



Initial Application

Developmental Specialist Certification

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

- Developmental Specialist I-Basic
- Developmental Specialist I Advanced
- Developmental Specialist II
- Developmental Specialist III

Print Name: _____
(as it should appear on the certificate)

Previous or Other Name (s) if applicable: _____

Have you ever been previously certified as a Developmental Specialist?

- YES
- NO

Name of FIT Provider agency: _____

FIT Provider Address: _____

City: _____ **Zip:** _____

Your Phone: _____ **Your E-Mail Address:** _____

- Please (☑) if:**
- Current EI employee / contractor
 - Applying to be an EI employee / contractor

Educational Attainment: Please check (☑) all applicable levels of education:

- High School Diploma
- GED
- One-Year Vocational
- Associate of Arts Degree
- CDA
- BA/BS Degree
- MA/MS Degree
- Doctoral Degree

Two highest levels of education completed:

<u>Name of School/Location</u>	<u>Degree and Major</u>	<u>Completion Date</u>
_____	_____	_____
_____	_____	_____

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: OFFICIAL transcripts; copies of certificates and/or licenses (if applicable)

Developmental Specialist Policy and Forms ARE on website:

www.FITProgram.org

- APPROVED:
- 3 YEAR CERTIFICATE
 - 1 YEAR EXEMPT
 - 45-HOUR COURSE REQUIRED

DATE STAMP RECIEVED