

SUPERINTENDENT’S RECOMMENDATION FORM FOR CONTINUING LICENSURE

LICENSE HOLDER INFORMATION

File/License No. _____

Name: _____ SSN: _____

Signature: _____ Date: _____

EMPLOYER INFORMATION

Public School District/Nonpublic School Name: _____

Evaluator’s Name: _____

Signature: _____ Date: _____

SUPERINTENDENT’S RECOMMENDATION (Please check applicable boxes)

- Alcohol, Drug & Substance Abuse Counselor ** Alcohol Abuse Counselor** Drug Abuse Counselor **
- Substance Abuse Counselor** Audiologist** Educational Diagnostician Interpreter f/t Deaf**
- Licensed Practical Nurse (LPN)** Marriage & Family Therapist** Mobility Trainer f/t Blind**
- Occupational Therapist** Occupational Therapist Assistant** Physical Therapist**
- Physical Therapist Assistant** Recreational Therapist** Rehabilitation Counselor
- School Counselor* School Nurse** School Psychologist School Social Worker**
- Speech Language Pathologist** Speech Language Pathologist-Clinical Fellow**
- Speech Language Pathologist-Apprentice**

**A School Counselor can renew after completing 160 days (and 90 days starting the school year) as an instructional service provider. All other instructional support providers can renewed after completing 3 years on current/valid level license.*

**** Attach a copy of a current NM board license or National board license or certificate.**

Educational Diagnostician If the holder seeks a level 2 Educational Diagnostician license, you must verify the completion of 1200 hours of supervised experience as an Educational Diagnostician (i.e., minimum of 400 internship hours and 800 post-internship supervised hours in a school-related setting). *This can be in the form of a letter of verification.*

If the holders seeks a level 3 Educational Diagnostician license, you must verify the completion of 600 hours of Mentorship in educational diagnosis in a school-related setting. *This can be in the form of a letter of verification.*

School Psychologist

If the holder seeks a level 2 School Psychologist license, must hold a valid Level 1 license for 3 years & you must verify the completion of the supervised experience (consisting of a minimum of 600 internship hours and 1,200 post-internship supervised hours in a school-related setting) and must attach a valid psychologist, psychologist associate or professional clinical mental health counselor license issued by the NM Board of Psychology Examiners or a license as a licensed professional clinical mental health counselor issued by the NM Counseling & Therapy Board or a school psychologist license by the National Association of School Psychologists. *(see rule)*

If the holder seeks a level 3 School Psychologist license, must hold a valid Level 2 license for 3 years (including 750 hours of satisfactory post-graduate experience as reported by a level 3 supervising school psychologist) & you must verify the following:

60 graduate hours in a master's or master's plus certificate of advance graduate studies (CAGS) program, educational specialist degree, master's or doctorate degree in school psychology from a regionally accredited college or university. The master's CAGS and specialist-level programs shall include at least one academic year of pre-degree supervised internship experience, consisting of a minimum of 1,200 hours of which at least 600 hours must be in a school-related setting;

- C. successful completion or demonstration of competencies for the school psychologist level 1 and 2 licenses;
- D. hold one of the following valid and current certifications or licenses:
 - (1) a license as a psychologist issued by the New Mexico board of psychology examiners;
 - (2) a license as a psychologist associate issued by the New Mexico board of psychology examiners; or
 - (3) an active nationally certified school psychologist credential issued by the national association of school psychologists. (*see rule*)

I Verify that Licensee IS satisfactorily demonstrating the essential competencies in the area(s) listed above and is hereby recommended for licensure. (Do not attach licensee's evaluation.)

Superintendent's Signature: _____ **Date:** _____

I Verify that Licensee IS NOT satisfactorily demonstrating the essential competencies in the area(s) listed above and is not recommended for licensure. (*Attach licensee's latest evaluation plus memos of 2 conferences with licensee held at least 90 days apart.*)

Superintendent's Signature: _____ **Date:** _____