



## COLORADO SUBSTITUTE STIPEND

### Substitute Certification Form

*New First-Time Substitute as of January 1, 2020*

Eligibility Requirements: <https://www.unco.edu/colorado-center-for-rural-education/coloradosubstitutestipend.aspx>

**Application Directions:**

1. Complete the "Applicant" section (yellow) immediately below.
2. Take this form with you to one of the schools where you have been a substitute/guest teacher during the 2021-2022 academic year\* and have an authorized representative (e.g., front office staff or building administrator) complete and sign the Employing School/District sections (blue). \*Fall 2021 and Spring 2022 may qualify.
3. Return a scanned copy of this form and the [additional required documents](#) to [substitutestipend@unco.edu](mailto:substitutestipend@unco.edu).

#### To Be Completed by the Applicant

Last Name *	First Name *	Middle Name	Date of Birth * (MM/DD/YYYY)
Previous Names Used (if applicable)  None		Email Address *	
Mailing Street Address *	City*	State*	Zip*
Please select one* <input type="checkbox"/> I am a first-time substitute <input type="checkbox"/> I hold a professional teacher license and am a first time substitute after January 1, 2020			
CDE Substitute License Number* (Attach copy of license)		Substitute Boot Camp Date of Attendance (mm/dd/yyyy) *	
By signing below, I certify that all the above information is true and correct.			
Signature of Applicant*  X			Date (mm/dd/yyyy)*

#### Employing School/School District: Complete and sign this section and return to the applicant

This is to certify that the individual named above has completed at least one day as a substitute teacher in the following school/school district, accredited non-public school or Board of Cooperative Educational Services.			
School/District Name*		School/District Phone*	
School/District Address*	City*	State*	Zip*
Date first served as a substitute teacher in your school or district*			
Authorized School/District Representative Name (printed or typed) *		Title	
Contact Email *			
Signature of Authorized School/District Representative Completing Form*			Date * (mm/dd/yyyy)
X			

Find my [Colorado State Board of Education Educator Certificate](#) (Sub Authorization License Number)

QUESTIONS? Colorado Substitute Stipend Coordinator [substitutestipend@unco.edu](mailto:substitutestipend@unco.edu)