

Sample Registration


New User Registration

Please enter your information below.

If you are from a country outside the USA, and do not have a SSN, you must place a checkmark in the box next to the statement below. This will generate a unique ID so you can register successfully in our system.

Check this box if you DO NOT have a Social Security Number (SSN). To proceed with your application, a dummy ssn will be autopopulated.

User Personal Information

Prefix	First Name *	Last Name *	Suffix	Middle Name
<input type="text" value="Prefix"/>	<input type="text" value="Jane"/>	<input type="text" value="Doe"/>	<input data-bbox="1213 370 1444 418" type="text" value="Suffix"/>	<input type="text" value="Fawn"/>
Former Name(s) / Nick Name 	Date of Birth *	Phone *		
<input type="text" value="Buck"/>	<input data-bbox="527 483 753 527" type="text" value="01/02/1979"/>	<input data-bbox="800 483 1167 527" type="text" value="5056921234"/>		
Physical Mailing Address *				
<input type="text" value="PO Box 100"/>				
City *	State *	Zip Code *		
<input type="text" value="Anywhere"/>	<input data-bbox="663 699 1167 743" type="text" value="New Mexico"/>	<input type="text" value="87110"/>		
Social Security Number *	Role Requested *			
<input data-bbox="117 813 558 857" type="text" value="Enter Social Security Number"/>	<input data-bbox="663 813 1167 857" type="text" value="Applicant x"/>			

Security Information

Email (Username) *	Confirm Email (Username) *
<input data-bbox="117 1049 894 1092" type="text" value="jane.buck-doe@gmail.com"/>	<input data-bbox="940 1049 1717 1092" type="text" value="jane.buck-doe@gmail.com"/>
Password *	Password (Again) *
<input data-bbox="117 1157 894 1201" type="text" value="*****"/>	<input data-bbox="940 1157 1717 1201" type="text" value="*****"/>

Password Rules

Password must be at least eight characters long.

Password must contain at least one upper, one lower and one numeric character.

Password can not contain words that can be found in a dictionary.

Password must contain at least one special characters. (eg. -, +, !, &, \$, or ?)

Password needs to be changed every 60 days.

Organizational Affiliations

Do or did you have a NM License?

Yes No

If you have held licensure (valid or expired, you must answer yes or you will receive the error that there is a SSN associated with a file in our system.

Most Recent District/State Charter *

Select Most Recent District/State Charter

Place of Employment

Affiliation *

Select Primary Affiliation

Previous/Current License Number

251975

Search License Number

You can either enter your license number if you know it, or you can click the link below titled "Search License Number" and it will automatically generate your license number (aka: File ID). If you still receive errors, please contact us so we can troubleshoot for you. 505-827-5800 (option1).

Other Information

Gender *

Female

Ethnicity *

Other Hispanic

Race *

Prefer not to say

Acknowledgement

I acknowledge that I have a valid SSN and I have provided the same SSN above.

The above section is used to collect data for PED purposes. While you are required to answer the questions, you may choose the option "Prefer not to say" within the drop-down selections.

I'm not a robot



You must place a checkmark in the Acknowledgement box and click the "I'm not the robot" for verification and the register button

Cancel

Register

The Applicant will receive a dialog box confirming you must update your profile if changes must be made (i.e., name, address, phone number, etc.), then click the OK button. Thereafter, a message stating "Registration Successful" and an email notification of successful registration.

NOTICE REGARDING CHANGES ×

NOTICE REGARDING A CHANGE OF ADDRESS

The Public Education Department ("PED") considers the mailing address, inclusive of any email address, that you have provided on this Application to be your official address of record. Any notice, letter, memo, or other form of communication, which PED is required by law to provide, or voluntarily chooses to provide, to you, shall be sent to the address of record and shall be deemed delivered once sent to the address of record, even if returned undelivered to the PED. Please be advised that as a Licensee of the PED, you are responsible for immediately notifying the PED of any change in street address or email address using the Change of Address Form. Submission of such form shall be the sole means by which you may change your address of record with the PED. If you relocate, change your mailing address, or change your email address and have not submitted your new address to the PED using the Change of Address Form, the PED will continue to consider the address you provided on this application, or on a subsequent Change of Address Form, to be your address of record.

NOTICE REGARDING A CHANGE IN EMPLOYMENT

As a Licensee of the PED you are required to ensure that you notify the PED of any change in employment if such change in employment results in your employment in any position that requires PED licensure. You must notify the PED within ten days of the first day of your new employment using the Change of Employment form.

Ok

Registration Successful! ×

Account is created successfully. An automatic email is sent to your personal email address.

Go to Login