

Sample Registration

Prefix	First Name *	Last Name *	Suffix	Middle Name
Prefix	Rebecca A	Ramzel	Suffix	Enter Middle Name
Former Name(s) / Nick Name	Date of Birth *	Phone *		
Enter Former Name / Nick Name	08/25/1956		← Enter your phone number	
Physical Mailing Address *				
Enter your address here				
City *	State *	Zip Code *		
Enter your City here	Select your State from drop-down	Enter your Zip Code here		
Social Security Number *	Role Requested *			
You must enter your SSN	Select Role Requested	← Only select Applicant from the roles requested drop-down		
DO NOT CLICK IN THIS BOX AS YOU DO HAVE A SSN				
<input type="checkbox"/> By checking this box, you are confirming you do not have a Social Security Number (SSN). To proceed with your application, please contact the Licensure Bureau at licensureunit@state.nm.us . When an SSN is obtained you agree to immediately mail a copy of the SSN card to the following address: New Mexico Public Education Department, Professional Licensure Bureau, 300 Don Gaspar Avenue, Office 103, Santa Fe, NM, 87501.				
Applications without a valid social security number will not be reviewed or processed until the applicant provides a valid social security card to the NMPED Licensure Bureau.				
Security Information				
Email (Username) *	Confirm Email (Username) *			
Enter your email here	Enter your email again here			
Password *	Password (Again) *			
Enter your password here	Enter your password again here			
Password Rules				
Password must be at least eight characters long.				
Password must contain at least one upper, one lower and one numeric character.				
Password can not contain words that can be found in a dictionary.				
Password must contain at least one special characters. (eg. -, +, !, &, \$, or ?)				
		https://licensureapp.ped.state.nm.us/register		

Organizational Affiliations

Do or did you have a NM License?

Yes No

 **You will answer YES**

 **You will select the most recent district/charter, place of employment and primary affiliation from the drop-down menus**

Most Recent District/State Charter

Affiliation

Select Most Recent District/State Charter


Place of Employment

Select Primary Affiliation

Previous/Current License Number

Enter Previous/Current License Number

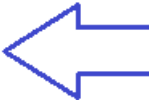
[Search License Number](#)

 **Click on the "Search License Number" link. If you entered your SSN correctly, it will auto-populate your license # associated with your SSN/file**

Other Information

Gender*

Select Gender

 **Select your gender**

I'm not a robot



 **Click in the box next to "I'm not a robot"**

Cancel

Register

 **Click "Register"**