

Re-Certification Application

Developmental Specialist Re-Certification

IMPORTANT: All re-certification applications must be sent to the address listed, *30 days prior* to the expiration date on your Developmental Specialist certificate.

Place a check mark (2) indicating the RE-certification level for which you are applying:

Develo	pmental	Specialist	I-Basic
Develo	pmental	Specialist	11

Developmental Specialist Advanced
 Developmental Specialist III

Print Name: _____

(as it should appear on the certificate)

Previous or Other Name(s), if applicable:

Are you re-certifying to a higher certification level?
YES NO

If YES, please attach your OFFICIAL TRANSCRIPT and please check (1) all applicable

levels of education:

□ BA/BS Degree □ Doctoral Degree □ MA/MS Degree

□ Associate of Arts Degree

Name of School/Location

Degree and Major

Completion Date

Was your Initial DS Certificate rewarded as **EXEMPT STATUS?** YES NO

Name of FIT Provider agency: _____

FIT Provider Address:		
City:	Zip:	
Your Phone:	Your E-Mail Address:	

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DOH/FIT Use:		
Date Reviewed:	Date Mailed:	

Mailed To:
APPLICANT
AGENCY

Enter FIT-KIDS : _____ Reviewed by: _____

Mail application and required documentation to:

NM Department of Health, DDSD, FIT Program

810 San Mateo Santa Fe, New Mexico 87506

Phone: 1-877-696-1472

FAX: 1-866-829-8838

Attach: (if applicable)

IPDP cover page(s) for each year of IPDP with signature of Supervisor IPDP Re-certification Tracking Page(s) with hours logged One IPDP Self Assessment Tool for the 3 or 1 year to which you held your certificate

Developmental Specialist Policy and Forms ARE on website:

www.FITProgram.org

APPROVED: 3 YEAR CERTIFICATE (75 HOURS MET) 75 HOURS NOT MET 1 YEAR EXEMPT 25 HOURS COMPLETED FOR 1 YEAR EXEMPT 45 HOURS COURSE COMPLETED