

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

|  |
| --- |
| **Candidate’s Name:**  |
| **Social Security Number:**  | **Licensure Number:**  |
| **Candidate’s Mailing Address:***(street)*  |
| *(city)(state)*  | *(zip code*)       |
| **Type of Endorsement Waiver Requested:**  |
| **What is the starting date of the Candidate's current school contract:** *(date)*  |
| \*\* **Is the Candidate pursuing an alternative route to licensure?**  |
| **District Name/Code:**      |
| **Submitted by:** | *(printed name of superintendent or designee)*      |
| 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) (title) (date)*

**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)

|  |  |
| --- | --- |
| **1.** | **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**:       |

|  |  |
| --- | --- |
| **2.** | **The teacher named in this request completed the following during the prior school year:*****(THIS SECTION IS NOT THE PLAN FOR COMPLETING LICENSURE REQUIREMENTS.)***[ ]  Completed       credit hours in       **and/OR**[ ]  Has completed the content knowledge assessment (CKA) in      with a passing score of       [ ]  Documentation attached |

|  |  |
| --- | --- |
| **3.** | **[ ]  I have attached a signed plan by the educator and principal** |

# **Note:** Incomplete applications for endorsement packets will be denied. A complete packet must contain:

1. A duly filled-in and signed Request for Renewal Endorsement Waiver form **and,**
2. Official transcript(s) demonstrating the candidate successfully completed the required course(s) or obtained required credentials **and/OR**
3. Proof of passing exam(s)

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

|  |
| --- |
| **CONSENT BY THE CANDIDATE***I acknowledge:****(a)*** *that I have been shown this duly completed 2-page "Request for Renewed Endorsement Waiver" form and freely consent to its filing with the Public Education Department (PED),* ***(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 portions of the NMTA during the life of this license, and to comply with any conditions imposed by the Public Education Department (PED), or any educational plan submitted by my school district.* |
| X  |         |        |
| Candidate's Signature | Date | License File number |

## 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 school district's receipt of the denial.**

Source: *6.61.9.13 NMAC*

**Educator Plan to Meet Licensure Requirements**

**For Endorsement Renewal Waiver**

The educator is responsible for the completion of these requirements.

**Name of Educator:**

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

**Year 2 (check box one) [ ] 2023-2024 [ ] 2024-2025 [ ] 2025-2026 [ ] 2026-2026**

|  |  |  |  |
| --- | --- | --- | --- |
| **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:      |  |

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

**Signature of principal Date**