



**Statement of Assurance - Alternative Teacher Preparation**

An alternative teacher license (or interim authorization) may be issued only to an applicant enrolled in a CDE-approved Alternative Teacher Preparation Program.

**Directions:** Complete Applicant Section A. Then provide the entire form *first* to your employing school/district/BOCES and *then* to your alternative teacher program. When both have completed their portions, complete Applicant Section B.

**Applicant Section A**

Last Name	First Name	Middle Name	Date of Birth
Mailing Address, City, State, Zip			Phone Number
Email Address	Last 4 SSN		

**Employing School/District (complete and return to the applicant)**

This is to certify that the individual named above is participating in the following alternative teacher preparation program:

Employing School/District  
School/District Address

Applicant's Placement	Grade(s)	Agreement Period	to
Name of authorized employer representative	Title	Phone number	Credential Type

Employer Representative  
E Signature

Email address

**Designated Agency/Alternative Program (complete and return to the applicant)**

The applicant is placed in a classroom that corresponds to the approved endorsement & grade level:      Yes      No

The applicant is enrolled in a      1-year      2-year program with      from      to

Representative Name	Phone	Credential Type
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Representative  
E Signature

Representative Email

**Applicant Section B (initial & sign after sections above are complete)**

*I certify under penalty of perjury that:* (initial each statement)

- (1) I am as a teacher of record in the school/district and content area above;
- (2) I am enrolled in the Colorado-approved alternative teacher preparation program indicated above;
- (3) I understand that an alternative teacher credential issued to me based on this statement is valid only as long as I am employed in this school/district and enrolled and actively participating in the program specified; and
- (4) I understand that should this employment be severed and/or my participation in the program cease, the program will notify CDE of this change of status and my credential will be expired immediately.

Applicant Signature      Date