COLORADO
Department of Education

Educator Licensing
http://www.cde.state.co.us/cdeprof

Approved Program Verification Form

Use this form only for Special Service Provider Initial Licensure

DIRECTIONS

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

* Required Field by Applicant

Last Name*	First Name*	Middle Name	Date of Birth*

List any Previous Names Used*	Contact Daytime Phone*	Email Address*
☐ None		

Mailing Street Address*	City*	State*	Zip*

Social Security Number* (last 4)	X X X – X X –	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

College/University or Alternative Program Name				
Street Address	City	State	Zip	Phone Number

Name (printed or typed)	Title	Date

Signature	Contact email address

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