

FINGERPRINT BACKGROUND CHECK INFORMATION

Processing Fee - Cashier's check or money order

NO PERSONAL CHECKS AND PLEASE MAKE SURE TO FILL OUT YOUR MONEY ORDER!

- **\$29.25** Payable to the *New Mexico Public Education Department (NMPED)*.
- Applicants may combine the fingerprint background fee and the licensure application processing fee.
- The Fee is **non-refundable**.

Fingerprint Background Check Packet must include:

- Two (2) classifiable fingerprint cards taken by a certified fingerprinting official fully completed with your personal information.

Fingerprint Background Check Packets will be RETURNED to you and cause a DELAY in processing if:

- You do not complete the personal information on the fingerprint cards
- The fee is incorrect
- No fee is attached
- You submit a personal check
- You use HIGHLIGHTERS on cards

If a Background Check has been completed in the last 2 years in NM

- Submit a copy of the FBI report with no fee.

Blank Fingerprint Cards are Available by Calling 505-827-6104 or 505-827-6649 OR you may submit a request at www.ethics.ethics@state.nm.us



*ONLY COMPLETE APPLICATION PACKETS ARE BEING ACCEPTED.
PLEASE BE SURE TO READ THE LAST PAGE OF THE 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.*



APPLICATION FOR 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
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 ** Needs at least one content area endorsement (see below).
 Blind & Visual Impairment, B-12

Endorsements

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

** Needs to pass a language proficiency exam in the target language, ie. *Preuba de Espaiiol para Certificación Bilingüe for Spanish Bilingual*

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 ** | | |

**** Attach a copy of a current NM or National board license or certificate.
Attach the Superintendent Verification Form that verifies pre-requisites have been met.**

Support Providers

- Athletic Coach, 7-12
- Educational Assistant, Pre K-12**
- School Health Assistant, Pre K-12**
- Substitute Teacher, Pre K-12**

**** Attach the Superintendent Verification Form that verifies that pre-requisites have been met..**

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 current certified public accountant certificate or official transcripts reflecting a degree with a minimum of 24semester hours in accounting and verification of 3 years of verified experience as a school business official.**

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 any arrest. Also provide relevant court disposition papers including a complete copy of the judgment and sentence and the current 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 be 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 omission 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

Now that you have completed your application - please read the following:

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 **Money Order or Cashier's Check** made out to the Public Education Department (PED).
 - **\$65** for Administrative, Teaching, Instructional Support Providers, Native American Language and Culture and School Business Official
 - **\$25** 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 Degrees Posted. (**Do not send under separate cover or without degree posted**)
- 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.

Did you remember?

- **To include a cashier's check or money order and NOT a Personal Check**
- **To sign and completely fill out your Money Order**
- **To attach original and official transcripts**
- **To completely fill out your application and sign it**

- ◇ **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.**