



STATE OF NEW MEXICO
PUBLIC EDUCATION DEPARTMENT
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MARIANA D. PADILLA
SECRETARY DESIGNATE OF PUBLIC EDUCATION

MICHELLE LUJAN GRISHAM
GOVERNOR

ETHICAL STATEMENT FOR STUDENT SUCCESS ADVISOR

I, _____ as an applicant for the position of Student Success Advisor, hereby affirm that:
Full Name

- 1. I have read and understand the New Mexico Code of Ethical Responsibility of the Education Profession.
2. I have read other related regulations, including, but not limited to, Rule 6.60.3.12 Requirements for Alternative Student Success Advisor Licensure, which requires that student success advisors "sign an ethical statement, prescribed by the department, stating that the licensee shall not provide mental health services while employed as a student successor."
3. I recognize the importance of maintaining the highest ethical standards in my professional conduct.
4. I acknowledge that my role as a Student Success Advisor does not include providing mental health services to students.
5. I affirm that I shall not provide mental health services while employed as a Student Success Advisor.
6. I understand that providing such services without proper licensure and authorization would be a violation of professional ethics and contrary to state law and regulations.
7. I commit to referring students in need of mental health services to appropriate licensed professionals accordingly.
8. I will adhere to all applicable laws, regulations, and ethical guidelines set forth by the New Mexico Public Education Department.
By signing below, I certify that I have read, understand, and agree to abide by this ethical statement.

Signature of Applicant

Date

THE STATE OF _____

COUNTY OF _____

On this _____ day of _____, _____
Month Year

Before me, the undersigned notary public, personally appeared _____
Name of Person(s) Acknowledging

Proved to me, through satisfactory evidence of identification, which was _____
Type of Identification

To be the person(s) whose name(s) is/are signed on the preceding or attached document and acknowledge to me that he/she/they signed it voluntarily for its stated purpose(s).

Signature of Notary Public

Commission Expiration Date of Notary Public

Seal