

## Application for RENEWAL Licensure

Applicants may submit applications 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 licensure Renewal must include the following to be considered complete

**Teacher and instructional support provider**

Submit a Renewal application processing fee of **\$120.00** in the form of a cashier's check or money order made payable to the "New Mexico Public Education Department." (please see *current Fee Schedule*); **or**

**Administrator**

Submit a Renewal application processing fee of **\$130.00** in the form of a cashier's check or money order made payable to the "New Mexico Public Education Department."

Renewal Application form, completed in full, signed, and dated;

Please submit official sealed transcripts **only if** you are adding a new endorsement. *\*Please keep in mind, a consultant may request for official transcript(s) if existing transcript(s) on file are unreadable;*

*Current Board License*

A Superintendent's Recommendation form verifying you have satisfactorily demonstrated competencies; **(must be provided if you used the license any time during the life of the license)**

OR

A notarized letter attesting that you have not been employed and used your New Mexico license(s) during the life of the license(s).

Note: If your license has expired, a new background check must be completed for licensure. For information on how to complete a background please visit:

<http://webnew.ped.state.nm.us/officesandprograms/licensure/background-submission/>

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.

- 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:** 300 Don Gaspar, Room 103, Santa Fe, NM 87501

**FOR OFFICE USE ONLY**

- Correct Fee - \$120.00 (Teachers/Instructional Support Providers)
- Correct Fee - \$130.00 (Administrator)
- Official sealed transcript(s)
- Superintendent Recommendation Form
- Notarized statement
- Copy of Valid board License(SLP, Counselor, etc)
- Contact Hours - Verification (SBO)

**APPLICATION FOR NEW MEXICO CONTINUING LICENSURE**

License #: \_\_\_\_\_

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

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

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

**Check** if you or your spouse is an active military member. *Please 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.*

**Check level of license(s) and types of license(s) that are being renewed**

- Level 1                     
  Level 2                     
  Level 3                     
  Level 3A                     
  Level 3B

**Administrative/Teaching Licenses**

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Administration, Pre K-12         | <input type="checkbox"/> Early Childhood, B-3                     | <input type="checkbox"/> Birth-Pre K                     | <input type="checkbox"/> Pre K-Grade 3     |
| <input type="checkbox"/> Elementary, K-8                  | <input type="checkbox"/> Special Education, Pre K-12              | <input type="checkbox"/> Middle Level, 5-9**             | <input type="checkbox"/> Secondary, 7-12** |
| <input type="checkbox"/> Specialty Grades, Pre K-12**     | <input type="checkbox"/> Secondary Vocational-Technical, 7-12     | <input type="checkbox"/> Blind & Visual Impairment, B-12 |  |
| <input type="checkbox"/> Deaf & Hard of Hearing, Pre K-12 | <b>**Needs at least one content area endorsement (see below).</b> |  |  |

**Instructional Support Providers**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Alcohol, Drug & Substance Abuse Counselor** | <input type="checkbox"/> Marriage & Family Therapist **      | <input type="checkbox"/> School Counselor**            |
| <input type="checkbox"/> Alcohol Abuse Counselor**                   | <input type="checkbox"/> Mobility Trainer f/t Deaf **        | <input type="checkbox"/> School Nurse**                |
| <input type="checkbox"/> Drug Abuse Counselor**                      | <input type="checkbox"/> Occupational Therapist **           | <input type="checkbox"/> School Psychologist           |
| <input type="checkbox"/> Substance Abuse Counselor**                 | <input type="checkbox"/> Occupational Therapist Assistant ** | <input type="checkbox"/> School Social Worker**        |
| <input type="checkbox"/> Audiologist**                               | <input type="checkbox"/> Physical Therapist **               | <input type="checkbox"/> Speech Language Pathologist** |
| <input type="checkbox"/> Educational Diagnostician                   | <input type="checkbox"/> Physical Therapist Assistant **     | <input type="checkbox"/> SLP Clinical Fellow**         |
| <input type="checkbox"/> Interpreter f/t Deaf**                      | <input type="checkbox"/> Recreational Therapist**            | <input type="checkbox"/> SLP Apprentice*               |
| <input type="checkbox"/> Licensed Practical Nurse (LPN)**            | <input type="checkbox"/> Rehabilitation Counselor            | <input type="checkbox"/> SLP Apprentice**              |

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

**School Business Official**

- School Business Official (SBO)

**\*\*Attach a copy of verification of (16) contact hours per year of training or coursework**

**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 | <input type="checkbox"/> Technology Education |
| <input type="checkbox"/> Health                                     | <small>(Spanish, German, .French, etc.)</small>              | <input type="checkbox"/> TESOL**              |
| <input type="checkbox"/> History, Geography, Economics & Government | <input type="checkbox"/> Performing Arts                     | <input type="checkbox"/> Visual Arts          |
|   | <small>(Music, Theater, Dance)</small>                       |   |

**\*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\*\***

## 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

1. 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
2. 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
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, 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

- 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.
- I acknowledge that where licensure is required, 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.
- I have read and agree to abide by the New Mexico Educator Code of Ethics and Standards of Professional Conduct found [Here](#)
- 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.
- 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 all information

PRINT NAME

**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 is 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