

NAME

TITLE

EMAIL

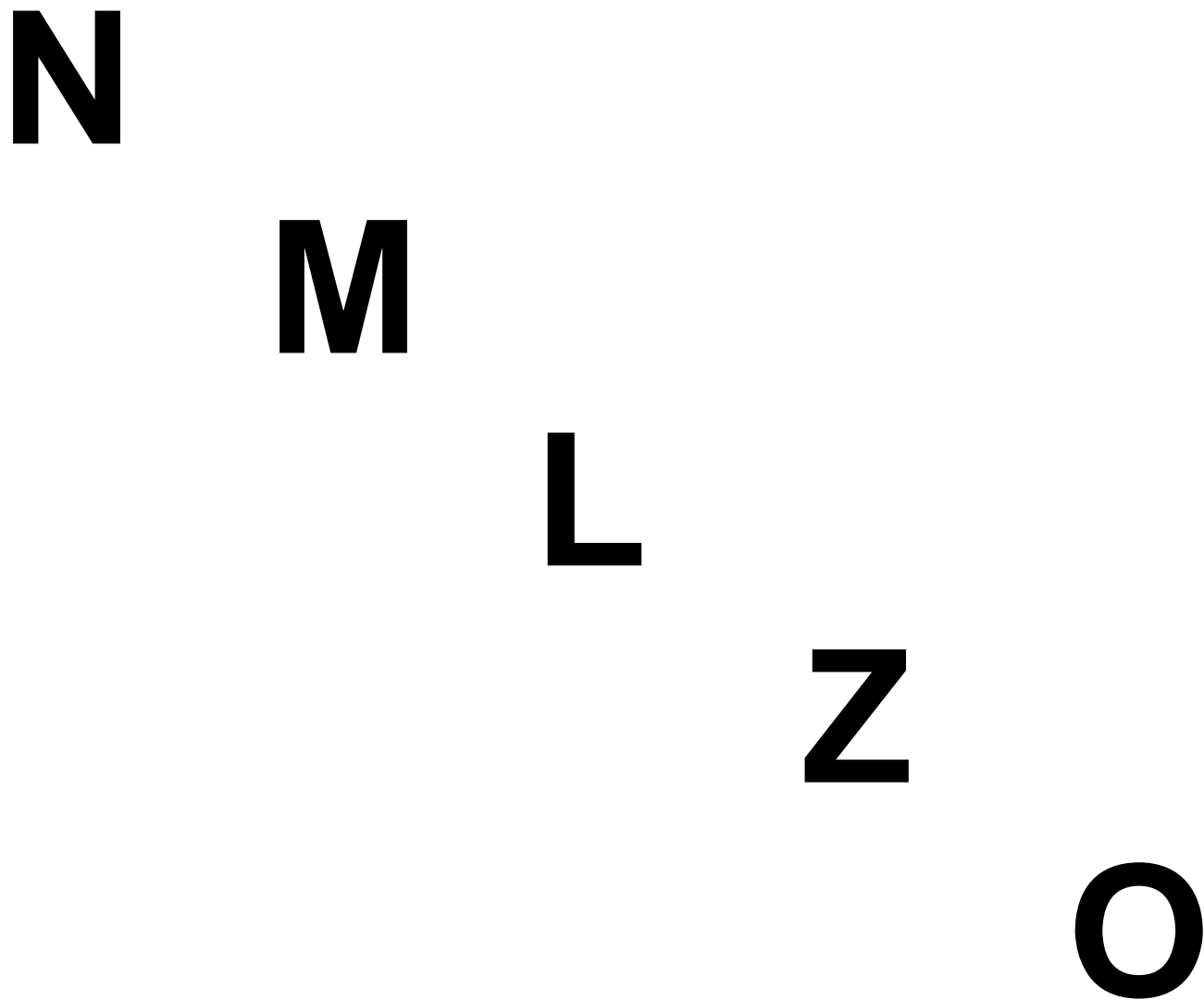
EMPLOYER

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)



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 & INVOLVEMENT**

(pages 6 & 7)

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.
- * Ensure that the welfare of the membership of the NMLZO is

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 \$100 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 in Public Administration or related field.	25	25
B. Associates degree in Public Administration or related field.	15	15*
C. Relevant college credited course work.	1 per 9 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 a 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 _____

- ✓ Provide a copy of either one.
☐ Copy of complete transcript is enclosed.
☐ Copy of diploma showing major field of study is enclosed.

B. ASSOCIATES DEGREE

ESTIMATED
POINTS

☐ A.A. ☐ A.S. ☐ Other _____
Specify

Major _____

MAX 15

College/University name _____

Location _____

Date received _____

- ✓ Provide a copy of either one.
☐ Copy of complete transcript is enclosed.
☐ Copy of diploma showing major field of study is enclosed.

Note: If Section A applies, disregard Sections B & C.
If Section A does not apply, proceed to Sections B & C.

C. UNIVERSITY OR COLLEGE EXPERIENCE

To receive credit, it must be from an accredited academic institution, 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. A transcript of the courses completed is required.

FOR NMLZO
USE

DATES / COURSE TITLE / COLLEGE OR UNIVERSITY / CREDIT HOURS / POINTS

- ☐ Additional sheet attached.
- ☐ Copy of transcript(s) enclosed.

UNIVERSITY OR COLLEGE
EXPERIENCE TOTAL

MAX 10

B & C COMBINED

MAX 25

CONTINUING EDUCATION

EDUCATION	POINTS	MAX
D. Successful completion of the four required NMLZO Certification Workshops.	30	30
E. Attendance at other NMLZO Conference(s)/Workshop(s). 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

(Provide dates attended & certificate)

Successful Completion of 4 NMLZO Workshops: ☐ Yes ☐ No _____ Max 30

ESTIMATED
POINTS

FOR NMLZO
USE

E. OTHER NMLZO CONFERENCE/WORKSHOP

(Provide dates attended & certificate)

_____ @ 5 each =
Max.20

F. OTHER RELEVANT MEETINGS/CONFERENCES

(Provide certificate)

_____ @ 3 each =
Max.15

DATES	MEETING/CONFERENCE	LOCATION

G. OTHER EDUCATIONAL SEMINARS

(Provide certificate)

_____ @ 2 each =
Max. 10

DATES	TRAINING OR WORKSHOP TITLE	ACTUAL	HOURS	POINTS

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

EXPERIENCE

	<u>POINTS</u>	<u>MAXIMUM</u>
• Full-time experience in administrative, or enforcement capacity in Zoning, Code Enforcement and/or Planning in Local Government.	12 per yr.	70
• Part-time experience or non-administrative position in Zoning Code Enforcement.	3 per yr.	25
• 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.

ORGANIZATIONAL INVOLVEMENT (WILL REQUIRE BOARD APPROVAL)

	<u>POINTS.</u>	<u>MAXIMUM</u>
A. Assisted the NMLZO Board at a meeting/workshop with setting up, sales, fundraising, etc.	1 pt. each	4
B. Presenter at a NMLZO meeting/workshop.	3 pts. each	15
C. Provided a silent, or live auction item for a NMLZO meeting/workshop.	2 pts. each	10
D. Recruitment of a sponsor/exhibitor for a NMLZO meeting/workshop.	3 pts. each	15
E. Provided raffle items for a NMLZO meeting/workshop.	1 pt. every 5 items	10

A. ASSISTING AT A CONFERENCE (Provide meeting/workshop date)

_____	_____
_____	_____

B. NMLZO PRESENTER (Provide meeting/workshop date)

_____	_____
_____	_____
_____	_____

C. SILENT/LIVE AUCTION ITEM (Provide meeting/workshop date)

_____	_____
_____	_____
_____	_____
_____	_____

D. EXHIBITOR/SPONSOR RECRUITMENT (Provide meeting/workshop date)

_____	_____
_____	_____
_____	_____

E. RAFFLE ITEMS (Provide meeting/workshop date)

_____	_____
_____	_____
_____	_____
_____	_____

COMPLETION OF APPLICATION

Upon completion of application, please mail/email the following:

- ☐ This application
- ☐ \$100 application fee
- ☐ Transcripts, diploma, certificates or supporting documents.

☐ Visa ☐ MasterCard

Card #: _____ Expiration Date: _____ CVV: _____

Name of Card Holder: _____
If different from Applicant Name

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

TO: NMLZO CERTIFICATION BOARD OF DIRECTORS
New Mexico Municipal League
P.O. Box 846 - Santa Fe, NM 87504-0846
ATTENTION: Mariah Valdez
or Email: mvaldez@nmml.org

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