



**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**

MARIANA D. PADILLA
SECRETARY DESIGNATE 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