

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)

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.

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>
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	

- 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"/> 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 |
| <input type="checkbox"/> May, 2009 | Workshop Three – Series 11 | <input type="checkbox"/> May, 2018 | Workshop One – Series 16 |
| <input type="checkbox"/> September, 2009 | Workshop Four – Series 11 | <input type="checkbox"/> September, 2018 | Workshop Two – Series 16 |
| <input type="checkbox"/> May, 2010 | Workshop One – Series 12 | <input type="checkbox"/> May, 2019 | Workshop Three – Series 16 |
| <input type="checkbox"/> September, 2010 | Workshop Two – Series 12 | <input type="checkbox"/> September, 2019 | Workshop Four – Series 16 |

*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 Alire-Naranjo</p>
--

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