

New Mexico Public Education Department
Professional Development Bureau
444 Galisteo St., Suite A
Santa Fe, New Mexico 87501

**Online Portfolio (OPAL)
Manual Payment Submission**

(Please Print Legibly)

Internship License Number: _____ SSN _____

Name:

Current Mailing Address:

Phone:

Email Address:

(Phone number and Email address will be helpful should we need to contact you).

Type of submission (select one)

Initial Submission

Payment Amount: \$300.00

Resubmission

Payment Amount: \$100.00 per strand

Number of strands submitted _____

Total Amount Enclosed: \$ _____

Payment Method: Money Order _____ Cashier's Check _____

Please Note: Fees are accepted for the exact amount only. Incorrect fees will be returned and cause delays in advancement of your license. We do not accept personal checks. Please allow ten business days to process your payment.

Please mail completed form and Money Order or Cashiers Check payable to:

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