Special Education
Graduate Certificate in Educational Diagnosis
Certificate Program Application

Certificate in Educational Diagnosis: designed to prepare students for careers as Educational Diagnosticians, focusing on the role of educational assessment in the identification, classification, and supports of children with exceptionalities from preschool through high school (EDAG).

1. Name: _____ UNM Student ID: _____

Email: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone numbers: Cell: _____ Work: _____ Home: _____

☐ Male ☐ Female Date of Birth: _____

2. Present Occupation: _____

3. Ethnic Information:

◯ Hispanic ◯ Caucasian
◯ African American ◯ American Indian
◯ Asian ◯ Other

4. Are you bilingual? ◯ Yes ◯ No Language(s): _____

5. Have you applied to the Graduate Certificate in Educational Diagnosis before?

◯ Yes ◯ No If yes, when? _____

6. Have you been accepted to the Graduate Certificate in Educational Diagnosis before?

◯ Yes ◯ No If yes, when? _____

7. Are you currently enrolled in another graduate program? ◯ Yes ◯ No

8. List all post-secondary institutions you have attended and any degrees or certificates you have earned:

University/College	Date (From-To)	Major	Minor	Degree or Certificate

9. Have you taken the National Evaluation Series Essential Components of Elementary Reading Instruction Test (NES) within the past 5 years? ◯ Yes ◯ No

If yes, please list your score: _____ Date of test: _____

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10. Teaching experience (or professional experience with students with disabilities):

Do you have 3 years of experience as a teacher (or closely related school-based professional service provider)?

◯ Yes ◯ No

If yes, please list below:

School Name	City/State	Grade(s)/Role	Dates

11. Do you hold a current teaching or other school-based professional license in New Mexico?

◯ Yes ◯ No

If yes, type of NM License:

☐ Alternate:_____(indicate which one)

☐ Elementary

☐ Secondary

☐ K-12 Special Education

☐ Other, please specify: _____

If no, have you ever been certified or licensed to teach or provide school-based professional services in New Mexico? ◯ Yes ◯ No

12. Are you licensed or certified to teach or provide auxiliary professional services in another state?

◯ Yes ◯ No If yes, State:_____Type of Certification: _____

13. Please list the individuals you have asked to serve as references (minimum of three Letters/Forms of recommendation are required):

Name	Title	Phone Number	Email