

SUPERINTENDENT’S RECOMMENDATION FORM FOR CONTINUING LICENSURE

File/License No. _____

Name: _____ Last four of SSN: _____

Signature: _____ Date: _____

EMPLOYER INFORMATION

Public School District/Nonpublic School Name: _____

Evaluator’s Name: _____

Signature: _____ Date: _____

SUPERINTENDENT’S RECOMMENDATION (Please check applicable boxes)

For Renewal of the same level of licensure: Level 1 Level 2 Level 3
For Advancement to the next level: Level 2 Level 3

<input type="checkbox"/> Alcohol, Drug & Substance Abuse Counselor*	<input type="checkbox"/> Alcohol Abuse Counselor*	<input type="checkbox"/> Drug Abuse Counselor*
<input type="checkbox"/> Substance Abuse Counselor*	<input type="checkbox"/> Audiologist*	<input type="checkbox"/> Certified Occupational Therapy Asst.*
<input type="checkbox"/> Educational Diagnostician**	<input type="checkbox"/> Interpreter for the Deaf*	<input type="checkbox"/> Licensed Practical Nurse**
<input type="checkbox"/> Marriage and Family Therapist*	<input type="checkbox"/> Mobility Trainer for the Blind*	<input type="checkbox"/> Occupational Therapist*
<input type="checkbox"/> Physical Therapist*	<input type="checkbox"/> Physical Therapist Assistant*	<input type="checkbox"/> Recreational Therapist
<input type="checkbox"/> Rehabilitation Counselor	<input type="checkbox"/> School Behavioral Health Counselor*	<input type="checkbox"/> School Counselor*
<input type="checkbox"/> School Nurse* (Associate/Professional/Supervisory)	<input type="checkbox"/> School Psychologist***	<input type="checkbox"/> School Social Worker*
<input type="checkbox"/> Speech Language Pathologist*	<input type="checkbox"/> Speech Language Pathologist-Clinical Fellow*	<input type="checkbox"/> Speech Language Pathologist- Apprentice**

* Attach a copy of a current board license issued by the respective licensing board associated with your licensure. Please do not upload the license we issued you.

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 holder 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, they must hold a valid level 1 license with at least three full school years of school-related experience and 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). (see [6.63.5 NMAC](#))

If the holder seeks a level 3 School Psychologist license, they must hold a valid level 2 license with at least three full school years of school-related experience (including 750 hours of satisfactory post-graduate experience as reported by a level 3 supervising school psychologist), and must verify the following:

- A. 60 graduate hours in a master’s or master’s plus certificate of advanced 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;

- B. successful completion or demonstration of competencies for the school psychologist level 1 and 2 licenses;
- C. 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 the 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. *** verification that Licensee did not satisfactorily meet essential competencies may only be allowed if it first complies with the requirements of 6.68.2.11 or unless one of the exceptions in 6.68.2.12 is applicable.*

Superintendent's Signature: _____ Date: _____