

(to be reproduced on official district or school letterhead)

**SUPERINTENDENT'S VERIFICATION
FOR INITIAL HEALTH ASSISTANT LICENSURE**

Applicant's Name _____

Social Security Number _____

Address _____

Street Address or Post Office Box

City, State, Zip Code

I, _____, hereby certify that I have verified that the above applicant:
Printed Name of Superintendent or his/her Designee

____ has earned a high school or high school equivalency diploma

____ is at least eighteen (18) years of age,

____ holds a current American Red Cross, American Heart Association or National Safety Council certification in CPR;

____ holds a current American Red Cross or National Safety Council Certification in first aid;

____ completed a NM Department of Health and Public Education Department training for school health assistants, related to state/federal laws, regulations and guidelines;

____ verification by the school superintendent that a local orientation related to assigned duties, and facilitated by the PED licensed registered nurse, was satisfactorily completed.

(Signature of Superintendent or his/her Designee) Date: _____

District / Private School / Charter School: _____