

REQUEST FOR ADOBE ASSESSMENT

Any sector, any size business/organization in New Mexico is eligible to receive an assessment on its "Organizational Profile" whether or not it's been a previous applicant in the New Mexico Quality Awards program.

Type or clearly Print all Information

1. REQUESTING ORGANIZATION:

Organization Name

Address

City, State, Zip Code

2. OFFICIAL CONTACT:

Name and Position

Mailing Address (if different from above)

City, State, Zip Code

Telephone Number: Fax Number:

E-mail Address: _____

3. CURRENT MEMBER OF QNM (information only – do not need to be a member to receive services)

Yes No

4. NATURE AND SIZE OF ORGANIZATION

<u>Business</u>	<u>Education</u>	<u>Government</u>	<u>Health Care</u>
<input type="radio"/> Profit	<input type="radio"/> K-12	<input type="radio"/> City/County	<input type="radio"/> Profit
<input type="radio"/> Non-Profit	<input type="radio"/> 12+	<input type="radio"/> State	<input type="radio"/> Non-Profit
	<input type="radio"/> Profit	<input type="radio"/> Federal	
	<input type="radio"/> Non-Profit	<input type="radio"/> Tribal	

Total Number of Employees (Full and Part-time) _____

5. PREVIOUS HISTORY WITH THE NMQA:

Year:	Level Applied For:	Recognition Received:
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. CEO or HIGHEST RANKING OFFICIAL IN NEW MEXICO:

Name and Title (President, Executive Director, CEO, etc)

Address

City, State, Zip Code

Telephone Number: Fax Number:

E-mail Address: _____

TERMS & CONDITIONS: The assessment will be conducted by a Senior Examiner affiliated with Quality New Mexico. The formal Feedback Report is proprietary to the requestor and will not be released by QNM unless authorized in writing. Quality New Mexico may publicize the name of your organization in relation to successful completion of an Adobe Assessment.

Signature & Date of Highest Ranking Official Attesting To The Terms & Conditions of the Adobe Assessment

7. MAIL, FAX, DELIVER OR SCAN/EMAIL THIS REQUEST FORM TO:

QUALITY NEW MEXICO
ATTN: JEFF WEINRACH, DIRECTOR ASSESSMENTS / NMQA

Mail:	Location:
P.O. Box 25005	8205 Spain, NE Suite 111
Albuquerque, NM 87125	Albuquerque NM 87109
	Fax: 505-944-2002

Direct: (505) 944-2004 Email: jeff@quality-newmexico.org

8. For use by Quality New Mexico only:
Requestor is eligible for an Adobe Assessment

YES NO

QNM Authorizing Official _____ Date _____