

NAME \_\_\_\_\_

TITLE \_\_\_\_\_

MUNICIPALITY \_\_\_\_\_ STATE \_\_\_\_\_

# APPLICATION FOR CERTIFICATION

BY THE CERTIFICATION BOARD OF THE  
NEW MEXICO LEAGUE OF ZONING OFFICIALS

(A Subsection of the New Mexico Municipal League)

**N**

**M**

**L**

**Z**

**O**

## 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.

# PERSONAL DATA (Please Print or Type.)

Name \_\_\_\_\_  
Last First Middle

Title \_\_\_\_\_

Employed by \_\_\_\_\_ State \_\_\_\_\_  
Municipality or Governmental Unit

Mailing Address \_\_\_\_\_  
Street Address

City/State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

## Applicant's Signature

\* \* \* \* \*

# BASIC REQUIREMENTS

- I am employed as a Zoning/Planning/Code Enforcement Official. \_\_\_\_\_  
Title
- I am an active member of NMLZO.
- I have successfully completed four required NMLZO Certification Workshops.
- I have reaffirmed my belief in and practice of the NMLZO Code of Ethics (on page 1).
- I have enclosed the \$65 application fee and understand that it is not refundable.

VERIFIED  
BY NMLZO



ALL BASIC  
REQUIREMENTS MET

\* \* \* \* \*

All decisions regarding the NMLZO Certification Process shall be final as determined by the NMLZO Certification Board. If you have any questions, please feel free to call any Board Member on the attached list.

# 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.



# CONTINUING EDUCATION

<b>EDUCATION</b>	<b>POINTS</b>	<b>MAX</b>
D. Successful completion of the four required NMLZO Certification Workshops.	30	30
E. Attendance at NMLZO Conference(s)/Workshop(s). (Prior to Workshop one or after completion of 4 required Workshops)	5 each	20
F. Attendance at relevant National, State or Regional Professional Association Meetings or accredited Conferences. (Identify)	3 each	15
G. Attendance at Educational Seminars relevant to your position. (i.e., management, administration, supervisory, technical, etc., or as determined by the Certification Board.)	2 each 8-hr seminar	10

## D. NMLZO CERTIFICATION PROGRAM those required Workshops you have attended:

- |  |                           |  |                            |
|--|---------------------------|--|----------------------------|
| <input type="checkbox"/> September, 1990 | Workshop One - Series 1   | <input type="checkbox"/> May, 2002       | Workshop One - Series 7    |
| <input type="checkbox"/> May, 1991       | Workshop Two - Series 1   | * <input type="checkbox"/> June, 2002    | Workshop Two - Series 7    |
| <input type="checkbox"/> September, 1991 | Workshop Three - Series 1 | <input type="checkbox"/> September, 2002 | Workshop Three - Series 7  |
| <input type="checkbox"/> April/May, 1992 | Workshop Four - Series 1  | <input type="checkbox"/> May, 2003       | Workshop Four - Series 7   |
| <input type="checkbox"/> September, 1992 | Workshop One - Series 2   | * <input type="checkbox"/> June, 2003    | Workshop One - Series 8    |
| <input type="checkbox"/> May, 1993       | Workshop Two - Series 2   | <input type="checkbox"/> September, 2003 | Workshop Two - Series 8    |
| <input type="checkbox"/> September, 1993 | Workshop Three - Series 2 | <input type="checkbox"/> May, 2004       | Workshop Three - Series 8  |
| <input type="checkbox"/> May, 1994       | Workshop Four - Series 2  | <input type="checkbox"/> September, 2004 | Workshop Four - Series 8   |
| <input type="checkbox"/> September, 1994 | Workshop One - Series 3   | <input type="checkbox"/> May, 2005       | Workshop One - Series 9    |
| <input type="checkbox"/> May, 1995       | Workshop Two - Series 3   | * <input type="checkbox"/> June, 2005    | Workshop Two - Series 9    |
| <input type="checkbox"/> September, 1995 | Workshop Three - Series 3 | <input type="checkbox"/> September, 2005 | Workshop Three - Series 9  |
| * <input type="checkbox"/> June, 1996    | Workshop Four - Series 3  | <input type="checkbox"/> May, 2006       | Workshop Four - Series 9   |
| <input type="checkbox"/> September, 1996 | Workshop One - Series 4   | <input type="checkbox"/> September, 2006 | Workshop One - Series 10   |
| <input type="checkbox"/> May, 1997       | Workshop Two - Series 4   | <input type="checkbox"/> May, 2007       | Workshop Two - Series 10   |
| * <input type="checkbox"/> June, 1997    | Workshop Three - Series 4 | <input type="checkbox"/> June, 2007      | Workshop Three - Series 10 |
| <input type="checkbox"/> September, 1997 | Workshop Four - Series 4  | <input type="checkbox"/> September, 2007 | Workshop Four - Series 10  |
| * <input type="checkbox"/> June, 1998    | Workshop One - Series 5   | <input type="checkbox"/> April/May, 2008 | Workshop One - Series 11   |
| <input type="checkbox"/> September, 1998 | Workshop Two - Series 5   | <input type="checkbox"/> September, 2008 | Workshop Two - Series 11   |
| * <input type="checkbox"/> June, 1999    | Workshop Three - Series 5 | <input type="checkbox"/> May, 2009       | Workshop Three - Series 11 |
| <input type="checkbox"/> September, 1999 | Workshop Four - Series 5  | <input type="checkbox"/> September, 2009 | Workshop Four - Series 11  |
| <input type="checkbox"/> May, 2000       | Workshop One - Series 6   | <input type="checkbox"/> May, 2010       | Workshop One - Series 12   |
| <input type="checkbox"/> September, 2000 | Workshop Two - Series 6   | <input type="checkbox"/> September, 2010 | Workshop Two - Series 12   |
| * <input type="checkbox"/> June, 2001    | Workshop Three - Series 6 | <input type="checkbox"/> May, 2011       | Workshop Three - Series 12 |
| <input type="checkbox"/> September, 2001 | Workshop Four - Series 6  | <input type="checkbox"/> September, 2011 | Workshop Four - Series 12  |

\*Co-Sponsored by University of Wisconsin

Successful Completion of 4 NMLZO Workshops:  Yes  No \_\_\_\_\_ Max 30

ESTIMATED POINTS FOR NMLZO USE

## E. List Workshops attended prior to Workshop One (September, 1990)

\_\_\_\_\_ @ 5 each = \_\_\_\_\_  
Max.20

## F. How many other Meetings/Conferences have you attended relating to your position?

\_\_\_\_\_ @ 3 each = \_\_\_\_\_  
Max.15

**DATES**

**MEETING/CONFERENCE**

**LOCATION**

_____	_____	_____
_____	_____	_____
_____	_____	_____

**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 nonadministrative 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.

\* \* \* \* \*



# 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><b>TO: NMLZO CERTIFICATION BOARD OF DIRECTORS</b> New Mexico Municipal League P.O. Box 846 - Santa Fe, NM 87504-0846 ATTENTION: Linda Aire-Naranjo</p>
---

Deadline: 60 days after the Semi-Annual Meeting or the Annual Meeting.