



Children Youth & Families Department

# Early Childhood Services Division

## Early Childhood Training/Professional Development Equivalencies Request Coversheet

Contact Information	
Name: _____ Date: _____	
Address: _____	
Contact phone #: _____	Email address _____
Program Information	
Early Childhood Program Name/Address: _____	Program STAR Level  [ ] 2 STAR [ ] 3 STAR [ ] 4 STAR [ ] 5 STAR
Position: _____	
Years of Experience: _____	STAR Level pursued (if applicable) _____
Age Group (check all that apply): [ ] Prenatal [ ] Infant/Toddler [ ] Pre-School [ ] Early Pre-K [ ] Pre-K [ ] School Age	
Equivalency Information	
Equivalency Requested: _____	College/University/Training attended: _____
Level: _____	Degree(s)/ credits/certificate(s) earned _____
	(Attach documents to be considered)
Additional Information	

### To be completed by the Office of Child Development

Determination				
Equivalency Determined	Letter Sent (date/initials)	Need Information	Partial Equivalency	Additional Training/Credits
Official Signature: _____ Position: _____ Date: _____				

EARLY CHILDHOOD SERVICES – OFFICE OF CHILD DEVELOPMENT  
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