

**Initial School Health Assistant, Grades Pre K-12 License Checklist**

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| Licensee’s Name:        | File Number:       |
| Application Date:       | Issue/Review Date:       |
| Consultant’s Name:  | License Type: 704 |

**Documents Required:**

[ ]  Social Security number provided, (Copy of card needs to be provided, if social not placed on application)

[ ]  Verification a current certification in CPR

[ ]  Verification a current Certification in First Aid

[ ]  Verification of a NM Department of Health and Public Education Department training for school health assistants, related to state/federal laws, regulations, and guidelines

[ ]  Superintendent Verification Form

**For office use only:**

[ ]  Email sent requesting:

[ ]  Level 1: 3 year license issued

[ ]  Level 1@: 1 year license issued, need to provide: Verification of a NM Department of Health and Public Education Department training for school health assistants, related to state/federal laws, regulations, and guidelines

Comments: