



**Department of Health, Division of Health Improvement  
Employee Abuse Registry Petition for Removal**

Please provide all relevant information to demonstrate your rehabilitation. You may attach additional pages if you run out of space on this form. The Department may verify any and all information contained in this document.

**Petitioner's Information:**

First Name:	Middle Name:	Last Name:	Name on Registry (if different):		
Social Security Number:	Current Age:	Date of Birth:	Date of Registry Placement:	Date of Petition:	
Home Address:					
City:	State:	Zip Code:	Home Phone Number:	Cell Phone Number:	

**List all employment you have had AFTER your placement on the Registry.** Use extra pages if necessary. Attach any letters of reference or recommendation related to your employment.

Current or Most Recent Employer's Name:	Start date of Employment:	
Your Position/Title:	End date of Employment:	
Employer Street Address:	City:	State/Zip Code:
Employer Contact Name and Position/Title:	Phone Number:	
Reason for Leaving:		
Describe Job Duties:		

Employer Name:	Start date of Employment:	
Your Position/Title:	End date of Employment:	
Employer Street Address:	City:	State/Zip Code:
Employer Contact Name and Position/Title:	Phone Number:	
Reason for Leaving:		
Describe Job Duties:		

**List other paid, unpaid or volunteer experience you have had AFTER your placement on the Registry. Include community service, family care giving or other experience.** Use extra pages if necessary. Attach any evidence of your experience and letters or recommendation related to your experience.

Name of Agency/Family Member:	Phone Number:	Dates of Experience:
Position/Title:	Reason for Leaving:	
Address where experience occurred:	City:	State/Zip Code:
Contact Name to Verify Experience:	Position/Relationship:	Phone Number:
Describe Duties:		

Name of Agency/Family Member:	Phone Number:	Dates of Experience:
Position/Title:	Reason for Leaving:	
Address where experience occurred:	City:	State/Zip Code:
Contact Name to Verify Experience:	Position/Relationship:	Phone Number:
Describe Duties:		

**List any education or training you have obtained AFTER placement on the Registry.** Use extra pages if necessary. Attach a copy of any transcripts, diplomas, certificates or other evidence of successful completion.

Name of Person/School/Agency that provided class/training:	Name of Class/Training:	Date(s) of Class/Training:
Describe Content of Class/Training:		

Name of Person/School/Agency that provided class/training:	Name of Class/Training:	Date(s) of Class/Training:
Describe Content of Class/Training:		

Name of Person/School/Agency that provided class/training:	Name of Class/Training:	Date(s) of Class/Training:
Describe Content of Class/Training:		

**The review committee must be assured you will not abuse, neglect or exploit someone in your care again in order to remove your name from the registry. Explain how you have been rehabilitated following placement on the Registry so you can now safely care for others. Explain why your name should be removed from the Registry. Show the review committee how you have changed.** Provide any information you want the review committee to consider. You can include: how the circumstances that got you on the registry have changed; restitution you have made; any support groups you have attended; positive changes in your life; examples of your good character or reputation; anything else that shows you can be trusted to safely provide care to others again. Use extra pages if necessary. Attach any evidence you have to support your statements including letters from others.

Explanation:

**I hereby certify that I have provided truthful and complete information in this application including all attached pages.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Mail your completed petition and all attachments to:**

DOH/DHI Employee Abuse Registry Custodian  
P O Box 26110  
Santa Fe, New Mexico 87507