

Application for Support Provider Licensure

Applicants may apply for multiple Support Staff 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 complete

- Support Provider (substitute, educational assistant, Native American Language & Culture)**
Submit an application processing fee of **\$50.00** or Athletic Coach application processing fee of **\$35.00**; in the form of a cashier's check or money order payable to the "New Mexico Public Education Department." (please see *current Fee Schedule*)
- Application form, completed in full, signed, and dated.
- Background check completed through Gemalto for "Teacher Licensure" using ORI# **NM920140Z** (see *current Fee Schedule and Instructions on Completing the Background Check*)
- 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.
Athletic Coach, 7-12
- NMAA (NFHS) Fundamentals of Coaching and First Aid & Safety Certificate
Educational Assistant, Pre K-12
- Attach the Superintendent Verification Form that verifies that pre-requisites have been met. If applicable, submit exams or transcripts.
 - ✓ **Transcripts or passage of Para Pro/Para Educator, or Essential Academic Skills (Level 3)**School Health Assistant, Pre K-12
- Attach the Superintendent Verification Form that verifies that pre-requisites have been met, copy of a valid first aid/CPR certificate, NMPED/DOH School Health Training Certificate
Substitute, Pre K-12
- Attach the Superintendent Verification Form that verifies that pre-requisites have been met.
Native American Language & Culture
- Attach verification of Language Proficiency from Tribal Designee.

- 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 - \$35.00 (Coaches)
- Correct Fee - \$50.00 (EAs/Subs/School Health Assistants/NALC)
- Official sealed transcripts
- Superintendent Verification Form
- Copy of EA Exam
- Copy of Certificates NMAA
- Copy of Certificates Red Cross 1st Aid/CPR/DOT Health Training
- Verification of Language Proficiency from Tribe

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*	
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 filenumber? _____

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**

***this question applies to the license you're currently applying for and not for the license(s) you currently may have.*

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 military identification card, your marriage license and a copy of your spouse's current orders for mobilization/deployment.*

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

Options

Approved Program

Support Providers

- Athletic Coach, 7-12*
- Educational Assistant, Pre K-12**
- School Health Assistant, Pre K-12***
- Substitute, Pre K-12**
- Native American Language & Culture****

** NMAA Coaching Fundamentals & NMAA First Aid Certificates required.*

*** Attach the Superintendent Verification Form that verifies that pre-requisites have been met. If applicable, submit exams or transcripts.*

**** Attach Superintendent Verification for School HEA, valid certification in CPR & First Aid & Certificate NMDOH training.*

***** Attach verification of Language Proficiency from Tribal Designee.*

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

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, 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