

REQUEST TO GRANT A ONE-YEAR CONDITIONAL SUBSTANDARD LICENSE (1CS)

LICENSE HOLDER INFORMATION

Name: _____ License or last 4 of 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
- Issue for current school year or Issue for next school year

Licensure Type: _____

Testing Requirements:

Passed N/A Anticipated testing date _____ Principles of Learning & Teaching: Grades K-6 (5622) or Grades 7-12 (5624)

Passed N/A Anticipated testing date _____ Content Assessment: Pre-Kindergarten Education (5531) or Education of Young Children (5024) or Elementary Education: Curriculum, Instruction & assessment (5017) or Teaching Reading: Elementary (5205) or Special Education: Core Knowledge & Applications (5354) or Special Education: Teaching Students with Visual Impairments (5282) or Special Education: Education of Deaf and Hard of Hearing Students (5272) or

OTHER content assessment (list here): _____
Name of exam *Test I#*

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: _____