

*ONLY COMPLETE APPLICATION PACKETS ARE ACCEPTED.*

*PLEASE BE SURE TO READ THE NEXT PAGE OF THIS APPLICATION.*

*THE APPLICANT IS RESPONSIBLE FOR KNOWING WHETHER THEY ARE ELIGIBLE FOR LICENSURE BASED ON NEW MEXICO RULES.*

*<http://www.ped.state.nm.us/div/ais/lic/rules/index.html>*

*PROFESSIONAL LICENSURE STAFF DETERMINES ELIGIBILITY FOR LICENSURE BASED ON THE CREDENTIALS PROVIDED.*

## THE FOLLOWING INFORMATION WILL HELP YOU SUBMIT A COMPLETE APPLICATION

A *Complete Application Packet* must be submitted OTHERWISE your application will be *RETURNED*. The Application Packet must include the following:

*Please check each item to ensure a complete packet*

- A processing fee in the form of a **Cashier's Check or Money Order** made out to the New Mexico Public Education Department (NMPED).
  - **\$125** for Administrative, Teaching, Instructional Support Providers, Native American Language and Culture and School Business Official
  - **\$35** for Support Providers (Educational Assistant, Coach, Substitute, School Health Assistant)
- The Application **must be fully completed and signed**.
- Official Transcripts from ALL universities/colleges attended with Degree Posted. **(Do not send separately or without degree posted)**
- Completed fingerprint background check packet with \$75 processing fee made out to the New Mexico Public Education Department (NMPED). **(Cashier's Check or Money Order)** Packet can be obtained and questions answered by calling Educator Ethics at 505-827-6649 or email at [ethics@state.nm.us](mailto:ethics@state.nm.us)
- Professional Board Licenses, if applicable.
- In addition, if reciprocating** a teaching and/or an administrative license from another State or Country also include the following:
  - Copies of **current and standard licenses/authorizations/certificates**
  - If you completed an **alternative program** for licensure that is not on a university transcript you must send official documentation of that program and proof of completion
  - Verification of **teaching experience from an employing authority** (Experience must be earned under the licenses/authorizations/certificates held and must be in a k-12 setting). Use official form from our website or a letter from the school and/or district on letterhead.
  - Copies of **teacher exam scores** taken for out-of-state, or out-of country licenses/authorizations/certificates.
  - Official translation & evaluation for out-of-country transcripts plus official foreign transcripts from which evaluation was done.

### **Please Note:**

- **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 1 year from date of receipt.**
- **The processing fee is non-refundable.**



NEW MEXICO PUBLIC EDUCATION DEPARTMENT  
 Professional Licensure Bureau  
 300 Don Gaspar  
 Santa Fe, New Mexico 87501-2786

**APPLICATION FOR INITIAL NEW MEXICO LICENSURE**

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

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? \_\_\_\_\_

**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-12       Early Childhood, B-3       Elementary, K-8       Special Education, Pre K-12  
 Middle Level, 5-9 \*\*       Secondary, 7-12 \*\*       Grades Pre K-12\*\*       Secondary Vocational-Technical, 7-12  
 Blind & Visual Impairment, B-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<br>(Spanish, German, .French, etc.) | <input type="checkbox"/> Technology Education |
| <input type="checkbox"/> Health                                            | <input type="checkbox"/> Performing Arts<br>(Music, Theater, Dance)                              | <input type="checkbox"/> TESOL**              |
| <input type="checkbox"/> History, Geography,<br>Economics,<br>& 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.

**Instructional Support Providers**

- |                                                             |                                                                                   |                                                              |
|-------------------------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Educational Diagnostician          | <input type="checkbox"/> Physical Therapist Assistant**                           | <input type="checkbox"/> School 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"/> Vocational Rehabilitation Counselor |
| <input type="checkbox"/> Physical Therapist **              | <b>** Attach a copy of a current NM or National board license or certificate.</b> |                                                              |

**Support Providers**

- |                                                              |                                                                                                        |
|--------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Athletic Coach, 7-12                | <b>** Attach the Superintendent Verification Form that verifies that pre-requisites have been met.</b> |
| <input type="checkbox"/> Educational Assistant, Pre K-12**   |                                                                                                        |
| <input type="checkbox"/> School Health Assistant, Pre K-12** |                                                                                                        |
| <input type="checkbox"/> Substitute Teacher, Pre K-12**      |                                                                                                        |

**Native American Language & Culture Certificate**

- Native American Language & Culture\*\*
- \*\*Attach verification of Language Proficiency from Tribal Designee.**

**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.**

**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

## CHARACTER AND FITNESS CONTINUED

3. 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
4. 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 or detainment, 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 or detainment 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 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.*

**CHARACTER AND FITNESS CONTINUED**

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.*

**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.**

\_\_\_\_\_  
Signature of the Applicant

\_\_\_\_\_  
Date