



Michelle Lujan Grisham, Governor
Kari Armijo, Secretary
Alex Castillo Smith, Deputy Secretary
Kathy Slater Huff, Deputy Secretary
Niki Kozlowski, Acting Deputy Secretary
Dana Flannery, Medicaid Director

Division of Health Improvement Employee Abuse Registry Petition for Removal

Please provide all relevant information to demonstrate your rehabilitation. You may attach additional pages if you run out of space on this form. The Department may verify any and all information contained in this document.

Petitioner's Information:

| | | | | | |
|-------------------------|--------------|----------------|----------------------------------|--------------------|--|
| First Name: | Middle Name: | Last Name: | Name on Registry (if different): | | |
| Social Security Number: | Current Age: | Date of Birth: | Date of Registry Placement: | Date of Petition: | |
| Home Address: | | | | | |
| City: | State: | Zip Code: | Home Phone Number: | Cell Phone Number: | |

EMPLOYMENT History:

List ALL employment you have had AFTER your placement on the Registry. Use extra pages if necessary.

Attach any letters of reference or recommendation related to your employment.

| | | |
|---|---------------------------|-----------------|
| Current or Most Recent Employer's Name: | Start date of Employment: | |
| | End date of Employment: | |
| Your Position/Title: | Reason for Leaving: | |
| Employer Street Address: | City: | State/Zip Code: |
| Employer Contact Name and Position/Title: | Phone Number: | |
| Describe Job Duties: | | |

| | | |
|---|---------------------------|-----------------|
| Employer Name: | Start date of Employment: | |
| | End date of Employment: | |
| Your Position/Title: | Reason for Leaving: | |
| Employer Street Address: | City: | State/Zip Code: |
| Employer Contact Name and Position/Title: | Phone Number: | |
| Describe Job Duties: | | |

"Assuring safety and quality of care in New Mexico's community-based programs."

NEW MEXICO HEALTH CARE AUTHORITY | DIVISION OF HEALTH IMPROVEMENT

ATTN: DHI Employee Abuse Registry Custodian

3900 Masthead St. NE, Albuquerque, New Mexico, 87109

(505) 205-6506 • FAX: (505) 841-6551 • <https://www.hca.nm.gov/division-of-health-improvement/>

EMPLOYMENT History continued:

List ALL employment you have had AFTER your placement on the Registry. Use extra pages if necessary. Attach any letters of reference or recommendation related to your employment.

| | | |
|---|---------------------------|-----------------|
| Employer Name: | Start date of Employment: | |
| Your Position/Title: | End date of Employment: | |
| Employer Street Address: | City: | State/Zip Code: |
| Employer Contact Name and Position/Title: | Phone Number: | |
| Describe Job Duties: | | |

COMMUNITY SERVICE OR VOLUNTEER History:

List any, unpaid or volunteer experience you have had AFTER your placement on the Registry. Include community service, family care giving or other experience. Use extra pages if necessary. Attach any evidence of your experience and letters or recommendation related to your experience.

| | | |
|------------------------------------|------------------------|----------------------|
| Name of Agency/Family Member: | Phone Number: | Dates of Experience: |
| Position/Title/Role: | Reason for Leaving: | |
| Address where experience occurred: | City: | State/Zip Code: |
| Contact Name to Verify Experience: | Position/Relationship: | Phone Number: |
| Describe Duties: | | |

REHABILITATION, EDUCATION OR OTHER TRAINING:

List any rehabilitation, education or training you have obtained AFTER placement on the Registry. Use extra pages if necessary. Attach a copy of any transcripts, diplomas, certificates or other evidence of successful completion.

| | | |
|--|-------------------------|----------------------------|
| Name of Person/School/Agency that provided class/training: | Name of Class/Training: | Date(s) of Class/Training: |
| Describe Content of Class/Training: | | |

| | | |
|--|-------------------------|----------------------------|
| Name of Person/School/Agency that provided class/training: | Name of Class/Training: | Date(s) of Class/Training: |
| Describe Content of Class/Training: | | |

The review committee must be assured you will not abuse, neglect or exploit someone in your care again in order to remove your name from the registry. Explain how you have been rehabilitated following placement on the Registry so you can now safely care for others. Your explanation must demonstrate “Good Cause” why your name should be removed from the Registry. Show/explain to the review committee how you or your circumstances have changed. Provide any information you want the review committee to consider. You can include: how the circumstances that got you on the registry have changed; restitution you have made; any support groups you have attended; positive changes in your life; examples of your good character or reputation; anything else that shows you can be trusted to safely provide care to others again. Use extra pages if necessary. Attach any evidence you have to support your statements including **letters of reference from others.**

Explanation:

I hereby certify that I have provided truthful and complete information in this application including all attached pages.

Signature

Date

Mail your completed petition and all attachments to:

ATTN: DHI Employee Abuse Registry Custodian
3900 Masthead St. NE, Albuquerque, New Mexico
87109

Or email to:

DHI.EmployeeAbuseRegistry@hca.nm.gov