

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.

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.

C. UNIVERSITY OR COLLEGE EXPERIENCE

To receive credit, a degree must be academic, must be from an accredited 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.

<u>DATES</u>	<u>COURSE TITLE</u>	<u>COLLEGE/ UNIVERSITY</u>	<u>CREDIT HOURS</u>	<u>ESTIMATED POINTS</u>	<u>FOR NMLZO USE</u>
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
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_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	

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

UNIVERSITY OR COLLEGE
 EXPERIENCE TOTAL

 MAX 10

B & C COMBINED

 MAX 25

CONTINUING EDUCATION

<u>EDUCATION</u>	<u>POINTS</u>	<u>MAX</u>
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"/> May, 2002 | Workshop One – Series 7 | <input type="checkbox"/> May, 2009 | Workshop Three – Series 11 |
| * <input type="checkbox"/> June, 2002 | Workshop Two – Series 7 | <input type="checkbox"/> September, 2009 | Workshop Four – Series 11 |
| <input type="checkbox"/> September, 2002 | Workshop Three – Series 7 | <input type="checkbox"/> May, 2010 | Workshop One – Series 12 |
| <input type="checkbox"/> May, 2003 | Workshop Four – Series 7 | <input type="checkbox"/> September, 2010 | Workshop Two – Series 12 |
| * <input type="checkbox"/> June, 2003 | Workshop One – Series 8 | <input type="checkbox"/> May, 2011 | Workshop Three – Series 12 |
| <input type="checkbox"/> September, 2003 | Workshop Two – Series 8 | <input type="checkbox"/> September, 2011 | Workshop Four – Series 12 |
| <input type="checkbox"/> May, 2004 | Workshop Three – Series 8 | <input type="checkbox"/> May, 2012 | Workshop One – Series 13 |
| <input type="checkbox"/> September, 2004 | Workshop Four – Series 8 | <input type="checkbox"/> September, 2012 | Workshop Two – Series 13 |
| <input type="checkbox"/> May, 2005 | Workshop One – Series 9 | <input type="checkbox"/> May, 2013 | Workshop Three – Series 13 |
| * <input type="checkbox"/> June, 2005 | Workshop Two – Series 9 | <input type="checkbox"/> September, 2013 | Workshop Four – Series 13 |
| <input type="checkbox"/> September, 2005 | Workshop Three – Series 9 | <input type="checkbox"/> April/May, 2014 | Workshop One – Series 14 |
| <input type="checkbox"/> May, 2006 | Workshop Four – Series 9 | <input type="checkbox"/> September, 2014 | Workshop Two – Series 14 |
| <input type="checkbox"/> September, 2006 | Workshop One – Series 10 | <input type="checkbox"/> May, 2015 | Workshop Three – Series 14 |
| <input type="checkbox"/> May, 2007 | Workshop Two – Series 10 | <input type="checkbox"/> September, 2015 | Workshop Four – Series 14 |
| <input type="checkbox"/> June, 2007 | Workshop Three – Series 10 | <input type="checkbox"/> May, 2016 | Workshop One – Series 15 |
| <input type="checkbox"/> September, 2007 | Workshop Four – Series 10 | <input type="checkbox"/> September, 2016 | Workshop Two – Series 15 |
| <input type="checkbox"/> April/May, 2008 | Workshop One – Series 11 | <input type="checkbox"/> May, 2017 | Workshop Three – Series 15 |
| <input type="checkbox"/> September, 2008 | Workshop Two – Series 11 | <input type="checkbox"/> September, 2017 | Workshop Four – Series 15 |

*Co-Sponsored by University of Wisconsin

If you are claiming NMLZO Programs from 1990 - 2001 (Series 1 – 6), please list below:

Date: _____ Workshop: _____ Date: _____ Workshop: _____
 Date: _____ Workshop: _____ Date: _____ Workshop: _____

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

<u>DATES</u>	<u>MEETING/CONFERENCE</u>	<u>LOCATION</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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.

* * * * *

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: Linda Aire-Naranjo</p>

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