



**Developmental Specialist Certification
Initial Application**

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 on website: www.FITProgram.org

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

- | | |
|--|---|
| <input type="checkbox"/> Developmental Specialist I-Basic | <input type="checkbox"/> Developmental Specialist II |
| <input type="checkbox"/> Developmental Specialist I Advanced | <input type="checkbox"/> Developmental Specialist III |

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

Previous Name, if applicable: _____

Have you ever been previously certified as a Developmental Specialist? Yes No
 Are you re-certifying to a higher certification level? Yes No

FIT Provider Address: _____
 City: _____ Zip: _____

Home Phone _____ E-Mail Address _____

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

- | | | |
|--|--|---|
| <input type="checkbox"/> High School Diploma | <input type="checkbox"/> GED | <input type="checkbox"/> Associate of Arts Degree |
| <input type="checkbox"/> CDA | <input type="checkbox"/> One-Year Vocational | <input type="checkbox"/> Doctoral Degree |
| <input type="checkbox"/> BA/BS Degree | <input type="checkbox"/> MA/MS Degree | |

Two highest levels of education completed:

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

Name of FIT Provider agency: _____

Please (✓) if Current EI employee / contractor Applying to be a EI employee / contractor

DOH/FIT Use: Date Received: _____ Date Mailed: _____

Enter FIT-KIDS (✓) _____ Enter Tracking Log (✓) _____

Mailed To: (✓) Home: _____ Work _____ Processed By: _____