



Approved Program Verification Form Special Services Providers

Applicant: Complete the top portion of this form in its entirety; forward it to your college/university for completion of the remainder; upload completed form to your application. *School Counselors must use the form in the School Counselor section of the website.*

**required field* *To be completed by the Applicant*

Applicant Name (Last, first, Middle)* Applicant Date of Birth (mm/dd/yyyy)*

List Prior Name(s) (Check if none) Applicant Daytime Phone*

Applicant Street Address, City, State, Zip*

SSN (last 4)* Applicant Email Address*

To be completed by the institution of higher education's registrar or certification officer.

1	The individual successfully completed an approved preparation program on:	Date
2	The individual was prepared specifically in the field of:	
3	The individual completed required practicum & internship? <input type="checkbox"/> Yes <input type="checkbox"/> No	Hours of Practicum/Clinical:
	Hours of Internship:	Setting of Practicum/Internship/Clinical:
4	<p>a Did the individual complete coursework in school and special education law? <i>(required of social workers only)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b Did the individual complete training in functional behavior assessments and behavioral intervention planning? <i>(required of social workers only)</i> Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
5	Do you know of any reason the individual should not serve in Colorado schools? <input type="checkbox"/> Yes* <input type="checkbox"/> No <small>*If "yes," send a brief statement of explanation to CDElicensingbackgroundunit@cde.state.co.us.</small>	
6	Was the individual eligible to hold a standard license in your state at the time of program completion? <input type="checkbox"/> Yes <input type="checkbox"/> No** <small>**If "no," identify any remaining requirements</small>	
7	Do you verify that the individual named above (1) has successfully completed a state-approved licensure program; (2) that the individual is in good standing; (3) and that the individual has the knowledge and competencies essential for educational service? Yes <input type="checkbox"/> No** <input type="checkbox"/> <small>**If "no," identify any remaining requirements</small>	

College/University Name		Date
Street Address	City	State Zip
Name (printed or typed)	Title	Phone Number
Signature	Contact email address	