Family Infant Toddler Program

Application for Developmental Specialist
Re-Certification

Mail application and required documentation to: NM Department of Health, DDSD, FIT Program, 810 San Mateo, Santa Fe, New Mexico 87506.
Phone: 505-476-8974 or 505-476-8927 FAX: 1-866-829-8838
Attach: 1) Re-certification Tracking Page(s), 2) cover page of IPDP with signature of Supervisor, 3) Self Assessment.
Developmental Specialist Policy and Forms on website: FITProgram.org

IMPORTANT: All re-certification applications must be sent to the address listed above, 30 days prior to the expiration date on your Developmental Specialist certificate.

Place a check mark (✓) indicating the Level of Re-certification for which you are re-certifying.

- Developmental Specialist I-Basic
- Developmental Specialist II
- Developmental Specialist I-Advanced
- Developmental Specialist III

Print Name ________________________________ (as it should appear on the certificate)

Previous Name, if applicable ______________________________

Home Address __________________________________________

City_________________________ State______ Zip_______

Home Phone: _________________ E-mail Address: __________________________

Name of FIT Provider agency: ________________________________

DOH/FIT Use: Date Received:____________________ Date Mailed:____________
Enter FIT-KIDS (✓)_________ Enter Tracking Log (✓)________________________
Mailed To: (✓) Home:_______ Work_________ Processed By:_________

DS Re-certification application 06/09