
# REQUEST MUST BE MADE BEFORE THE 60TH CALENDAR DAY (NOT SCHOOL DAY) OF THE SCHOOL YEAR OR EMPLOYEE WORK START DATE. THIS FORM IS TO BE COMPLETED BY THE SUPERINTENDENT OR THE SUPERINTENDENT’S DESIGNEE.

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| **Candidate’s Name:** **Work Start Date**:       |
| **Social Security Number:**  | **Licensure Number:**  |
| **Candidate’s Mailing Address:***(street)*  |
| *(city)(state)*  | *(zip code)* |
| \*\* **Is the Candidate pursuing an alternative route to licensure?**  |  |
| **Type of Endorsement Waiver Requested:**  |
| **District Name/Code:** |

### TEACHERS ELIGIBLE FOR INITIAL WAIVER OF ENDORSEMENT. CHECK THE APPLICABLE CATEGORY BELOW FOR THIS CANDIDATE:

**For ALL Schools and Districts**

**[ ]** Teachers who teach non-core academic subjects (Gifted Education, Health, Physical Education, Library/Media,

**\_\_\_**

Psychology, Information Technology Coordinator, Technology Education, Visual Arts, Business Education, Family and Consumer Sciences, Performing Arts, Reading and Agriculture)

[ ]  Teachers who teach core academic subjects (Language Arts, Mathematics, Social Studies, and Science)

**Summative Report Rating**

[ ]  Teacher’s effectiveness rating on NMTEACH Summative Report is Effective or higher on most current report

[ ]  Teacher does not have a current summative report, as they are a new hire to the district

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# I HEREBY CERTIFY:

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| **1.** | **That a staffing emergency exists in:**      | ***(identify unstaffed class, course or position)***      |

|  |  |
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| **2.** | **That the emergency exists by reason of: *(place “x” in as many categories as apply:)*** |
| [ ]  | **(a)** | **a full time position that has been vacant for at least one school year and has been intermittently filled by a substitute teacher(s) or an existing staff member(s);** |
| [ ]  | **(b)** | **The repeated inability by a school to keep a position filled for longer than one school year by the same person;** |
| [ ]  | **(c)** | **The sudden vacancy of a position due to illness, resignation, administrative action, or unexcused departure;** |
| [ ]  | **(d)** | **the required creation of a full time position that has not yet been filled with a person holding a license;** |
| [ ]  | **(e)** | **the lack of qualified applicants;** |
| [ ]  | **(f)** | **a state or federal court order requiring the offering of a course or program;** |
| [ ]  | **(g)** | **other**:       |

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| **3.** | **That the candidate named in this request was selected because they have completed the following towards gaining the endorsement:*****(THIS SECTION IS NOT THE PLAN FOR COMPLETING LICENSURE REQUIREMENTS.)***[ ]  Has course work taken,      credit hours have been completed **and OR**[ ]  Has completed the content knowledge assessment (CKA) with a passing score of       **OR**[ ]  None of these apply please see below |

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| **4.** | **That the candidate named in this request was selected because of the possession of some qualifications to provide the needed instructional services. The qualifications are:*****(THIS SECTION IS NOT THE PLAN FOR COMPLETING LICENSURE REQUIREMENTS.)***      |

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| **5.** | **[ ]  I have attached documentation to support recruiting qualified applicants** **[ ]  I have attached a signed plan by the educator and principal** |

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| **CERTIFIED BY:** | *(Printed name of superintendent or designee making certification)*      |
| I agree that this teacher will not be assigned to any school in the district that has failed to meet annual yearly progress for two consecutive years as required by 22-10A-14 (D) NMSA.**X**  |

*(Signature of certifying official) (Title) (Date)*

 **SUBMIT A COMPLETE PACKET**

## Incomplete initial application packets with the Request for Initial Endorsement Waiver Form will be denied. A complete packet must contain:

1. a duly filled-in and signed endorsement application with the Request for Initial Endorsement Waiver Form printed on school district stationery;
2. the *district's plan* that details how the candidate will complete college coursework while holding endorsement waiver, **and where applicable;**

## *official transcript(s)* demonstrating the candidate successfully completed required course(s) or obtained required credentials.

*This portion is to be completed by the candidate for endorsement waiver.*

Candidate's Signature Date License/File Number

**CONSENT BY THE CANDIDATE**

*I acknowledge:****(a)*** *that I have been shown this duly completed 3-page "Request for Initial Endorsement Waiver" form and freely consent to its filing with the Public Education Department;* ***(b)*** *that by signing this form my employer may direct me to perform instructional services authorized by the endorsement waiver being requested, and* ***(c)*** *that by signing this form I acknowledge my non-waiver-able obligation to take and pass all applicable portions of the NMTA (if applicable) during the life of this waiver, and to comply with any conditions imposed by the Public Education Department (PED), or any educational plan submitted by my school district.*

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### APPEALS:

**The Director of the Professional Licensure Bureau must receive a review of denial of a request for substandard licensure within 30 days of the local district's receipt of the denial.**

Source: *6.61.9.13 NMAC*

**Educator Plan to Meet Licensure Requirements**

**For Endorsement Waiver**

The educator is responsible for the completion of these requirements.

**Name of Educator:**

**License #:****Expiration Date: June 30, 20**

**Year 1 (check box one)** **[ ] 2018-2019** **[ ]  2019-2020** **[ ]  2020-2021** **[ ] 2021-2022**

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| **Fall** | **Spring** | **Summer** |
| **List course(s) and their titles to be taken below (3 classes per year)** |
| 1.      | 1.       | 1.       |
| 2.      | 2.       | 2.       |
| 3.      | 3.       | 3.       |
| **Name and Month of Assessment(s) to be taken below** |
| 1.       | 1.       | 1.        |
| 2.       | 2.       | 2.       |
| 3.       | 3.       | 3.       |
| Signature/Date Verification of Individual Monitoring this Plan:      | Signature/Date Verification of Individual Monitoring this Plan:      | Signature/Date Verification of Individual Monitoring this Plan:      |

**Notes:**

**Year 2 (check box one) [ ] 2018-2019 [ ]  2019-2020 [ ]  2020-2021 [ ] 2021-2022**

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| **Fall** | **Spring** |  | **COMPLETED COURSES:** |
|  **List course(s) and their titles to be taken below (3 classes per year)** |  |       |
| 1.       | 1.       |  |
| 2.       | 2.       |  |
| 3.       | 3.       |  |
| **Name and Month of Assessment(s) to be taken below** |  |
| 1.       | 1.       |  | **COMPLETED NES ASSESSMENTS:** |
| 2.       | 2.       |  |       |
| 3.       | 3.       |  |
| Signature/Date Verification of Individual Monitoring this Plan:      | Signature/Date Verification of Individual Monitoring this Plan:      |  |

**Notes:**

**Signature of Educator**  **Date**

**Signature of principal Date**