COLORADO SUBSTITUTE STIPEND
Substitute Certification Form *(UPDATED 4/12/2023)*

*Applicant: Submit this completed form along with the other required documents after eligibility requirements have been met to the Colorado Substitute Stipend Coordinator at substitutestipend@unco.edu. Please **PRINT TO PDF** to save.*

APPLICANT INFORMATION:

Last Name

First Name

DOB *(MM/DD/YYYY)*

Previous Name *(If Applicable)*

Email Address

Home Address

City

State

Zip Code

By selecting the option below, I confirm I am a new-first time substitute as of 2/1/2020 and do <u>not</u> hold a teaching contract.
Please Select One:

*I hold a valid **Colorado Substitute Authorization** (obtained after 1/1/20)*

*I hold a valid **Colorado Teacher License** (may hold a Substitute Authorization only if obtained after 1/1/20)*

*I am a **retired teacher** and I have a valid **Colorado Teacher License** or a **Colorado Substitute Authorization** (obtained after 1/1/20)*

Please Select One: *Find My Colorado Substitute Authorization or Teacher License*

Substitute Authorization #

Valid Date *(MM/DD/YYYY)*

Teacher License #

Valid Date *(MM/DD/YYYY)*

OR

CDE Moodle Boot Camp Date of Attendance

Have you attended UNC within a year of Boot Camp Attendance Date?

By signing below, I certify that all the above information is true and correct.
Signature of Applicant   **Date**

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*- **Applicant should request employing school district certify form before submitting** -*

EMPLOYING SCHOOL DISTRICT:

*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 and **does not hold a current teaching contract.***

Date first served as substitute teacher in your district *(Must be after 2/1/2020)*

School District

School Name

School Phone

Address

City

State

Zip Code

Authorized School /District Representative *(please print)*

Representative Email

Representative Title

By signing below, I certify that all the above information is true and correct.
Signature of Authorized District Representative   **Date**