



**STATE OF NEW MEXICO PUBLIC  
EDUCATION DEPARTMENT  
300 DON GASPAR  
SANTA FE, NEW MEXICO 87501-2786  
Telephone (505) 827-5800  
[www.ped.state.nm.us](http://www.ped.state.nm.us)**

ARSENIO ROMERO, PH. D  
SECRETARY OF PUBLIC EDUCATION

MICHELLE LUJAN GRISHAM  
GOVERNOR

**NOTARIZED STATEMENT - LICENSURE EXTENSION FOR MICRO-CREDENTIALS**

I \_\_\_\_\_, would like to request an extension of my \_\_\_\_\_  
*(Type of license(s) held)*

My license # \_\_\_\_\_ was issued from July 1, \_\_\_\_\_ through June 30, \_\_\_\_\_.

- I will enroll and participate in the first Advance Program Level (APL) I-II micro-credential, Classroom Environment, for the next available beginning cohort and continue the four subsequent micro-credentials without interruption to complete all five required micro-credentials to qualify for licensure advancement for the next available school year.
- I understand that if I fail to complete the above-mentioned micro-credentials in sequence, my extension will expire on June 30, 202\_\_\_\_, and I will not receive another extension. I further understand that I will have to stop teaching for three years before can re-apply for a teaching license in New Mexico. (6.60.6.11-C NMAC, 1/18,2023).
- I swear or affirm under penalty of perjury that all the information listed above is true and correct to the best of my knowledge.

\_\_\_\_\_  
**Signature of Applicant** \_\_\_\_\_  
**Date**

As the HR designee for \_\_\_\_\_ I affirm that the local education agency supports the extended licensure  
*(District/Charter/SS School/BIE/BIA School, etc.)*  
for \_\_\_\_\_.

\_\_\_\_\_  
**Signature of HR Administrator** \_\_\_\_\_  
**Date**

**THE STATE OF** \_\_\_\_\_  
**COUNTY OF** \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
*Month Year*

Before me, the undersigned notary public, personally appeared \_\_\_\_\_  
*Name of Person(s) Acknowledging*

Proved to me, through satisfactory evidence of identification, which was \_\_\_\_\_  
*Type of Identification*

To be the person(s) whose name(s) is/are signed on the preceding or attached document and acknowledge to me that he/she/they signed it voluntarily for its stated purpose(s).

*Seal* \_\_\_\_\_  
**Signature of Notary Public**  
\_\_\_\_\_  
**Commission Expiration Date of Notary Public**