

NAME _____

TITLE _____

EMPLOYER _____ STATE _____

Municipality or County

APPLICATION FOR CERTIFICATION

BY THE CERTIFICATION BOARD OF THE
NEW MEXICO LEAGUE OF ZONING OFFICIALS
(A Subsection of the New Mexico Municipal League)

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THIS APPLICATION HAS THREE PARTS:

• **BASIC REQUIREMENTS**

All of these must be met before the application can be processed (page 2)

• **EDUCATION/CONTINUING ED**

Attach a copy of diploma, certificate, transcript of courses or supporting documents. (pages 3, 4 & 5)

• **EXPERIENCE**

(page 6)

FOR OFFICIAL NMLZO USE: APPROVED _____ 100 TOTAL POINTS FULFILLED _____ DATE _____

NEW MEXICO LEAGUE OF ZONING OFFICIALS
P.O. BOX 846 • SANTA FE, NEW MEXICO 87504



NEW MEXICO LEAGUE OF ZONING OFFICIALS

Code of Ethics

While in the context of our professional capacity, we will:

- * Place the interest of the community before any personal interest.
- * Conduct business in a manner that will provide the maximum benefit to the community.
- * Promote the professional image of Zoning Officials.
- * Insure that the welfare of the membership of the NMLZO is protected.

EDUCATION

<u>EDUCATION</u>	<u>POINTS</u>	<u>MAX</u>
A. Bachelors degree from an accredited Institution	25	25
B. Associate of Arts degree in Public Administration or related field.	15	15*
C. Relevant University of college credited course work.	1 per 8 credit hrs.	10*

To receive credit, a degree must be academic, must be from an accredited institution by an academic accrediting agency, and must relate to the Zoning position. Related fields include, but are not limited to planning, architecture, law enforcement, engineering, public administration, urban affairs, government, political science, law, pre-law, history, economics, business administration, finance, accounting, computer science, psychology, or related social sciences. If in doubt, supply a transcript of the courses; the certification board will make the final determination.

A. BACHELORS DEGREE

ESTIMATED
POINTS FOR NMLZO
USE

B.A. B.S. Other _____
Specify

Major _____

MAX 25

College/University name _____

Location _____

Date received _____

✓ One:

Copy of complete transcript is enclosed.

Copy of diploma showing major field of study is enclosed.

B. ASSOCIATE DEGREE in Related Field

ESTIMATED
POINTS

A.A. A.S. Other _____
Specify

Major _____

MAX 15

College/University name _____

Location _____

Date received _____

✓ One:

Copy of complete transcript is enclosed.

Copy of diploma or certificate showing major field of study is enclosed.

Note: If A. applies, disregard B. & C.

If A. does not apply, proceed to B.

G. How many other Educational Seminars have you attended relating to your position? _____ @ 2 for each
 8 hr. seminar = _____
 Max.10

<u>DATES</u>	<u>TRAINING OR WORKSHOP TITLE</u>	<u>ACTUAL</u>	<u>ESTIMATED HOURS</u>	<u>POINTS</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Note: Accompanying documentation must be provided for all Conferences/Meetings/Workshops listed.

EXPERIENCE

<u>ADMINISTRATIVE EXPERIENCE</u>	<u>POINTS</u>	<u>MAXIMUM</u>
A. Full-time experience in administrative, or enforcement capacity in Zoning, Code Enforcement and/or Planning in Local Government.	12 per yr.	70
B. Part-time experience or non-administrative position in Zoning Code Enforcement.	3 per yr.	25
C. Other full-time administrative position in Federal, State and Local Government in New Mexico prior to Zoning/Code Enforcement experience.	2 per yr.	10

<u>PRESENT POSITION</u>	<u>DATES</u>	<u>POINTS PER YEAR</u>	<u>ESTIMATED POINTS</u>	<u>FOR NMLZO USE</u>
1. Position _____ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	from _____ to _____			
	Total yrs. _____	@ _____	=	
2. Position _____ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	from _____ to _____			
	Total yrs. _____	@ _____	=	
3. Position _____ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	from _____ to _____			
	Total yrs. _____	@ _____	=	
4. Position _____ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	from _____ to _____			
	Total yrs. _____	@ _____	=	
			Total	_____

NOTE: Please submit Job Descriptions for all positions listed.

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COMPLETION OF APPLICATION

Upon completion of application, please mail the following:

- this application
- \$65 application fee
- Transcripts, diploma, certificates or supporting documents.

Visa MasterCard

Card #: _____ Expiration Date: _____

Name of Card Holder: _____
If different from Applicant Name

Statement Address: _____ Zip Code#: _____
Address where Billing Statement is mailed

<p>TO: NMLZO CERTIFICATION BOARD OF DIRECTORS New Mexico Municipal League P.O. Box 846 - Santa Fe, NM 87504-0846 ATTENTION: Mariah Valdez</p>
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Deadline: 60 days after the Semi-Annual Meeting or the Annual Meeting.