



## Statement of Assurance - Teacher Degree Apprenticeship Program Participation

**Attention Apprentice Candidates:** Upon receipt of this completed form, CDE will issue you a teacher apprenticeship authorization which allows you to serve as a teacher apprentice only while you are actively participating in a registered, CDE-approved teacher degree apprenticeship program.

- (1) Complete the "Applicant" section (green) below; then forward this form **first** to your school/district/BOCES employer and **then** to your teacher degree apprenticeship program sponsor.
- (2) When both the employer and sponsor 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 the authorization.*
- (3) Upload to your COOL account and upload this form to your application.

### To Be Completed by the Applicant/Apprentice

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

### Employing School/District/BOCES (complete and sign this section and return form to the applicant)

This is to certify that the individual named above is an apprentice in the district's approved teacher degree apprenticeship program.

School/District Name	School/District Phone		
School/District Address	City	State	Zip
Applicant's Placement	Content Area		
Applicant's Agreement Period	(mm/dd/yyyy)	to	(mm/dd/yyyy)

### Authorized School/District/BOCES Representative Completing Form

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

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

The apprentice is placed in a classroom that corresponds to the approved endorsement & grade area

The apprentice is enrolled in the following teacher degree apprenticeship program: (choose one) ☐

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

### Authorized Sponsor Representative Completing Form

Teacher Degree Apprenticeship Sponsor Name	Name of Approved Representative (printed)	Contact Phone Number
Signature	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 apprentice in the content area and school/district indicated above;
- (2) I am enrolled in the Colorado-approved teacher degree apprenticeship program indicated above;
- (3) I understand that the 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; and
- (4) 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's Signature

Date