



Approved Program Verification Form

Colorado

This form is for the following INITIAL applications only: Teacher, Special Service Provider, Principal or Administrator.

To Be Completed by the Applicant: Complete all fields in the top portion of this form only; forward it to your college, university or program representative for approval and signature; upload the completed form into your application prior to submission.

Select the type of license for which you are applying: (Choose only ONE type)

Teacher
 Special Services Provider
 Principal
 Administrator

Last Name*	First Name*	Middle Initial	Date of Birth*											
List any Previous Names Used* <input type="checkbox"/> (None)*		Contact Daytime Phone*	Email Address*											
Mailing Street Address*		City*	State* Zip*											
Social Security Number* (last 4)	<table border="1" style="border-collapse: collapse; width: 100%;"> <tr> <td style="width: 20px; text-align: center;">X</td> <td style="width: 20px; text-align: center;">X</td> <td style="width: 20px; text-align: center;">X</td> <td style="width: 20px; text-align: center;">-</td> <td style="width: 20px; text-align: center;">X</td> <td style="width: 20px; text-align: center;">X</td> <td style="width: 20px; text-align: center;">-</td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table>	X	X	X	-	X	X	-					College/University ID Number (leave blank if none or unknown)	
X	X	X	-	X	X	-								

* I completed: a Colorado **traditional** preparation program a Colorado **alternative** preparation program.

To be completed by the Colorado College/University Dean, Certification Officer or Alternative Program:

Please complete the bottom portion of this form in its entirety and return it to the candidate named above for inclusion in an application for a Colorado educator license.

1 I verify that the individual above completed a state-approved educator preparation program on: Date

Ex: elementary education, social studies, principal, etc.

in the following endorsement area(s):

Ex: K-6, 7-12, ages birth through 8, etc.

for the following grade-/age-level(s):

* This program is approved as meeting Colorado state English Learner standards: yes no *

2 I verify that the individual above has met the following requirements of the approved preparation program:

- Has satisfactorily completed the Colorado state board-approved assessments required for program completion or licensure in the state of Colorado
- Has completed student teaching, internship and/or practicum in the grade/developmental level and endorsement/specialization area(s) sought
- Has fulfilled all requirements necessary for program completion

Yes No If you are not able to verify the above, please indicate the reasons and list any remaining requirements:

College, University or Alternative Program Name		Phone Number	
University of Northern Colorado		970-351-2653	
Street Address	City	State	Zip*
126 McKee, CB 106	Greeley	CO	80639
Name (please print)	Title		
Charles R Warren, PhD	University Licensure Officer		
Signature	Contact email address	Date	
	charles.warren@unco.edu		