant)

This is to certify that the individual named above has received a teaching agreement/contract as an alternative teacher in the following school/school district, accredited non-public school or Board of Cooperative Services.

Form section for school/district information including School/District Name, School/District Phone, School/District Address, City, State, and Zip.

Form section for applicant's placement and agreement period, including Content Area, credential type, and Online school? Yes/No.

Authorized School/School District Representative Completing Form

Form section for authorized school representative including Name, Title, Signature, Date, and Contact email address.

Designated Agency/Alternative Program (complete and sign this section and return form to the applicant)

Form section for designated agency including enrollment information and enrollment period.

Authorized Program Representative Completing Form

Form section for authorized program representative including Designated Agency Name, Name of Approved Representative, Contact Phone Number, Signature, Date, and Contact email address.

To Be Initialed and Signed by the Applicant After Form Is Complete

I certify under penalty of perjury that: (initial each statement)

- (1) am employed as a teacher of record in the content area and school/district indicated above;
(2) am enrolled in the Colorado-approved alternative education program indicated above;
(3) understand that an alternative teacher license issued to me based on this statement is valid only as long as I am employed in this school/district and enrolled and actively participating in the alternative program specified; and
(4) understand that should this employment be severed and/or my participation in the program cease, the program will notify CDE of this change of status and my alternative license will be expired immediately.

Signature and Date fields for the applicant.