

**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: