

REQUEST TO GRANT A ONE YEAR CONDITIONAL SUBSTANDARD LICENSE

LICENSE HOLDER INFORMATION

Name: _____ License or SSN: _____

District: _____ School Name: _____

VERIFICATION

Applicant has provided evidence of

- Initial Online application and fee of \$150.00
- Official transcripts with degree conferred either with the application or emailed to NMPED directly from the college or university to OfficialTranscripts.LU@state.nm.us
- Completed background check for teacher licensure

Licensure Type: _____

Testing Requirements:

- Passed NA Anticipated testing date _____ Teaching Reading: Elementary (5205)
- Passed NA Anticipated testing date _____ Principles of Learning & Teaching
 - Elementary (5622) Secondary (5624) Special Education (5354)
- Passed NA Anticipated testing date _____ Early Childhood Education
 - Education of Young Children (5024) Pre-Kindergarten Education (5531)
- Passed NA Anticipated testing date _____ Core Academic Skills for Educators 1 and 2 and 3 (5713/5723/5733)
- Passed NA Anticipated testing date _____ Elementary Education: Curriculum, Instruction & Assessment (5017)
- Passed NA Anticipated testing date _____ Content Knowledge Exam for first endorsement

By signing this form I verify that I understand this license is in effect for one year and is only valid if employed

by _____
District/Charter Name

Educator Signature: _____

Date: _____

Superintendent Signature: _____

Date: _____