COLORADO
Department of Education

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

Statement of Assurance – Teacher Degree Apprenticeship Program Participation

A Teacher Degree Apprentice Authorization may be issued only to an applicant enrolled in a CDE-approved Teacher Degree Apprenticeship Program.

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

- If you are ready to apply for a Teacher Degree Apprentice Authorization, upload the completed form in your application.
- If you will apply in the future, upload the completed form in a TDAP Statement of Assurance application so that CDE has record of your participation. (Retain the form to include in your future apprentice authorization application

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/BOCES (complete this section and return form to the applicant)

This is to certify that the individual named above is participating in the following teacher degree apprenticeship program

Employing School/District Select | Applicant's Placement/Endorsement Select

Applicant's Agreement Period to

Name of authorized employer representative | Title | Phone number

Employer E SIgnature | Date | Email address

Program Sponsor (complete this section and return form to the applicant)

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

The apprentice is enrolled in Select | Applicant's Agreement Period to

Teacher Degree Apprenticeship Sponsor Name Select | Name of Sponsor Representative | Sponsor Phone Number

Sponsor Rep E Signature | Date | Sponsor Rep. Email

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

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

(1) I am an apprentice in the program, school/district and content area above;
(2) I understand that a teacher apprenticeship authorization 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 apprenticeship program specified;
(3) 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 authorization will be expired immediately.

Applicant Signature | Date