

Application for INITIAL Licensure

Applicants may apply for multiple licenses at the same time and pay the higher of the processing fees. An application and processing fee are valid for (one) 1 year from date of receipt. The processing fee is non-refundable.

<http://webnew.ped.state.nm.us/bureaus/licensure/>

All applications for Initial licensure must include the following to be considered

- Application processing fee of \$125.00 in the form of a money order or cashier's check made payable to the "New Mexico Public Education Department."
- Application form, completed in full, signed, and dated.
- Official sealed transcripts from all regionally accredited colleges/universities attended. Earned degrees must be posted on transcript.
- Background check completed through Gemalto for "Teacher Licensure" using ORI# **NM920140Z**. For information on how to complete a background please visit: <http://webnew.ped.state.nm.us/officesandprograms/licensure/background-submission/>
- Licenses issued by any state's Professional Licensure Board or equivalent, if applicable.
- If you are a **Veteran, Military Service Members and Military Service Spouses**, provide a copy of a DD 214, current military identification card, your marriage license and a copy of your spouse's current orders for mobilization/deployment.

If you are seeking reciprocity by virtue of holding a teaching and/or an administrative license from another State or Country, you must also include the following:

- Copies of current and standard licenses/authorizations/certificates.
- Official program documentation and proof of completion for any alternative licensure program that is not identified on a university transcript.
- Verification of experience from an employing authority (must be on an out-of-state School District Letterhead). Please break down experience by month, day and year and please indicate the number of days taught for each calendar year. 160 days commonly equals 1 full school year. You may use the form on our website.
- Copies of teacher exam scores taken for out-of-state or out-of-country licenses, authorizations, and certificates or notarized statement stating no exams required
- Official Sealed course by course evaluation done by a Foreign credentialing Agency

- Personal Checks will NOT be accepted
- Processing fees are non-refundable
- Money Order/Cashier's Check payable to "New Mexico Public Education Department.
- Any documents submitted for determination of licensure, will not be returned.

INCOMPLETE APPLICATIONS WILL BE RETURNED



NEW MEXICO PUBLIC EDUCATION DEPARTMENT
Professional Licensure Bureau
 Mailing: 300 Don Gaspar, Santa Fe, NM 87501
 Physical: 120 S. Federal Pl. #105, Santa Fe, NM 87501

FOR OFFICE USE ONLY

- Correct Fee - \$125.00
- Official sealed transcripts
- Official Foreign Evaluation
- Copy of License(s)/Board license
- Copy of Exams
- Verification of Experience
- Notarized statement
- Fall/Winter Certificate (SBO)

APPLICATION FOR INITIAL NEW MEXICO LICENSURE

Use **Black Ink** to complete this form. Please print legibly. ***Required**

Last Name*	First Name*	Middle Name*	Former Name(s)	
Street Number or PO Box*		City*	State*	Zip Code*
Phone Number*		E-mail Address*		
Date of Birth (MM/DD/YY) *		Sex (M-F) *	Social Security No. *	

1. Do you currently have a file and/or educator licensure in the State of New Mexico? Yes No
 If "yes," what is your license file number? _____
2. Do you currently hold licensure in any other state(s)? Yes No
 If "yes," in which other state(s)? _____ (Provide copies)
3. Are you employed or do you plan to be employed in education in New Mexico during this school year? Yes No
 If "yes," where? _____ In what position? _____

Teacher Licensure Opportunities for Veteran, Military Service Members and Military Service Spouses

- Check** if you or your spouse is an active military member. *Please attach a copy of DD 214, current military identification card, your marriage license and a copy of your spouse's current orders for mobilization/deployment.*

Check the licensure option and the type(s) of license(s) and endorsement(s) for which you are applying:

Options-

- Approved Program Interstate Reciprocity National Board Certification
(Attach a copy of the certificate)

Administrative/Teaching Licenses

- Administration, Pre K- Birth-Pre K Pre K-Grade 3 Elementary, K-8
 Special Education, Pre K- 12 Middle Level, 5-9 ** Secondary, 7-12 ** Specialty Grades Pre K-12**
 Secondary Vocational-Technical, 7-12 Blind & Visual Impairment, B-12 Deaf & Hard of Hearing, Pre K-12

**** Needs at least one content area endorsement (see below).**

Endorsements

- | | | |
|--|--|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Information Technology Coordinator | <input type="checkbox"/> Physical Education |
| <input type="checkbox"/> Bilingual * | <input type="checkbox"/> Language Arts | <input type="checkbox"/> Psychology |
| <input type="checkbox"/> Business | <input type="checkbox"/> Library/Media | <input type="checkbox"/> Reading |
| <input type="checkbox"/> Family & Consumer Science | <input type="checkbox"/> Mathematics | <input type="checkbox"/> Science |
| <input type="checkbox"/> Gifted Students | <input type="checkbox"/> Modern, Classical & Native Language
(Spanish, German, .French, etc.) | <input type="checkbox"/> Technology Education |
| <input type="checkbox"/> Health | <input type="checkbox"/> Performing Arts
(Music, Theater, Dance) | <input type="checkbox"/> TESOL** |
| <input type="checkbox"/> History, Geography,
Economics,
& Government | | <input type="checkbox"/> Visual Arts |

***Pass Prueba, Four Skills Exam or comparable exam and complete 24 semester hours in bilingual education competencies.**

****Pass the CKA in TESOL or comparable exam and complete 24 semester hours in TESOL education competencies.**

**** Bilingual and TESOL may be added to an SLP license****

Instructional Support Providers

- | | | |
|---|--|---|
| <input type="checkbox"/> Educational Diagnostician | <input type="checkbox"/> Physical Therapist Assistant** | <input type="checkbox"/> School Licensed Practical Nurse (LPN) ** |
| <input type="checkbox"/> Educational Interpreter f/t Deaf** | <input type="checkbox"/> Professional Interpreter f/t Deaf** | <input type="checkbox"/> School Psychologist |
| <input type="checkbox"/> Mobility Trainer for the Blind** | <input type="checkbox"/> Recreational Therapist** | <input type="checkbox"/> School Social Worker** |
| <input type="checkbox"/> Occupational Therapist** | <input type="checkbox"/> School Counselor | <input type="checkbox"/> Speech Language Pathologist** |
| <input type="checkbox"/> Occupational Therapist Assistant** | <input type="checkbox"/> School Nurse (RN)** | <input type="checkbox"/> Rehabilitation Counselor |
| <input type="checkbox"/> Physical Therapist** | <input type="checkbox"/> Audiologist | <input type="checkbox"/> Alcohol Abuse Counselor |
| | <input type="checkbox"/> Drug Abuse Counselor | <input type="checkbox"/> Alcohol & Drug Abuse Counselor |

**** Attach a copy of a current NM Regulations Board or National board license or certificate.**

School Business Official

- School Business Official**

**** Attach either a certified public accountant certificate OR Verification of a bachelor’s or master’s degree with a minimum of 24 semester hours in accounting or business OR verification of 3 years of experience as a school business official AND an associate’s degree with a minimum of 24 semester hours in accounting or business OR a high school diploma or high school equivalency credential and at least five years of verifiable employment experience working under the supervision of a licensed school business official and 40 hours of licensure credit for school business official license continuing education**

EDUCATION

List colleges and universities you have attended

Name of Institution(s)	Dates Attended	Degree Awarded

CHARACTER AND FITNESS

Please **complete the following questions carefully and completely** before providing information and signing the oath. Any falsification or deliberate misrepresentation, including omission of a material fact, in completion of this application can be grounds for denial of certification, or in the case of a certificate holder, reprimand, suspension, or revocation of the educational license.

- Have you ever had adverse action taken against any certificate or license in New Mexico or any other state? (Adverse action includes: letter of warning, reprimand, denial, suspension, revocation, voluntary surrender, or cancellation.)

Documentation *previously provided on this item.* YES NO
- Have you ever had an application for a license, permit, credential, or other document authorizing school service or teaching denied or rejected for disciplinary reasons in New Mexico or any other state?

Documentation *previously provided on this item.* YES NO
- Have you ever been disciplined, reprimanded, suspended, or discharged, from any employment because of allegations of misconduct?

Documentation *previously provided on this item.* YES NO
- Have you ever resigned, entered into a settlement agreement, or otherwise left employment following an allegation of misconduct?

Documentation *previously provided on this item.* YES NO

5. Is any action now pending against you for alleged misconduct, including application discrepancies, in any school district, court, or before any educator-licensing agency?
 Documentation previously provided on this item. YES NO
6. Have you ever failed to fulfill the terms of a teaching or administrative contract? (Resigning from employment, if proper notice was given, does not constitute failure to fulfill a contract.)
 Documentation previously provided on this item. YES NO

If you answered “yes” to any of the questions 1-6 above, please provide a complete narrative description of the details about your answer(s) on a separate sheet, including dates, places, school systems, and circumstances.

7. Do you currently have any outstanding criminal charges, warrants of arrest, or conditions of probation pending against you in New Mexico or in any other state?
 Documentation previously provided on this item. YES NO

CAUTION: Consider your answer to the following question (#8) carefully. Answer “yes” if you have ever been fingerprinted as the result of any arrest, even if the charges were later dismissed. The question is about ever having been fingerprinted, not about the disposition of a case.

8. Have you ever been fingerprinted as a result of any arrest for any crime or violation of the law?
 Documentation previously provided on this item. YES NO
9. Have you ever pled guilty to, or been convicted of, any crime or violation of law, including entering a plea of *nolo contendere* or receiving a deferred or suspended sentence? (For purposes of this application, minor traffic citations should not be reported. Convictions for driving while intoxicated (DWI) or driving under the influence of alcohol or other drugs (DUI), however, must be reported.)
 Documentation previously provided on this item. YES NO
10. Are you currently delinquent in payment of court-ordered child support?
 Documentation previously provided on this item. YES NO

If you answered “yes” to any of the questions 7-10 above, please provide a complete narrative description of the details about your answer(s) on a separate paper, including the nature of the offense, charge, warrant or condition, the name and location of the arresting agency, if any, and the date of any arrest. Also provide relevant court disposition papers including a complete copy of the judgment and sentence and the status of the case, restitution, payment of fines and/r court costs, and satisfactory completion of the sentence. If court documents are not available, submit a letter from an official of the court certifying that documents are not available. **If ordered by a court to pay child support, please provide a copy of the judgement and order fixing your child support obligation.**

11. Have you ever had a court-ordered screening for alcohol or drug dependence?
 Documentation previously provided on this item. YES NO

If you answered “yes” to question 11 above, contact the appropriate agency and request that a copy of the alcohol or drug dependence screening is forwarded to our office. Also, provide evidence of completion of any such treatment, counseling, or alcohol and drug instructional program.

ACKNOWLEDGEMENTS AND OBLIGATIONS

1. I understand that licensure in the State of New Mexico is a privilege granted by the Public Education Department and that this privilege may be suspended or revoked for incompetency, immorality, or other good and just cause.
2. I acknowledge that where licensure is required, by practicing as an educator or working in any school without Public Education Department licensure or official waiver granted by the New Mexico Secretary of Education is grounds for denial of any licensure application and may subject me to criminal and civil penalties as provided for by law.
3. I have read and agree to abide by the New Mexico Educator Code of Ethics and Standards of Professional Conduct found: [Here](#)
4. I understand that my address and name detailed in this application will be the official address and name recorded in Public Education Department official records until a change of record form is received and that all communications regarding my educator licensure will be sent to the official address and name in the Public Education Department official records.
5. I understand that I am obligated to complete a change of official record form within 30 days if I move, or change my name.

OATH

FALSE STATEMENTS OR OMISSIONS ARE CAUSE FOR DENIAL, SUSPENSION, OR REVOCATION OF LICENSURE

I, _____, swear or affirm under the penalty of perjury that
PRINT NAME

All information I submitted in this application is true, correct, and complete to the best of my knowledge, information, and belief. I understand that any material misrepresentation or material omissions of fact in this application are grounds for denial, suspension, or revocation of the educator license(s) that I am seeking. Should a license be issued in error I understand PED has the option to rescind my license.

Signature of the Applicant

Date