Educator Licensing http://www.cde.state.co.us/cdeprof

Alternative Teacher Change of Status (COS)

Forward this completed form to CDE when notifying us of a change in a candidate's status. Please retain copies for the student and the designated agency.

Email completed form to: klein_t@cde.state.co.us Candidate's Information Security	Important Note: For any CTE authorization issued contingent upon the candidate's alternative license, both the CTE authorization and the license will become null and void should the candidate cease participation in an alternative program.								
Choose One: * First Name* Modelle Name Date of Airch*	by eMail	Email completed form to: klein_t@cde.state.co.us				:	Questions	303.866.6628	
Status Change Cassed participation in the alternative teacher/principal licensure program with this designated agency. Effective Date* Has changed placement to: (Name of New School/School District) Reason for Change in Status Required Field Choose One:* Resignation Termination Other (Pleaus Specify, e.g., Need for a new placement as determined by the Designated Agency)	Candidate's Information **Rec								
Choose One: Ceased participation in the alternative teacher/principal licensure program with this designated agency. Reason for Change in Status Reason for Change in Status Resignation Termination Other (Please Specify, e.g., Reed for a new placement as determined by the Designated Agency) Designated Agency Representative's Name* Email Address* Contact Phone* Signature of Representative' Signature of Representative' Date*	Last Na	me*		First Name*	Middle Name		Date of I	Birth*	
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