# Approved Program Verification Form

**Use this form only for Special Service Provider Initial Licensure**

**Applicant:** Print this page and upon completion of the “applicant” section (shaded blue) below – including your nine-digit social security number and your college/university identification number (if available) – forward this form to your college, university or program representative for approval and signature. Upload a copy of this signed form into your application prior to submission to CDE.

**Designated Program Representative:** Please complete the “Designated Representative of Preparation Program” section (shaded green) below in its entirety and return this signed form either in hardcopy format or electronically to the applicant.

### To be completed by the Applicant

<table>
<thead>
<tr>
<th>Last Name*</th>
<th>First Name*</th>
<th>Middle Name</th>
<th>Date of Birth*</th>
</tr>
</thead>
</table>

List any Previous Names Used*

- None

Mailing Street Address*  
City*  
State*  
Zip*

Social Security Number*  
(last 4)

College/University ID Number  
(leave blank if none or if unknown)

### To be completed by the Designated Representative of the Preparation Program

1. The applicant successfully completed an approved provider program on:

   - Date

2. The applicant’s major endorsement area is in the field of:

   - Examples: Audiology, Occupational Therapy, Nursing, School Psychology, Social Work, Speech-Language Pathology, etc.

3. Was the applicant’s Practicum/Internship/Clinical completed?

   - Yes  
   - No

3a. Hours of Practicum/Clinical:

3b. Hours of Internship:

3c. Setting of Practicum/Internship/Clinical:

   - Examples: School Setting, Community/Public Health, etc.

4. Did this applicant complete any coursework that included school law (IDEA, 504 and ADA)?

   - Yes  
   - No

5. Do you know of any reason the applicant should not serve in Colorado schools?

   *If “yes,” please send a brief statement of explanation to the Educator Licensing Supervisor at the address above.

   - Yes*  
   - No

6. Was the applicant eligible to hold a standard license/certificate in your state at the time that the approved program was completed?

   **If “no,” please identify any remaining requirements

   - Yes  
   - No**

7. Do you verify that the applicant named above has successfully completed a state-approved program for the preparation of educational/service personnel; that the applicant is in good standing; and that the applicant has the knowledge and competencies essential for educational service?

   **If “no,” please identify any remaining requirements

   - Yes  
   - No**

---

**Designated Representative of the Preparation Program completing form**

<table>
<thead>
<tr>
<th>College/University or Alternative Program Name</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Phone Number</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name (printed or typed)</th>
<th>Title</th>
<th>Date</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Signature</th>
<th>Contact email address</th>
</tr>
</thead>
</table>

---

An incomplete form will be returned for completion, which will significantly increase the application processing time.