



# COLORADO SUBSTITUTE STIPEND

## Substitute Certification Form

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

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

**Application Directions:**

- Complete the "Applicant" section (yellow).
- Take this form with you to one of the schools where you have been a substitute/guest teacher during the 2020-2021, 2021-2022 or 2022-2023 academic year and have an authorized representative complete and sign the Employing School/District section.
- 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 *		Phone Number *
Mailing Street Address *	City *	State *	Zip *
Please select one *			
I am a <b>new first-time substitute</b> as of March 1, 2020 (I have obtained my Colorado Substitute Authorization after January 1, 2020)		I am a <b>new first-time substitute</b> as of March 1, 2020 with a valid Colorado Teacher License (I have never held a Colorado Substitute Authorization)	
I am a <b>retired teacher</b> (I have a current license or hold a new substitute authorization) and am a first time substitute as of March 1, 2020			
Please Select one * Find My <a href="#">Colorado Substitute Authorization or Teacher License</a>			
Substitute Authorization #:	Valid Date mm/dd/yyyy	Teacher License #	Valid Date mm/dd/yyyy
CDE Substitute Boot Camp Date of Attendance (mm/dd/yyyy) *	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 (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.

District Name & School Name *	Phone *		
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)
✕			

**FIND MY:**

[Colorado State Board of Education Educator Certificate](#) (Attach to application documents)

**CDE Bootcamp Certificate of Completion:** Ensure you have completed the online substitute boot camp course and that you have filled out the course completion form on the [Certificate of Completion](#).