New Mexico Local Government
Accreditation Program
Adult Misdemeanor Compliance Professional Standards Council
Headquarters: New Mexico Association of Counties
444 Galisteo Street, Santa Fe, NM 87501

AGENCY APPLICATION

Program Name: _____ Phone Number: _____

Street Address: _____

County: _____ Zip: _____

Compliance Supervisor: _____

County Manager: _____

CCOs: _____ # Administrative Staff: _____

Total Personnel: _____

Average Annual Offender Count: _____ Average Daily Offender Count: _____
(previous fiscal year) (previous fiscal year)

Is your program operating in accordance with NMSA 31-20-5.1? _____

Is your program operated by the County? _____
If no, please include documentation of formal agreement or contract with the County.

With this application, the county agrees to comply with the Adult Misdemeanor Compliance Professional Standards adopted by The New Mexico Adult Misdemeanor Compliance Professional Standards Council on October 9, 2014. The assessment will be conducted by specially trained professional assessment personnel, and the county agrees to give them access to all areas of the facility, inmates, contract staff, staff and documents for this purpose.

The commitment our department must make in working with the New Mexico Association of Counties Adult Misdemeanor Compliance Professional Standards Council toward Accreditation is understood and accepted.

_____ _____
Signature Signature

_____ _____
County Manager or Deputy County Manager (Typed Name) MCP Administrator (Typed Name)

_____ _____
Date Date