



Approved Program Verification Form

Colorado

This form is for the following applications only: Teacher, 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:

Last Name*	First Name*	Middle Initial	Date of Birth*
List any Previous Names Used* ☐ (None)*			
Contact Daytime Phone*			
Email Address*			
Mailing Street Address (City, State, Zip)*			
Social Security Number* (last 4)			



I completed:

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.

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

in the following endorsement area(s):

select 2nd endorsement for
dual prep programs only

and has fulfilled Colorado's English Learner standards: Yes No

*** The following pertain to Colorado-approved principal and administrator programs only!**

This candidate also fulfilled:	Educator Effectiveness Training Standards	Yes	No
	READ Act-Administrator Training Standards	Yes	No

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

Has satisfactorily demonstrated content knowledge competency required for program completion and 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

I verify that the individual has fulfilled all college/university/designated agency/program 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,
Designated Agency or Alternative Program Name

Phone
Number

Street Address (City, State, Zip)

Name Title

Signature Contact email address Date