

**SPECIAL EDUCATION PROGRAM  
APPLICATION FOR EDUCATIONAL SPECIALIST CERTIFICATE**

Name: \_\_\_\_\_ UNM Student ID#: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

( ) Male ( ) Female Date of Birth: \_\_\_\_\_ Present Occupation: \_\_\_\_\_

Year/Semester you plan to enter: Year \_\_\_\_\_ ( ) Fall ( ) Spring ( ) Summer

University and date of graduation of MA or MS in Special Education:

University: \_\_\_\_\_ Date of graduation: \_\_\_\_\_

I am interested in the Educational Diagnostician Preparation Program. ( ) Yes ( ) No

**Please select an advisor from the list below: (Make sure you have contacted the person you have selected as an advisor.)**

- |                       |                                 |
|-----------------------|---------------------------------|
| ( ) Margo Collier     | ( ) Cathy Qi                    |
| ( ) Susan Copeland    | ( ) Julia Scherba de Valenzuela |
| ( ) Joanna Cosby      | ( ) Loretta Serna               |
| ( ) Liz Keefe         | ( ) Trish Steinbrecher          |
| ( ) Ruth Luckasson    | ( ) I am undecided              |
| ( ) Elizabeth Nielsen |                                 |

Ethnic Background: (UNM is required by Federal law to request this information for statistical reporting. Your response is voluntary.)

1) Do you consider yourself to be Hispanic/Latino? ( ) Yes ( ) No

2) In addition, select one or more of the following racial categories to describe yourself:

- ( ) American Indian or Alaska Native Principal Tribe(s) \_\_\_\_\_  
( ) Asian  
( ) Black or African American  
( ) Native Hawaiian or Pacific Islander  
( ) White

Are you bilingual? ( ) Yes ( ) No If yes, what language(s)? \_\_\_\_\_

Have you ever completed a teacher licensing program in any state? ( ) Yes ( ) No

Are you licensed/certified to teach in another state? ( ) Yes ( ) No

\_\_\_\_\_  
(State) (Type of certification)

Have you completed the New Mexico Teacher Assessment? ( ) Yes - attach copy ( ) No

Are you currently licensed to teach in New Mexico? ( ) Yes ( ) No

If yes, type of New Mexico license:

- ( ) Alternate (indicate which area) \_\_\_\_\_
- ( ) Elementary
- ( ) Secondary
- ( ) K-12 Special Education
- ( ) Other, Please Specify \_\_\_\_\_

If No, have you ever been certified or licensed to teach in New Mexico?

( ) Yes ( ) No

Have you applied for admission to the UNM graduate program in Special Education before?

( ) Yes ( ) No When? \_\_\_\_\_

Have you been admitted to the UNM graduate program in Special Education before?

( ) Yes ( ) No WHEN? \_\_\_\_\_

If Yes, which area? \_\_\_\_\_

Universities Attended:	Date	Major (from-to)	Minor	Degree

Teaching Experience (or other professional experience):

School	City/State	Grade(s)	Dates

List the individuals you have asked to send letters of recommendation: (Five (5) are required for the Ed.S. Certificate)

- \_\_\_\_\_ Phone # \_\_\_\_\_
- \_\_\_\_\_ Phone # \_\_\_\_\_
- \_\_\_\_\_ Phone # \_\_\_\_\_
- \_\_\_\_\_ Phone # \_\_\_\_\_
- \_\_\_\_\_ Phone # \_\_\_\_\_