



Emergency Authorization Form – Renewal

An emergency authorization may be renewed for an application who:

1. Holds a **qualifying degree** for a teacher, principal, administrator license or speech-language pathologist assistant authorization; **and**
2. Is **enrolled in an approved program** (or coursework or is registered for the requisite exam(s)) upon completion of which the applicant will meet requirements for a full license or authorization; **and**
3. Is **employed by a Colorado school district/BOCES/CDE-approved facility school*** **and is required** for the preservation of the educational program.

**for purposes of this form - "school district" herein refers to any of these three entities*

Note: Emergency authorizations are NOT issued for special education, special services, CTE or added teacher endorsements. (See Temporary Educator Eligibility Authorization for special education and special services.)

DIRECTIONS - Applicant (p.1)

Applicants: Complete the information below. Then provide the entire form to your employing school district for completion.

**required field*

Employing School District*

Requested Endorsement*

Date of birth*

Applicant Last Name*

First Name*

Middle Name

Mailing Address, City, State, Zip*

Last 4 SSN*

Email Address*

List the regionally accredited college/university at which you earned your degree(s) - must include a bachelor's or higher degree - and where you are presently enrolled (if applicable).

Years Attended	Name of College/University	State	Degree Earned	Major Field of Study

I understand that, in accordance with sections 18-8-501(2)(a)(I) and 18-8-503, C.R.S., false statements made hererin are punishable by law and grounds for denial, suspension or revocation of a license or authorization. I attest under penalty of perjury in the second degree as defined in 18-8-503, C.R.S., that the statements above are true and correct.

Applicant Signature

Now provide this form to your school district to complete pages 2-3.



Directions - School District (p.2)

School district: Complete pages 2 and 3; then return to the applicant for submission in the application.

Note: *Emergency authorizations are NOT issued for special education, special services or added teacher endorsements. (See Temporary Educator Eligibility Authorization for special education and special services.)* *required field

Employing School District*

Requested Endorsement: *

Mailing Address, City, State, Zip*

Phone number*

The above school district requests that an emergency authorization be issued to:

Applicant name (last, first)*

EDID

Last 4 SSN *

This individual shall be employed as follows:

Grade(s):*

Endorsement/Placement*

Beginning Date*

End Date*

*cannot be backdated or exceed one calendar year**

Describe the need for specific and essential educational services which can be provided by the applicant, but which would otherwise be unavailable to students due to a shortage of licensed educators with appropriate endorsements.

Describe the district's effort to recruit a fully licensed person to fill this position.



Directions - School District/BOCES/Approved Facility School (p.3)

Indicate why the employment of this non-licensed person is essential to the preservation of good instructional programs and to the educational well-being of children.

Select one of the following:

The applicant is completing an approved program.

The applicant will complete their program on:

College/university at which program is being completed:

Endorsement area:

The applicant has completed an approved program but not passed the content exam* area yet.
**Awaiting results of or working on a Multiple Measures submission does not satisfy renewal requirements.*

Applicant is registered to take a Praxis exam on:

Board-approved test number/ Endorsement:

The applicant is completing professional development requirements to renew a professional license.

By signing this form, the school district/BOCES/CDE-approved facility school certifies that a fully licensed and qualified person is *not* available to provide the essential educational services as specified above and acknowledges:

You understand all requirements for an emergency authorization and everything contained in this document.

You and the applicant understand that an emergency authorization is approved for up to one calendar year, that the applicant must be progressing toward meeting requirements for a full license and that this authorization may be renewed only once.

Should the applicant cease to make progress toward fulfilling requirements for a full license or should the employer no longer need the applicant's services, you are required to submit to the department a change of status form so that the department can expire the credential.

School District Representative*