



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

Seal

Commission Expiration Date of Notary Public