COLORADO
Department of Education

Educator Talent Division
ed.cde.state.co.us/educatortalent

Emergency Authorization Form—Initial

An emergency authorization may be issued to 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, will allow applicant to meet the 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 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/ BOCES/CDE-approved facility school* for completion.

*required field

Employing School District*

Requested Endorsement: *

Select

Last name* First Name* Middle Date of birth*

Prior name: Last 4 SSN* Email: *

Mailing Address* City* State* Zip*

List 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 *Date*

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, CTE or added teacher endorsements.*** *(See Temporary Educator Eligibility Authorization for special education and special services.)*

required field*

Employing School District* Requested Endorsement: *

Select

Mailing Address* City* 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.

School district (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.

For TEACHING positions only, indicate why an educator participating in an alternative licensure program is not a feasible solution to this shortage situation**. For ALL POSITIONS**, indicate what the candidate is doing to meet the requirements for a full license or authorization.

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; and
- ☐ 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 in status form so that the department can expire the credential.

School District Representative*