

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

## LICENSE HOLDER INFORMATION

Name: \_\_\_\_\_ License or last 4 of SSN: \_\_\_\_\_

District: \_\_\_\_\_ School Name: \_\_\_\_\_

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## 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](mailto: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#*

Student Teaching  Teaching of Reading Coursework

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: \_\_\_\_\_