



STATE OF NEW MEXICO  
PUBLIC EDUCATION DEPARTMENT  
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MARIANA D. PADILLA  
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