



**STATE OF NEW MEXICO
PUBLIC EDUCATION DEPARTMENT
300 DON GASPAR
SANTA FE, NEW MEXICO 87501-2786
Telephone (505) 827-5800
www.ped.state.nm.us**

KURT A. STEINHAUS
SECRETARY OF EDUCATION (DESIGNATE)

MICHELLE LUJAN GRISHAM
GOVERNOR

NOTARIZED STATEMENT FOR NO EXAMS REQUIRED FOR LICENSURE

I _____, declare that I was not required to, nor did I take any exams in the
(Print Name)
state/country of _____ for the license that I am requesting reciprocity for in New Mexico. I swear or
affirm under penalty of perjury that all the information listed above is true and correct to the best of my knowledge.

Signature of Applicant

Date

THE STATE OF _____

COUNTY OF _____

On this _____ day of _____, _____.
Month Year

Before me, the undersigned notary public, personally appeared _____
Name of Person(s) Acknowledging

Proved to me, through satisfactory evidence of identification, which was _____
Type of Identification

To be the person(s) whose name(s) is/are signed on the preceding or attached document and acknowledge to me that he/she/they signed it voluntarily for its stated purpose(s).

Signature of Notary Public

Commission Expiration Date of Notary Public

Seal