



**NMRLD**

NEW MEXICO  
REGULATION &  
LICENSING DEPARTMENT

**ATTACHMENT C: EXPERIENCE PLAN**

**SECTION 1:** To be completed by the applicant. It is the applicant’s responsibility to send this form to the appropriate supervisors. Your application will not be reviewed without this form on file.

DATE:

SUPERVISOR’S NAME:

APPLICANT’S NAME:

**SECTION 2:** To be completed by the supervisor. **Supervisors must comply with Title 16-Chapter 27-Part19: Approved Supervisors.** Please email completed form directly to the board on behalf of the supervisee at [counseling.board@rld.nm.gov](mailto:counseling.board@rld.nm.gov), or, provide back to the supervisee to upload into application (preferred.)

LAST NAME:

FIRST NAME:

MIDDLE INITIAL:

ADDRESS:

CITY:

STATE:

ZIP CODE:

LICENSE TYPE:

LICENSE NO:

STATE:

ISSUE DATE:

NAME OF INDIVIDUAL SUPERVISED:

**SECTION 3: AFFIDAVIT**

1. I declare under penalty of perjury under the laws of the State of New Mexico that the above information is true and correct.
2. For supervision of LAMFT's only: I certify that I have received training in systems \_\_\_\_\_ (initial here)
3. The undersigned, being duly sworn, upon their oath deposes and says that they are the person making the foregoing statements and that they are made in good faith and are true in every respect. By executing this application form, the undersigned also acknowledges that the supervisee will receive the required supervision. **I certify that all of the statements made in this Attachment C form are true, complete, and correct to the best of my knowledge and my belief, and are made in good faith.**

Supervisor’s Signature \_\_\_\_\_ Date \_\_\_\_\_

