


## Steps to Create Application

<https://licensureapp.ped.state.nm.us>

Educators will log into their accounts by entering their email (Username) and password.




Professional Licensure Bureau  
NM PED Licensure System

### Login

UserName


Password

☐ I'm not a robot 

[Sign In](#) [Register](#)

[Forgot Password](#)

A Security Access Code will be sent to the applicant's registered email address and entered in the field below.



Professional Licensure Bureau  
NM PED Licensure System

Enter the Security Access Code you received by Email

[Send again](#)

Security Access Code

[Validate](#) [Cancel](#)

### PED LOGIN - Security Access Code



NoReplyPED <Join.us@state.nm.us>  
To: Jaquez, Jenna, PED

Start your reply all with: [It worked! Thank you!](#) [Thank you!](#) [Did you request this?](#) [Feedback](#)

Dear [REDACTED]

Your Security Access Code to login into the NMPED Licensure Portal is [REDACTED]. This Security Access Code is valid for 15 minutes. Please delete this email after using the code as it will not work for future login purposes.

Thank you,  
Professional Licensure Bureau

[Reply](#) [Reply All](#) [Forward](#) [Share](#) [More](#)

Thu 7/7/2022 2:29 PM

After the Login, a dialog box will appear, the applicant will click on the “OK”. You may get another dialog asking if you want to save your password. Please click No thanks as it will save the one-time passcode as your password. You will then be re-directed to the Landing page as seen below. Select “License Application” from the PED Application dropdown and select “Applicant” as the user role from the Select Your Role dropdown, then click on the Go button.

IMPORTANT NOTICE

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

Save password

Microsoft Edge will update your saved password for this site.

jmjaquez1276@gmail.com

.....

Save

No thanks

PED Applications \*

License Application

Your Roles \*

Applicant

GO

The Licensure Portal has a security measure in place that will redirect Users to the Login page after 30 minutes.

You will be automatically directed to the Applications Submission stage, where you will see any pending applications. You will click on the button that reads “Start New Application”. Some fields on the Application Creation page will auto-populate based on data entered in the User Registration form. The applicant will see all their valid licenses under the Existing Licenses section.

MAIN NAVIGATION

Application Submissions

Create Application

Character and Fitness

Upload Documents

Review & Submit

Payment

Review Status

My Licenses

User Settings

Back to Landing Page

Application Submissions

Application Submissions

ApplicationId	Submit Date	Status	Background Status	Is Military Member	License Types	Middle Name	Former Name	District	Address
011874	6/19/2022, 7:12:28 AM	Pending		Yes	SEC: 6-12, MIDDLE SCHOOL	M			
011873	6/18/2022, 4:00:41 AM	Completed		Yes	SEC: 6-12	M			
011872	6/16/2022, 8:49:10 AM	Completed		Yes	MIDDLE SCHOOL	M			

APPLICATION STATUS: Pending

Start New Application

The “Request for New License” section, seen below, will allow the applicant to apply for one or more licenses, add an endorsement to an existing license, or renew a current license. Click Add/Save after each separate application request. After entering all application requests, the user will answer questions 1-8 on the Create Application page, then click the “Add License” button. **\*\*The Background Registration ID field is NOT required; however, if you have the TCN number the fingerprinting agency provided, you can enter this field.**

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Create Application

Application Information

First Name	Middle Name	Last Name	District	License Number

Existing Licenses

Request For New License

Application Type

Select Application Type

License Category

Select License Category

License Type

Select License Type

Pathway

Select Pathway

Endorsement

Select Endorsement

Add License

Requested Licenses

License Category	License Type	License Level Code	Application Type	Pathway	Delete	Endorsements
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Showing 0 to 0 of 0 entries

1. From which state did you receive your education credentials or coursework?

Select State

Select Country

2. Which New Mexico Educator Preparation Programs did you attend (if any)?

Select EPP Provider

3. Did you participate in an Educators Rising New Mexico in high school? **This is for those who graduated HS in 2015 to the present.**

Yes

No

4. What high school did you attend?

5. Do you currently hold licensure in any other state(s) or country?

Yes

No

Select State

Select Country

6. Are you employed or do you plan to be employed in education in New Mexico during this school year?

Yes

No

Enter Your Employment Place

Enter Your Position

7. Background Transaction Number **This is not a required field; however, if you have the TCN number, you can provide it now.**

Enter Background Transaction Number

8. List colleges and universities you have attended

Name of Institution

Degree/Certificate Awarded

Select State

Select Country

Add

Email Official Electronic Transcripts to [OfficialTranscripts.LU@state.nm.us](mailto:OfficialTranscripts.LU@state.nm.us).  
Official Foreign Course by Course Transcripts Evaluations must be sealed and mailed to 300 Don Gaspar, Santa Fe, New Mexico 87501 at the attention of the NMPED Licensure Bureau.

Military Membership, seen below, requires a response. Upon completion, the applicant will initial, date, and then click on the Save button.

Name of Institution	Degree/Certificate Awarded	Edit	Delete	State	Country
No records found!					

Military Membership

1. Are you an active military member?

Yes

No

2. Are you a spouse of an active military member?

Yes

No

3. Are you a retired military member?

Yes

No

Initials

Initials


Date

Date

Save

## Steps for Character and Fitness

After successfully submitting your license request on the Create Application page, the applicant is directed to the Character and Fitness questions below. Applicants are asked to review each question carefully and are required to answer Yes or No.



MAIN NAVIGATION

Create Application

Character and Fitness

Upload Documents

Review & Submit

Payment

Review Status

Application Submissions

My Licenses

User Settings

Back to Landing Page

Sign Out

Character and Fitness

Character and Fitness

Please **complete the following questions carefully and completely** before providing information and signing the oath. Any falsification or deliberate misrepresentation, including omission of a material fact, in completion of this application can be grounds for denial of certification, or in the case of a certificate holder, reprimand, suspension, or revocation of the educational license.

1. Have you ever had adverse action taken against any certificate or license in New Mexico or any other state? (Adverse includes: letter of warning, reprimand, denial, suspension, revocation, voluntary surrender, or cancellation.)

☐ Yes ☐ No

2. Have you ever had an application for a license, permit, credential, or other document authorizing school service or teaching denied or rejected for disciplinary reasons in NM or any other state?

☐ Yes ☐ No

3. Have you ever been disciplined, reprimanded, suspended, or discharged, from any employment because of allegations of misconduct?

☐ Yes ☐ No

4. Have you ever resigned, entered into a settlement agreement, or otherwise left employment following an allegation of misconduct?

☐ Yes ☐ No

5. Is any action now pending against you for alleged misconduct, including application discrepancies, in any school district, court, or before any educator licensing authority?

☐ Yes ☐ No

6. Have you ever failed to fulfill the terms of a teaching or administrative contract? (Resigning from employment, if proper notice was given, does not constitute failure to fulfill contract.)

☐ Yes ☐ No

If you answered "yes" to any of the questions 1-6 above, please provide a complete narrative description of the details about your answer(s) on a separate sheet, including dates, places, school systems, and circumstances.

7. Do you currently have any outstanding criminal charges, warrants of arrest, or conditions of probation pending against you in New Mexico or in any other state?

☐ Yes ☐ No

**CAUTION: Consider your answer to the following question (#8) carefully. Answer "yes" if you have ever been fingerprinted as the result of any arrest, even if the charges were later dismissed. The question is about ever having been fingerprinted, not about the disposition of a case.**

8. Have you ever been fingerprinted as a result of any arrest for any crime or violation of the law?

☐ Yes ☐ No

9. Have you ever pled guilty to, or been convicted of, any crime or violation of law, including entering a plea of nolo contendere or receiving a deferred or suspended sentence? (For purposes of this application, minor traffic citations should not be reported. Convictions for driving while intoxicated (DWI) or driving under the influence of alcohol or other drugs (DUI), however, must be reported.)

☐ Yes ☐ No

10. Are you currently delinquent in payment of court-ordered child support?

☐ Yes ☐ No

If you answered "yes" to any of the questions 7-10 above, please provide a complete narrative description of the details about your answer(s) on a separate paper, including the nature of the offense, charge, warrant or condition, the name and location of the arresting agency, if any, and the date of any arrest. Also provide relevant court disposition papers including a complete copy of the judgment and sentence and the status of the case, restitution, payment of fines and/r court costs, and satisfactory completion of the sentence. If court documents are not available, submit a letter from an official of the court certifying that documents are not available. If ordered by a court to pay child support, **please provide a copy of the judgement and order fixing your child support obligation.**

11. Have you ever had a court-ordered screening for alcohol or drug dependence?

☐ Yes ☐ No

Note: If you answered "yes" to question 11 above, contact the appropriate agency and request that a copy of the alcohol or drug dependence screening is forwarded to our office. Also, provide evidence of completion of any such treatment, counseling, or alcohol and drug instructional program.

Initials

Initials

Date

Back

Save

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For support with the application please email: [licensureunit@state.nm.us](mailto:licensureunit@state.nm.us).

Version 1.0

## Steps for Upload Documents

The applicant will be asked to upload documents based on the submitted Application (New, Renewal, or Endorsement), the License Category, the License Type, and the Pathway selected. ***\*\*The below will appear differently based on the license and pathway you have selected***

Application Type	License Category	License Type	Pathway	Endorsement
New (Initial)	TEACHER	ELEM: K-8	Reciprocity-In Country	Agriculture, Bilingual Education, Business Education, Family and Consumer Science, Gifted Education, Health, Information Tech Coordinator, Library/Media, Modern Classical Native & Language, Performing Arts, Physical Education, Psychology, Reading, Technology Education, TESOL, Visual Arts
<p><b>*Required</b> Upload Verification of Teaching Experience on out of state or Country letterhead for Pre K-12</p> <div>TEACHING EXPERIENCE PRE K-12</div>				
<p><b>*Required</b> Upload any Teacher Exam scores from out of state or country that are not PEARSON or PRAXIS</p> <div>TEACHER EXAM SCORES</div>				
<p><b>*Required</b> Upload your current out of state license</p> <div>LICENSE-OUT OF STATE</div>				

[Prev](#)

Next

The General Documents section allows the applicant to upload a copy of their SSN (if applicable), Military related documents and documents related to Character and Fitness.

By clicking this link, you will find all forms related to licensure you are applying for (i.e. Supt. Verification/Recommendation Forms, Verification of Experience, etc.) <https://webnew.ped.state.nm.us/bureaus/licensure/applications-and-forms-for-licensure/>

Other Documents

Other Documents

Military Membership

**\*Required**

Proof of Military Membership

Character of Fitness Documents

**\*Required**

As you answered "yes" to any of the character and fitness questions 7-10 above, please upload the following documents: (1) Completion of sentence from the court OR Dismissal of charges from the court. (2) Narrative to include details leading up to the arrest such as dates, places and names. Here is the aid [link](#) for reference.

Initials

Initials

Date

Date

Prev


Next

The user can delete any uploaded document should they wish to do so. Upon completing the document upload, the applicant will initial, date, and then click “Next” to proceed with Application Review and Submit.

Steps for Application Review & Submit

In Application Review & Submit, the applicant is shown all the documents they have uploaded, and the Character and Fitness questions they've answered.

Application Review & Submit

Requested Licenses			
Show 10 entries		Search: <input type="text"/>	
Application Type	License Category	License Type	Pathway
 New (Initial)	TEACHER	K-8 ELEMENTARY	Reciprocity-In Country
Showing 1 to 1 of 1 entries		First Previous 1 Next Last	

Application Documents	
ELEM: K-8	
Miscellaneous Documents	



Application Id	Middle Name	District	LicInstNtmbu
011817	Jftri	fudge	21ST CENTURY PUBLILACAD. MY

LJ nH category	LJ nH Type	Lianu u,vfit Code	Application type	at.wav	Endors+meints
T-12 SIC-ONDA/PVIOATICAL IFc*HN(AL		LEVEL THREE-A INSTRUCTIONAL LEADER	Newj(nital)	Appm'wed P'dunrort Preparation Program	

voe: 1-12

Miscellaneous Documents

No

2. HaYJ)00 lly<dillad at1,tlplc.18of1 for a lk...ir1 ,ffrnH, U1H rtial, orob4lr d<xuntitrt author2,ing\_ hool ser.k.11Of teading\_g\_dQni or IEI>ected Ibrdisciplinai? re,lason:t1:rINM or an\ other state!>

No

J\_Haw you ever been dSE,iplined,reprimnJed, suspended, or dSE,hngElid, from any employmnt bOC:luse-of allegallo ormisrnduct

No

4. Haye you even MignOO, efile irto aUlement ,igre\_merIt, or oht>fwil.Cite-ft emp(O)meflt follow'ig.'If Illegallao or miscondur:

No

5.1:1aF1 actIM r1ow PUf'iding agalut you for al misconduct,in..luding :tU) IGition disup,joc s.in any school district,court,or beforell-a'lly edu..atorIUfP'tling Juthority?

No

6\_Have'OO ever failed to fulfill the te,msof a teachingordinn(Stat'iJe,nrcontract')Re,signing from emplo)'llent,if proper notice was given,does not constitute failure to fulfill(ntractL)

No

7.Do you currently have a t1youlsta11dingrminal charges,warrantsolanest,orond1lonsof probation perdingag,a1nstyou in New Me;jroorn any Jurisdictions,including, but not hm1ted to,state,Federal,tribal courtsoribunal1

No

B.HUYllyOO 1overblW-nfr1g1upnnllld:1a ril-Suit of ,inyarest f)(jny crim->or Violation of trtl:Sual?

No

9\_Haw yoo ever pled guilty to,or bE>e'l'Ironv:l.ted of,'.rlly crime or violation of law,ItIduding@ntelr1ga pleo of oolo corruendeor receiving a deferred orsusper1dPdter1.ce')IF-ir [Jurpos.e of illi apTJ,Ilition,mi'rIOr tmfil...ctailMs""I could ntl DC-Cr'nKned.C:01'1VictioR1 fordnYing while into;il'lated (DWI) or driving under the influence(CO-to-f alcohl or oth@r drugs (OUI), \_ns-v:12,X must b,e reporUd.)

No

10\_Are you curre.ntl--deslinquent payment of court-ordered child support?

No

11\_Have you ever had a Court Order for child support,child or drug dependent?

No

1. I understand that to license, in the State of New Mexico, is a privilege granted by the Public Education Department and that this privilege may be suspended or revoked for incompetency, immorality, mother good and just cause.

2. I acknowledge that when necessary, required, by practice, an educator working in a school without Public Education Department licensure or official waiver granted by the New Mexico Secretary of Education is grounds for denial of any licensure application and may subject me to criminal and civil penalties.

3. I have read, understand, and agree to abide by the New Mexico Educator Code of Ethics, the Standards of Professional Conduct, and the Code of Ethics.

4. I understand that my address and name detailed in this application will be the official address and name recorded in Public Education Department official records until a change of record form is received and that all communication of the Secretary of Education regarding my educator license will be sent to the official address and name in the Public Education Department official records.

5. I understand that I am obligated to complete a change of official record form within 30 days of my move, or change my name.

OATH

FALSE STATEMENTS OR OMISSIONS ARE CAUSE FOR DENIAL, SUSPENSION, OR REVOCATION OF LICENSURE

I  , swear or affirm under the penalty of perjury that

All information I submitted in this application is true, correct and complete to the best of my knowledge, information, and belief. I understand that any material misrepresentation or material omissions of fact in this application are grounds for denial, suspension, or revocation of the educator license(s) that I am seeking. Should a license be issued in error I understand PED has the option to rescind my license.

Back

Submit

The applicant has an opportunity to review the entire application including the documents uploaded. The applicant will check off each box in the Acknowledgements and Obligations section, print their name, initial, date, and then click on “Submit”.

A confirmation message appears, see below, allowing the applicant one final opportunity to make final edits. Once the applicant selects “OK” the application is locked for edits and uploads.

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Ok

Application Review & Submit

You will not be able to edit the application or upload any document once you submit the application. Do you want to proceed with the payment? If yes, click OK to continue, otherwise click on Cancel to continue editing the application to apply for additional licenses.

Cancel

Ok

Application Review & Submit

Application is submitted successfully.

Cancel

Ok

## Steps for Payment

Once directed to the payment section where you will initial and date first, and then click on the “Pay” button, seen below, then the system will proceed to a secure payment site.

### Payment

Initials	
Initials	Date
<input type="text"/>	<input type="text"/>

---


Payment

Total Amount Due: \$1

Please use this  to pay this amount.

**Note:** If more than one license request is applied, Final amount is the higher of the fee's.

The applicant will be required to fill in all billing information. Click on “Next” to proceed with payment.



### Billing Information

\* Required field

First Name \*

Last Name \*

Address Line 1 \*

Address Line 2

City \*

Country/Region \*

State/Province \*

Zip/Postal Code \*

Phone Number \*

Email \*

### Your Order


Total amount	\$1.00
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=The payment details section requires a valid credit card number and expiration date. Click “Next” to proceed with payment. **\*\*Please note that we now accept Discover.**


### Payment Details

---

Card Type \*


☐  Visa

☐  Mastercard


☐  Discover

Card Number \*

Expiration Month \*


Month 

Expiration Year \*

Year 

CVN \*


This code is a three or four digit number printed on the back or front of credit cards.



Cancel

Next

Review your Order section allows for final review of the order before making the payment. Click on “Pay” to make the payment.



### Review your Order

---

#### Billing Address

---

Jane Doe  
PO Box 206  
Española  
New Mexico  
87532  
United States of America

#### Payment Details

---

Card Type	Visa
Card Number	xxxxxxxxxxxx1111
Expiration Date	08-2025

#### Your Order

---

Total amount	\$1.00
--------------	--------


Back

Pay

[Cancel Order](#)

Once the payment is applied and your background has cleared, it is sent to the licensure review queue for review. The applicant can review the submitted application(s) status under the Review Status section, as seen below.

Review Status

Review Status					
Show 10 entries			Search: <input type="text"/>		
Application Type	License Category	License Type	Pathway	Status	
 New (Initial)	TEACHER	K-8 ELEMENTARY	Reciprocity-In Country	Pending	
Showing 1 to 1 of 1 entries			First	Previous	1 Next Last