

**BERNALILLO PUBLIC SCHOOLS DECLARATION OF INTENT TO ADVANCE**

Return Completed Intent to hr@bernalillops.org

**Dossier** submission window 7/15 thru 3/31 Projected date of submission: \_\_\_\_\_

Is this a resubmission of Declaration of Intent to Advance?  Yes  No

I have notified my principal of my intent to advance.  Yes  No

**Licensure will notify you by email if you meet the requirements to complete a dossier.**

Name: \_\_\_\_\_

Employee #: \_\_\_\_\_

**BPS** E-mail Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Current Assignment: \_\_\_\_\_

Location: \_\_\_\_\_

License Number: \_\_\_\_\_

Year I received current license(s) \_\_\_\_\_

Current Level of License:  Level I  Level IA  Level II

Type of License:  General Ed  Special Ed  \_\_\_\_\_ other

Level 1 or 1A: I have completed my mentorship program.  Yes  No

Level 2: I have completed a master's degree or Nat Brds and have provided transcripts to BPS and NMPED  Yes  No

I will have taught at least three (3) full years (480 instructional days) at current level license when I advance.  Yes  No

I have taken extended leave (more than 10 consecutive days) in the last three (3) years? Dates: \_\_\_\_\_  Yes  No

I will have at least three (3) successful evaluations at this licensure level when I advance. SchYr \_\_\_\_\_ SchYr \_\_\_\_\_ SchYr \_\_\_\_\_  Yes  No

**LICENSURE ADVANCEMENT REVIEW RESULTS COMPLETED BY LICENSURE STAFF**

**Mentorship/Masters**  Yes  No

**480 days at level**  Yes  No

**3 successful evals at level**  Yes  No

SY \_\_\_\_\_ SY \_\_\_\_\_ SY \_\_\_\_\_

**ADVANCEMENT PATHWAY**

Dossier  Bypass Dossier  May Not Advance  Needs Extension – License Due