



Approved Program Verification Form

Colorado

This form is for the following INITIAL applications only: Teacher, Special Service Provider, 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: (Choose only ONE type)

☐ Teacher ☐ Special Services Provider ☐ Principal ☐ Administrator

Last Name* First Name* Middle Initial Date of Birth*

List any Previous Names Used* Contact Daytime Phone* Email Address*

☐ (None)*

Mailing Street Address* City* State* Zip*

Social Security Number* (last 4) **X X X - X X -** College/University ID Number (leave blank if none or unknown)



I completed: ☐ a Colorado **traditional** preparation program ☐ a Colorado **alternative** preparation program.

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.

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

Ex: elementary education, social studies, principal, etc.

in the following endorsement area(s):

Ex: K-6, 7-12, ages birth through 8, etc.

for the following grade-/age-level(s):

* This program is approved as meeting Colorado state English Learner standards: ☐ yes ☐ no *

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

- ☐ Has satisfactorily completed the Colorado state board-approved assessments required for program completion or 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
- ☐ Has fulfilled all 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 or Alternative Program Name		Phone Number	
CSU-Pueblo		719-549-2681	
Street Address	City	State	Zip*
2200 Bonforte Blvd.	Pueblo	CO	81001
Name (please print)	Title		
Jeff Piquette	Associate Dean		
Signature	Contact email address	Date	
	jeff.piquette@csupueblo.edu		