



Educator Exchange Verification Form

Attention Candidates: Upon receipt of this form within an application, CDE will issue you an exchange educator interim authorization. Please recognize that you may need to meet additional requirements should you apply for a full Colorado teacher license in the future.

- (1) Complete the "Applicant" section (green) below; then forward this form **first** to your school/district and **then** to the exchange program representative for completion.
- (2) When both the school/district and program have completed their portions initial the statements in the "applicant" section (green) and sign and date the form. *Forms with incomplete sections will not be processed and will be returned for completion, delaying the issuance of an authorization.*
- (3) Upload and submit this form in an exchange educator authorization application.

APPLICANT

Last Name*	First Name*	Middle Name	Date of Birth*
Previous Names Used* <input type="checkbox"/> None	Email Address*		
Mailing Street Address*	City*	State*	Zip*

EMPLOYING SCHOOL / DISTRICT (complete this section and return form to the applicant)

This is to certify that the individual named above has received teaching agreement/contract as an exchange educator in the following school/school district, accredited non-public school or Board of Cooperative Services.

School/District Name	School/District Phone		
School/District Address	City	State	Zip
Applicant's Placement	Content Area	Grade Level	
Applicant's Agreement Period* (mm/dd/yyyy)	to (mm/dd/yyyy)	Is this an online school?	Yes No (circle one)

Authorized School/School District Representative

Authorized School/School District Representative's Name (printed or typed)	Title	
Signature of Authorized Representative <i>X</i>	Date	Contact email address

EXCHANGE PROGRAM (complete and sign this section and return the form to the applicant)

I confirm that the applicant named above is participating in an approved educator exchange program, designated below, and that the

applicant holds or is eligible to hold an educator license/certificate in the country in which he/she was prepared. Yes No

Applicant's Participation Period: (mm/dd/yyyy) to (mm/dd/yyyy)

Exchange Program

Exchange Program	Name of Approved Representative (printed)	Contact Phone Number
Signature <i>X</i>	Date	Contact email address

To Be Initialed and Signed by the Applicant *After* Form Is Complete

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

- _____ (1) I am employed in the content area and school/district indicated above;
- _____ (2) I am participating in the exchange educator program indicated above;
- _____ (3) I hold or am eligible to hold an educator license/certificate in the country in which I completed my educator preparation; and
- _____ (4) I understand that this authorization is provided only for participation in an exchange program, and that I may need to meet additional requirements should I apply for a full Colorado license in the future.

Signature

Date

X