

**NEW
MEXICO
REGISTER**

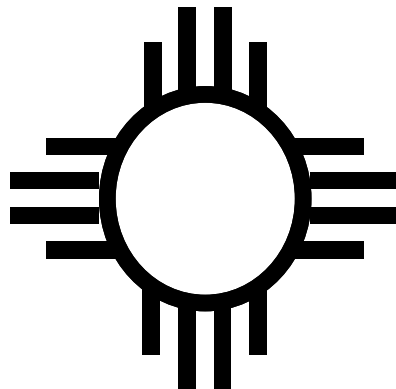


**Volume XVII
Issue Number 3
February 14, 2006**

New Mexico Register

Volume XVII, Issue Number 3

February 14, 2006



The official publication for all notices of rulemaking and filings of adopted, proposed and emergency rules in New Mexico

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New Mexico Register

Volume XVII, Number 3

February 14, 2006

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Effective Date and Validity of Rule Filings

Rules published in this issue of the New Mexico Register are effective on the publication date of this issue unless otherwise specified. "No rule shall be valid or enforceable until it is filed with the records center and published in the New Mexico register as provided by the State Rules Act. Unless a later date is otherwise provided by law, the effective date of a rule shall be the date of publication in the New Mexico register." Section 14-4-5 NMSA 1978.

A=Amended, E=Emergency, N=New, R=Repealed, Rn=Renumbered

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Notices of Rulemaking and Proposed Rules

NEW MEXICO AGING AND LONG-TERM SERVICES DEPARTMENT

NOTICE OF PUBLIC RULEMAKING HEARING

The New Mexico Aging and Long-Term Services Department hereby gives notice that a public hearing will be held on **Tuesday, March 21, 2006 at 9:00 a.m. in the Rio Grande Room at the department's offices, 2550 Cerrillos Road, Santa Fe, N.M.**

The purpose of the hearing will be to receive comments on a proposed new rule relating to the Employee Abuse Registry Act: 8.11.6 NMAC - Employee Abuse Registry.

Any person requesting a copy of the proposed rule or wishing to testify at the hearing should contact Anita Lovato by mail at 625 Silver Ave. SW, Albuquerque, NM 87102, by telephone at (505) 841-4502, or by e-mail at Anita.Lovato@state.nm.us. Any person wishing to submit written or e-mail comments may do so by submitting them to Ms. Lovato on or before the date of the hearing. No written or e-mail comments will be accepted after 5:00 p.m. on the date of the hearing.

Persons requiring special accommodations at the hearing are asked to contact Ms. Lovato by March 10, 2006 so that arrangements can be made.

NEW MEXICO GAME COMMISSION

STATE GAME COMMISSION PUBLIC MEETING AND RULE MAKING NOTICE

On Friday, February 24, 2006, beginning at 9:00 a.m. at the Western New Mexico University, Light Hall Auditorium/East of Administration Building, 1000 West College Avenue, Silver City, New Mexico 88062, the State Game Commission will meet in Public Session to consider action as appropriate on the following: Consent Agenda for Committee Reports; Commission Approval Sought for Funding Landscape-Scale Habitat Stamp Projects; Update on the Rio Grande Cutthroat Trout Restoration Project in the Costilla; Update on Feasibility Study for River Otter Restoration; Proposed Calendar for Development of the 2007-2008 Big Game, Turkey, Mandatory Hunter Reporting

System and Associated Rules; General Public Comments; and Closed Executive Session to discuss litigation, personnel, and acquisition or disposal of real property or water rights, and pursuant to Section 10-15-1(H)(1), NMSA, 1978, Designate Reasonable Notice to the Public for Commission Meetings During 2006, in accordance with 19.30.3.8.A(1), NMAC; and Presentation of the Fiscal Year 2005 Financial Statements and Audit Report.

The following rules are open for amendment or adoption by the Commission:

* Proposed Changes to the Fisheries Rule, 19.31.4 NMAC, and the Manner and Method Rule 19.31.10, NMAC.

A copy of the agenda or any of the affected rules can be obtained from the Office of the Director, New Mexico Department of Game and Fish, P.O. Box 25112, Santa Fe, New Mexico 87504 or on the Department's website. This agenda is subject to change up to 24 hours prior to the meeting. Please contact the Director's Office at (505) 476-8008, or the Department's website at www.wildlife.state.nm.us for updated information.

If you are an individual with a disability who is in need of a reader, amplifier, qualified sign language interpreter, or any other form of auxiliary aid or service to attend or participate in the hearing or meeting, please contact Shirley Baker at (505) 476-8030. Please contact Ms. Baker at least 3 working days before the set meeting date. Public documents, including the Agenda and Minutes can be provided in various accessible forms. Please contact Shirley Baker if a summary or other type of accessible form is needed.

NEW MEXICO SOCIAL WORK EXAMINERS BOARD

LEGAL NOTICE

Public Rule Hearing and Regular Board Meeting

The New Mexico Social Work Examiners Board will hold a Rule Hearing on March 17, 2006. Following the Rule Hearing the New Mexico Social Work Examiners Board will convene a regular meeting to adopt the rules and take care of regular business. The New Mexico Social Work Examiners Board Rule Hearing will begin at 9:00 a.m. and the

Regular Meeting will convene following the rule hearing. The meetings will be held at the Regulation and Licensing Department, 5200 Oakland Ave NE, Albuquerque, NM.

The purpose of the rule hearing is to consider adoption of proposed amendments and additions to the following Board Rules and Regulations in 16.63 NMAC: Part 1 General Provisions, Part 3 Application for Licensure, Part 4 Examinations, Part 5 Emergency Licensure, Part 6 Licensure by Credentials, Part 7 Provisional License, Part 8 Fees, Part 9 Baccalaureate Social Worker, Part 10 Master Social Worker, Part 11 Independent Social Worker, Part 12 Continuing Education, Part 14 Inactive Status, Part 15 Retirement and Part 16 Code of Conduct.

Persons desiring to present their views on the proposed rules may write to request draft copies from the Board office at the Toney Anaya Building located at the West Capitol Complex, 2550 Cerrillos Road in Santa Fe, New Mexico 87504, or call (505) 476-4890 after February 14, 2006. In order for the Board members to review the comments in their meeting packets prior to the meeting, persons wishing to make comment regarding the proposed rules must present them to the Board office in writing no later than March 3, 2006. Persons wishing to present their comments at the hearing will need (10) copies of any comments or proposed changes for distribution to the Board and staff.

If you have questions, or if you are an individual with a disability who wishes to attend the hearing or meeting, but you need a reader, amplifier, qualified sign language interpreter, or any other form of auxiliary aid or service to participate, please call the Board office at (505) 476-4890 at least two weeks prior to the meeting or as soon as possible.

Vadra Baca, Administrator
PO Box 25101- Santa Fe, New Mexico
87504

**End of Notices and
Proposed Rules Section**

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Adopted Rules

NEW MEXICO OFFICE OF THE ATTORNEY GENERAL

**TITLE 12 TRADE, COM-
MERCE AND BANKING
CHAPTER 2 CONSUMER PRO-
TECTION
PART 10 EXTENSION OF
CREDIT FOR SMALL LOANS**

12.2.10.1 ISSUING AGENCY:
Office of the New Mexico Attorney
General.

[12.2.10.1 NMAC - N, 02/15/2006]

12.2.10.2 SCOPE: These rules
and regulations apply to all persons, as
defined in NMSA 1978, Section 57-12-2C
(1967), engaging in the extension of credit
in the amount of two thousand five hundred
dollars (\$2,500) or less in the state of New
Mexico pursuant to the New Mexico Small
Loan Act of 1955 and subject to compliance
with the Unfair Practices Act. These rules
and regulations shall not be construed to
conflict with any statutory requirements,
and they are not intended to preempt any
other rules and regulations that exist or sub-
sequently are adopted to provide greater
protection for consumers.

[12.2.10.2 NMAC - N, 02/15/2006]

**12.2.10.3 STATUTORY
AUTHORITY:** The New Mexico attorney
general adopts these rules and regulations
pursuant to the authority to enact regula-
tions conferred by the New Mexico Unfair
Practices Act ("the act"), at NMSA 1978,
Section 57-12-13 (1967).

[12.2.10.3 NMAC - N, 02/15/2006]

12.2.10.4 DURATION:
Permanent.

[12.2.10.4 NMAC - N, 02/15/2006]

12.2.10.5 EFFECTIVE DATE:
February 15, 2006, unless a later date is
cited at the end of a section.

[12.2.10.5 NMAC - N, 02/15/2006]

12.2.10.6 OBJECTIVE: The
attorney general's office adopts these regu-
lations to address unfair or deceptive prac-
tices and unconscionable trade practices in
connection with the extension of credit for
two types of small loans: payday and car
title. The regulations focus on two major
areas: first, small loans that are made with-
out any reasonable underwriting guidelines
or without any consideration whether the
borrower is able to re-pay the small loan;
and second, small loans that are extended
with extremely high interest rates and
require repayment in very short time peri-

ods (e.g., 14 days).

A. The attorney general
finds that the extension of credit for payday
and car title loans is a particularly appropri-
ate area for the promulgation of Unfair
Practices Act regulations. Before 1983 the
maximum interest rate that could be
charged on small loans was 36%. Since that
time, interest rates on small loans have risen
to an unlimited level, and on average to
more than 500% APR, while interest rates
on most other types of loans have declined.
Since deregulation of a statutory usury ceil-
ing, much of the small loan industry has
dramatically changed the practice of mak-
ing loans by extending credit to borrowers
without due regard to whether each borrow-
er has the financial ability to re-pay the loan
and by requiring borrowers to pay the loans
within an extremely short time period.

B. At the same time, appli-
cable law in New Mexico caps pawn trans-
actions, where some tangible personal prop-
erty is deposited with the pawnbroker, at ten
percent for the first month and four percent
for each succeeding month. NMSA 1978
Section 56-12-13. This equals an annual-
ized interest rate of 54%. Payday loans are
typically secured by a post-dated check or
an electronic debit authorization; car title
loans are secured by the certificate of title to
the vehicle and, frequently, an ignition key
to the vehicle. Because payday and car title
loans, like pawn transactions, are secured,
charging an interest rate higher than that
permitted by the legislature in pawn trans-
actions is an unconscionable trade practice.

C. The criminal Loan
Sharking Act makes it a felony to use extor-
tionate means to collect on a loan where the
interest rate exceeds 45% per year. NMSA
1978 Section 30-43-3(B)(1). The small
loan Act also provides that after twelve
months from the date of maturity of the
loan, lenders cannot charge in excess of ten
percent per year on the unpaid balance of
the loan. NMSA 1978 Section 58-15-17(F).

D. The attorney general
has determined that the types of "unfair
practices" that the act and these regulations
attempt to address are consistent with the
definition of "unfairness" as defined by the
federal trade commission. The attorney
general also concludes that present small
loan industry practices associated with pay-
day and car title loans result in substantial
injury to borrowers, are not outweighed by
the purported benefits of unfettered compe-
tition in the marketplace, and impose on
many borrowers unreasonable, unfair or
deceptive practices. Five public hearings
were held throughout New Mexico follow-
ing the announcement of the proposed rules.
Written comments were accepted during the

initial notice and comment rule-making
period from September 15 to November 21,
2005, and again from December 15, 2005
until January 17, 2006 relative to the pro-
posed additions. Hundreds of oral and writ-
ten comments were submitted through this
process.

E. These regulations pro-
vide the basis for evaluating fairly the
extension of small loans under current law.
They do not necessarily address every pos-
sible unfair, deceptive or unconscionable
practice in the extension of credit in the
form of these loans. Therefore, it is not
intended that compliance with these regula-
tions shall be an absolute protection against
liability for any deceptive, unfair or uncon-
scionable trade practice. Small loan lenders
making payday and car title loans should
review their practices in extending small
loans in light of the purpose of these regula-
tions and the Unfair Practices Act.

F. In sum, the purpose of
these regulations is to accomplish two prin-
cipal objectives. The first is to deter unfair,
deceptive and unconscionable practices that
harm consumers. The second is to provide
clear legal standards for lenders extending
small loan credit to facilitate compliance
with the law and promote fair competition
on a "level playing field".

[12.2.10.6 NMAC - N, 02/15/2006]

12.2.10.7 DEFINITIONS:
Unless defined herein, all words should be
given their customary and ordinary mean-
ings.

A. "APR" means annual
percentage rate as defined in the federal
Truth in Lending Act.

B. "Balloon payment"
means a provision in a loan agreement that
requires the borrower to pay, at a specified
time or upon demand, a final installment
with a larger amount that includes the
remaining loan principal.

C. "Car title loan" means,
other than a purchase money loan, a short
maturity loan secured by an unencumbered
or encumbered state issued certificate of
title or certificate of ownership to a motor
vehicle or other similar personal property.

D. "Loan to value ratio"
means the ratio between the value of the
collateral for a loan and the principal
amount of the loan.

E. "Payday loan", also
referred to as a payday advance loan;
deferred presentment loan; or deferred
deposit loan, means a short maturity loan on
the security of:

(1) a check;

(2) any form of assignment of
interest in the account of a person at a

depository institution; or

(3) any form of assignment of income payable to a person.

F. "Person" or "party" means natural persons or corporations, trusts, partnerships, associations, cooperative associations, clubs, companies, firms, joint ventures, syndicates or any other entity.

G. "Short-maturity loan" means a small loan with a repayment period of twelve months or less.

H. "Small loan" means, for the purposes of these regulations, a payday loan or a car title loan in the principal amount of two thousand five hundred dollars (\$2,500) or less.

I. "Small loan lender" means any person who makes a payday or car title loan in New Mexico regardless of whether that person is licensed under the small loan Act, NMSA 1978, 58-15-1 (1955) et seq. and any person acting as an employee or agent of a small loan lender.

J. "Underwriting guidelines" means the factors used by a small loan lender, such as income of the borrower, credit history, and outstanding debts, to determine the ability of the borrower to repay a loan.

K. "Unreasonable risk of loss of the collateral" means that the terms of the small loan are such that the borrower is more likely than not under the circumstances to be unable to repay the loan so that the loan will be paid by the proceeds of the sale of the collateral or by an execution on the borrower's property or garnishment of the borrower's wages after civil judgment is entered against the borrower.

[12.2.10.7 NMAC - N, 02/15/2006]

12.2.10.8 UNFAIR OR DECEPTIVE TRADE PRACTICES:

A. It is an unfair or deceptive trade practice for a small loan lender to offer or make a small loan that is not based upon reasonable underwriting guidelines, such as the borrower's income, or when the lender knows or should know with the exercise of reasonable diligence that the loan is beyond the borrower's reasonable ability to repay according to the terms of the loan. For the purposes of this rule, there shall be a rebuttable presumption that the borrower has a reasonable ability to repay the loan if the loan amount does not exceed 25% of the borrower's net monthly income.

B. It is an unfair or deceptive trade practice for a small loan lender to rely solely on the loan-to-value ratio in extending a loan to a borrower.

C. It is an unfair or deceptive trade practice for a small loan lender to misrepresent that a borrower meets the lender's underwriting guidelines for a particular loan or to misrepresent that particu-

lar guidelines are being used when the borrower does not meet the lender's underwriting guidelines or when such guidelines do not exist.

D. It is an unfair or deceptive trade practice for a small loan lender to make a small loan without providing the consumer a reasonable period of time to repay the loan. For the purposes of this rule, there shall be a rebuttable presumption that this standard is met if the loan does not require that it be repaid in full for at least four months, provided there is no prepayment penalty if the loan is paid off sooner.

E. It is an unfair or deceptive trade practice for a small loan lender to make a small loan with the knowledge that the borrower is likely to be unable to repay the loan, or to make the loan with the reasonable expectation of seizing the borrower's collateral.

F. It is an unfair or deceptive trade practice for a small loan lender to falsify, or encourage any prospective borrower to falsify, the borrower's credit application for a payday or car title loan.

G. It is an unfair or deceptive trade practice for a small loan lender to fail to clearly and conspicuously disclose orally and in writing a payday or car title loan's fees, charges, and payments.

H. It is an unfair or deceptive trade practice for a small loan lender to engage in an act or practice in connection with the offering of a small loan, where the borrower exclusively or primarily uses the proceeds of the small loan to re-pay another small loan.

I. It is an unfair or deceptive trade practice to require the purchase of credit insurance or an auto club membership as a condition to the making of any small loan by a small loan lender.

J. It is an unfair or deceptive trade practice for a small loan application form of the licensee to be preprinted to offer or provide financing for the purchase of credit insurance or auto club memberships. Any agreement to purchase credit insurance or auto club membership shall be separate from any small loan agreement, and must provide a disclosure which is either signed or initialed by the consumer acknowledging that he/she understands that the purchase of the credit insurance or auto club membership was in no way a condition or requirement for obtaining any loan from the small loan lender.

K. It is an unfair or deceptive trade practice for a small loan lender to submit a check received for payment of a small loan for deposit more than one time, or to create electronic checks for deposit and deposit such electronic checks or electronically debit the borrower's checking account after a check or electronic debit has been dishonored or returned for insufficient

funds.

L. It is an unfair or deceptive trade practice for a small loan lender to charge application, document preparation, credit check or any fees other than a reasonable returned check or declined debit authorization charge.

M. It is an unfair or deceptive trade practice for a small loan lender to require payment of interest charges for the full term of the small loan if the small loan is paid off early.

N. It is an unfair or deceptive trade practice for a small loan licensee to require small loan terms that provide for payments against interest only. Payments on small loans shall include both interest and principal during the term of the small loan.

O. It is an unfair or deceptive trade practice to allocate payments during the term of the small loan so that a balloon payment is due at the last scheduled payment of the loan, i.e., payments against the principal balance of the loan shall be equally divided during the term of the loan. [12.2.10.8 NMAC - N, 02/15/2006]

12.2.10.9 UNCONSCIONABLE TRADE PRACTICES:

A. It is an unconscionable trade practice for a small loan lender to engage in an act or practice in connection with the offering of a small loan which shocks the conscience or is exceedingly unfair, harsh or callous, such as when, given the circumstances, the terms of the loan place the borrower with a substantial and unreasonable risk of loss of the collateral while the lender assumes little or no risk of loss.

B. It is an unconscionable trade practice for a small loan lender to engage in an act or practice in connection with the offering of a small loan where the lender intentionally makes a loan for the purpose of seizing the borrower's collateral.

C. It is an unconscionable trade practice for a small loan lender to engage in an act or practice in connection with the offering of a small loan that takes unreasonable advantage of the small loan lender's superior knowledge and expertise or when there is no legitimate business justification for such a small loan and the lender knows that the borrower is especially vulnerable or is facing an emergency need for the small loan.

D. It is an unconscionable trade practice for a small loan lender to engage in an act or practice in connection with the offering of a small loan that takes unfair advantage of the borrower's relative education, language skills, advancing age, clear inability to handle monies, or other factors that place the borrower at an unreasonable disadvantage.

E. It is an unconscionable trade practice for a small loan lender to engage in an act or practice in connection with the offering of a small loan that charges interest or other credit costs that are significantly excessive in comparison to other available loans, regardless of whether the interest and cost charges of the loan are otherwise lawful under state or federal credit statutes.

F. It is an unconscionable trade practice for a small loan lender to offer or make a payday or car title loan and:

(1) charge more than seven dollars fifty cents (\$7.50) or ten percent of the amount loaned, whichever is greater, for the first thirty-day period of the loan; this charge shall not be made on the refinancing of an existing loan or credit transaction; a loan or extension of credit shall be considered to be refinancing of an existing loan if any part of the proceeds of the subsequent loan is applied toward the payment of a prior loan with the same small loan lender;

(2) for the remaining period of the payday or car title loan, including any refinancing, to charge directly, indirectly or by any subterfuge, a small loan charge in connection with any payday or car title loan transaction at a rate in excess of four percent per month on the unpaid principal balance of the loan or extension of credit; this shall be limited to a period of 12 months from the date of maturity of the loan; in total, this cap on interest equates to an average rate of 54% per annum: ten percent for the first month, followed by four percent for the subsequent eleven months; and

(3) to charge a rate in excess of ten percent per annum after twelve months from the date of maturity of the loan;

(4) the foregoing payday and car title loan charges are limiting maximums and nothing in this rule shall be construed to prohibit a small loan lender from contracting for or receiving a lesser rate.

G. It is an unconscionable trade practice for a small loan lender to require borrowers to waive the right to participate in a class action or jury trial, to seek punitive damages, to require waiver or release of pre-existing claims or causes of action arising from prior transactions, or avail themselves of any other form of legal redress.

H. It is an unconscionable trade practice for a small loan lender to fail to provide written translation of documents in the language in which solicitation(s) have been made or in which the transaction took place, or to fail to provide written verification that a full and complete oral translation of the contract was provided to the borrower for any transaction that took place in an oral (non-written) language.
[12.2.10.9 NMAC - N, 02/15/2006]

12.2.10.10 SEVERABILITY: If any portion of these rules and regulations is held invalid, the remainder of the rules and regulations and applications thereof shall remain unaffected.
[12.2.10.10 NMAC - N, 02/15/2006]

12.2.10.11 ENFORCEMENT: The New Mexico attorney general or any person as defined under the New Mexico Unfair Practices Act who may enforce that act may also enforce these rules and regulations in any appropriate proceeding.
[12.2.10.11 NMAC - N, 02/15/2006]

HISTORY of 12.2.10 NMAC:
[RESERVED]

NEW MEXICO BOARD OF CHIROPRACTIC EXAMINERS

TITLE 16 OCCUPATIONAL AND PROFESSIONAL LICENSING CHAPTER 4 CHIROPRACTIC PRACTITIONERS PART 8 DISCIPLINARY PROCEEDINGS

16.4.8.1 ISSUING AGENCY: New Mexico Board of Chiropractic Examiners, PO Box 25101, Santa Fe, New Mexico 87504.
[16.4.8.1 NMAC - N, 3/15/2006]

16.4.8.2 SCOPE: The provisions of 16.4.8 NMAC apply to all active license holders and applicants for licensure. These provisions may also be of interest to anyone who may wish to file a complaint against a chiropractor licensed by the board.
[16.4.8.2 NMAC - N, 3/15/2006]

16.4.8.3 STATUTORY AUTHORITY: 16.4.8 NMAC is promulgated pursuant to the Chiropractic Physician Practice Act, NMSA 1978, Section 61-4-10.
[16.4.8.3 NMAC - N, 3/15/2006]

16.4.8.4 DURATION: Permanent.
[16.4.8.4 NMAC - N, 3/15/2006]

16.4.8.5 EFFECTIVE DATE: March 15, 2006, unless a later date is cited at the end of a section.
[16.4.8.5 NMAC - N, 3/15/2006]

16.4.8.6 OBJECTIVE: To establish the procedures for filing complaints against licensees and applicants, the disciplinary actions available to the board, the authority to issue investigative subpoe-

nas and to further define actions by a licensee which are considered incompetent or unprofessional practice.

[16.4.8.6 NMAC - N, 3/15/2006]

16.4.8.7 DEFINITIONS:
[RESERVED]

16.4.8.8 COMPLAINTS: Disciplinary proceedings may be instituted by sworn complaint of any person, including members of the board and complaint/review committee. Any hearing held pursuant to the complaint shall conform to the provisions of the Uniform Licensing Act, the Chiropractic Physician Practice Act, and the Impaired Practitioners Act.
[16.4.8.8 NMAC - N, 3/15/2006]

16.4.8.9 ACTIONS:
A. The board may penalize, deny, revoke, suspend, stipulate, or otherwise limit a license if the board determines the licensee is guilty of violating any of the provisions of the Chiropractic Physician Practice Act, the Uniform Licensing Act, the Impaired Healthcare Care Providers Act, these Rules, or discipline imposed by other governing bodies.

B. The board may reprimand, censure, or require licensees to fulfill additional continuing education hours within limited time constraints for violations of the act or rules.

C. The board may at its discretion hire investigators to investigate complaints made to the board regarding chiropractic physicians.

D. Licensees shall bear all costs of disciplinary proceedings unless exonerated.
[16.4.8.9 NMAC - N, 3/15/2006]

16.4.8.10 GUIDELINES: The board shall use the following as guidelines for disciplinary action.

A. "Gross incompetence" or "gross negligence" means, but shall not be limited to, a significant departure from the prevailing standard of care in treating patients.

B. "Unprofessional conduct" means, but is not limited to because of enumeration:

(1) performing, or holding oneself out as able to perform, professional services beyond the scope of one's license and field or fields of competence as established by education, experience, training, or any combination thereof; this includes, but is not limited to, the use of any instrument or device in a manner that is not in accordance with the customary standards and practices of the chiropractic profession;

(2) representing to a patient that a

manifestly incurable condition or sickness, disease or injury can be cured;

(3) willfully or negligently divulging a professional confidence;

(4) failure to release to a patient copies of that patients's records and x-rays;

(5) failure to seek consultation whenever the welfare of the patient would be safeguarded or advanced by consultation with individuals having special skills, knowledge, and experience;

(6) failure of a chiropractor to comply with and following advertising guidelines as set in 16.4.1.12 NMAC;

(7) failure to use appropriate infection control techniques and sterilization procedures;

(8) deliberate and willful failure to reveal, at the request of the board, the incompetent, dishonest, or corrupt practices of another chiropractor licensed or applying for licensure by the board;

(9) accept rebates, or split fees or commissions from any source associated with the service rendered to a patient;

(10) intentionally engaging in sexual contact with a patient other than his spouse during the doctor-patient relationship;

(11) the use of a false, fraudulent or deceptive statement in any document connected with the practice of chiropractics;

(12) employing abusive billing practices;

(13) fraud, deceit or misrepresentation in any renewal or reinstatement application;

(14) violation of any order of the board, including any probation order;

(15) failure to adequately supervise, as provided by board regulation, a chiropractic assistant, technician or employee holding any professional license who renders care under 16.4.19 NMAC of these rules;

(16) cheating on an examination for licensure;

(17) is habitually intemperate or is addicted to the use of habit-forming drugs or is addicted to any vice to such a degree as to render him unfit to practice chiropractic;

(18) is guilty of failing to comply with any of the provisions of the Chiropractic Physician Practice Act [Chapter 61, Article 4 NMSA 1978] or rules and regulations promulgated by the board and filed in accordance with the State Rules Act [Chapter 14, Article 4 NMSA 1978];

(19) has been declared mentally incompetent by regularly constituted authorities or is manifestly incapacitated to practice chiropractic;

(20) has incurred a prior suspension or revocation in another state where the suspension or revocation of a license to practice chiropractics was based upon acts by the licensee similar to acts described in

this section and by board rules;

(21) failure to report to the board within 90 days any adverse action taken after due process has been afforded to the licensee by:

(a) another licensing jurisdiction;

(b) any health care entity, not involving disputes over fees;

(c) any governmental agency, not involving disputes overseas;

(d) any court for acts or conduct similar to acts or conduct that would constitute grounds for action as defined in this section;

(22) failure to furnish the board, its investigators or representatives with information requested by the board;

(23) abandonment of patients.

[16.4.8.10 NMAC - N, 3/15/2006]

16.4.8.11 COMPLAINT/REVIEW COMMITTEE: The complaint/review committee of the board is authorized to:

A. carry out the instructions of the board in the investigation and processing of complaints against licensees.

B. disciplinary actions taken by the board shall be reported as required to the following entities:

(1) national practioner databank-healthcare integrity and protection databank "NPDB-HIPD";

(2) federation of chiropractic licensing boards "FCLB";

(3) or their successors.

[16.4.8.11 NMAC - N, 3/15/2006]

HISTORY of 16.4.8 NMAC:
[RESERVED]

NEW MEXICO BOARD OF CHIROPRACTIC EXAMINERS

This is an amendment to 16.4.3 NMAC, Sections 8 and 9, effective 3/15/06.

16.4.3.8 APPLICATION FOR LICENSURE BY EXAMINATION:

A. No application for licensure under the Chiropractic Physician Practice Act, Sections 61-4-1 through 61-4-17 NMSA 1978, shall be deemed complete until the board's administrator certifies that the application contains all of the following:

(1) a completed application form;

(2) a nonrefundable ~~application~~ application for license by examination fee as set forth in Subparagraph (a) of Paragraph (1) of Subsection A of 16.4.1.13 NMAC payable by cashier's check or money order;

(3) letter size, notarized copy of original chiropractic diploma;

(4) 2" x 2" photograph attached to the application;

(5) transcript of credits of chiropractic college;

(6) transcripts documenting two years of pre-chiropractic, post-secondary education;

(7) transcript from the national board of chiropractic examiners (parts I, II, III, IV and physiotherapy exam), demonstrating a passing score;

(8) all transcripts must be sent directly from each agency to the New Mexico board;

(9) verification of licensure and good standing in any state where the applicant holds a current or inactive license must be sent directly from the state licensing agency to the New Mexico board;

(10) has had no disciplinary action imposed, nor criminal convictions enter against any chiropractic license the applicant held or holds; applicant agrees to a national practioners databank and a federation of chiropractic licensing boards background check;

~~(10)~~ (11) complete the jurisprudence exam with a score of at least 75 percent.

B. Application must be complete and shall be received by the board's administrator no less than ~~[45]~~ 21 days in advance for the practical examination.

C. All applications deemed completed by the board's administrator shall be referred to the board for final consideration. The board may deny any applicant the right to take the practical examination in accordance with Sections 61-4-10 NMSA 1978 and the Uniform Licensing Act, Section 6-1-1 through 1-1-31 NMSA 1978.

D. No applicant shall be eligible to sit the practical examination until the application is complete.

E. If an applicant does not meet the minimal requirements as set forth above, applicant may, at the discretion of the board, be required to take and pass part I, II, III, IV, or physiotherapy exam, or the special purpose examination (SPEC) of the national boards, or any portion of the New Mexico board of chiropractic examiners practical examination, or any combination thereof.

F. The board may designate a professional background information service, which compiles background information regarding an applicant from multiple sources.

[2/27/87, 5/26/89, 9/5/91, 2/12/93, 11/16/97, 10/31/98, 1/29/99; 16.4.3.8 NMAC - Rn & A, 16 NMAC 4.3.8, 1/15/2005; A, 3/15/06]

16.4.3.9

APPLICATION FOR

EXAMINATION:

A. No application for examination under the Chiropractic Physician Practice Act, Sections 61-4-1 through 61-4-17 NMSA 1978, shall be deemed complete until the board's administrator certifies that the application contains all of the following:

- (1) a completed application form;
- (2) a nonrefundable application for examination fee as set forth in Subparagraph ~~(a)~~ (e) of Paragraph (1) of Subsection A of 16.4.1.13 NMAC payable by cashier's check or money order;
- (3) written verification sent directly from the college that applicant is in the last trimester, semester, or quarter, is expected to graduate with the next graduating class and the anticipated graduation date;
- (4) 2" x 2" photograph attached to the application;
- (5) transcript of credits of chiropractic college;
- (6) transcripts documenting two years of pre-chiropractic, post-secondary education;
- (7) transcript from the national board of chiropractic examiners (parts I, II, III, IV and physiotherapy exam), demonstrating a passing score;
- (8) all transcripts must be sent directly from each agency to the New Mexico board;
- (9) verification of licensure and good standing in any state where the applicant holds a current or inactive license must be sent directly from the state licensing agency to the New Mexico board;
- (10) completed the jurisprudence exam with a score of at least 75 percent.

~~B. Application must be complete and shall be received by the board's administrator no less than 45 days in advance for the practical examination.]~~

~~C. B.~~ All applications deemed completed by the board's administrator shall be referred to the board for final consideration. The board may deny any applicant the right to take the practical examination in accordance with Sections 61-4-10 NMSA 1978 and the Uniform Licensing Act, Section 6-1-1 through 1-1-31 NMSA 1978.

~~D. C.~~ No applicant shall be eligible to sit the practical examination until the application is complete.

~~E. D.~~ If an applicant does not meet the minimal requirements as set forth above, applicant may, at the discretion of the board, be required to take and pass part I, II, III, IV, or the physiotherapy exam or the special purpose examination (SPEC) of the national boards, or any portion of the New Mexico board of chiropractic examiners practical examination, or any combination thereof.

~~F. E.~~ Upon receipt of a letter size, notarized copy of original chiropractic diploma, licensure by examination fee as set forth in Subparagraph (a) of Paragraph (1) of Subsection A of 16.4.1.13 NMAC, update of information submitted on original application and affidavit, a license may be issued at the direction of the chairman.

~~G. E.~~ Upon receipt of a completed application, including all required documentation and fees, the secretary-treasurer or the delegate of the board will review and may approve the application. The results of the background check must either indicate no negative findings, or if there are negative findings, those findings will be considered by the board. The board shall formally accept the approval of the application at the next scheduled meeting.

[1/29/99; 16.4.3.9 NMAC - Rn & A, 16 NMAC 4.3.9, 1/15/2005; A, 3/15/06]

NEW MEXICO BOARD OF CHIROPRACTIC EXAMINERS

This is an amendment to 16.4.4 NMAC, Section 8 and the renaming of the Part, effective 3/15/06.

**TITLE 16 OCCUPATIONAL AND PROFESSIONAL LICENSING
CHAPTER 4 CHIROPRACTIC PRACTITIONERS
PART 4 LICENSURE ~~BY ENDORSEMENT~~ WITHOUT EXAMINATION**

16.4.4.8 LICENSURE ~~BY ENDORSEMENT~~ WITHOUT EXAMINATION:

A. In accordance with Section 61-4-8 NMSA 1978, of the New Mexico Chiropractic Physician Practice Act, the board may, at its discretion, issue licenses to practice chiropractic in New Mexico to doctors who provide evidence of meeting the following minimal requirements:

(1) is of good moral character and has maintained an active practice for at least seven of the last ten years prior to the filing of the application as a doctor of chiropractic in another state ~~[or country], territory, country or foreign jurisdiction~~ whose licensure requirements are equal to or exceed those of New Mexico; or

(a) is a doctor of chiropractic diploma from a council on chiropractic education accredited or board accepted equivalent chiropractic college and has served in the military services of the United States for two years or more within one year prior to application; or

(b) is an applicant showing evi-

dence of having passed all examinations conducted by the "NBCE";

~~[(2) doctor of chiropractic diploma from a council on chiropractic education accredited or board accepted equivalent chiropractic college;]~~

~~[(3) (2) has no disciplinary action [pending or taken] imposed, nor criminal convictions entered against any chiropractic license the applicant held or holds; applicant agrees to a national practitioners databank and a federation of chiropractic licensing boards background check;~~

~~[(4) (3) has never been found guilty of any action which, had it been committed in New Mexico, would be grounds for disciplinary action against the license;~~

~~[(5) (4) provides national board transcripts;~~

~~[(6) (5) provides pre-chiropractic college transcripts.~~

B. Applicant must complete application for licensure by endorsement, pay nonrefundable application fee, and should meet all other applicable requirements of New Mexico statutes pertaining to the practice of chiropractic and all other applicable provisions of the board's rules. The applicant will be required to completed the jurisprudence exam with a score of at least 75 percent.

~~[C. Once an applicant has officially contacted the board in writing requesting application for licensure by endorsement, he or she must complete the application within ninety (90) calendar days. Failure to do so will result in loss of application fee and denial of request.]~~

~~D. C.~~ If an applicant does not meet the minimal requirements of 61-4-8.B NMSA 1978, applicant may at the discretion of the board, be required to take and pass part I, II, III or IV, or the special purpose examination (SPEC) of the national boards or any portion of the New Mexico board of chiropractic examiners practical examination or any combination thereof.

~~E. D.~~ Upon receipt of a completed application, including all required documentation and fees, the secretary-treasurer or the delegate of the board will review and may approve the application. The results of the background check must either indicate no negative findings, or if there are negative findings, those findings will be considered by the board. The board shall formally accept the approval of the application at the next scheduled meeting.

~~F. E.~~ The board may designate a professional background information service, which compiles background information regarding an applicant from multiple sources.

[3/22/95, 11/16/97; 10/31/98; 16.4.4.8 NMAC - Rn & A, 16 NMAC 4.4.8, 1/15/2005; A, 3/15/06]

NEW MEXICO BOARD OF CHIROPRACTIC EXAMINERS

This is an amendment to 16.4.9 NMAC, Section 8, effective 3/15/06.

16.4.9.8 LICENSE RENEWAL PROCEDURES:

A. In accordance with Section 61-4-13 and Section 61-4-14 NMSA 1978, of the New Mexico Chiropractic Physician Practice Act, the board of chiropractic examiners establishes the following procedures for license renewal.

(1) Renewal notice. On or before June 1st of each year, the chiropractic board shall mail to the last address on file with the board a renewal notice to each person licensed to practice chiropractic in New Mexico.

(2) Renewal. The license shall expire at midnight on ~~June 30th~~ July 1st of each year. The board shall renew the license upon receipt from the licensee, the nonrefundable license renewal fee, along with a properly filled out original form with signature, and copies of continuing education certificate plus any applicable nonrefundable penalty fees.

(3) Renewal deadline. Each licensee shall submit the nonrefundable license renewal fee and properly completed application to the board postmarked no later than ~~June 30th~~ July 1st of the year for which the nonrefundable license renewal fee is requested.

(4) Penalty fees. A licensee shall submit to the board, in addition to the nonrefundable license renewal fee, a nonrefundable penalty fee as set forth in Paragraph (3) of Subsection A of 16.4.1.13 NMAC.

(5) Impairment fee. In addition to the license renewal fee, each chiropractor subject to renewal will be assessed an amount not to exceed \$60.00 per renewal period.

(6) Failure to renew license. The procedures in Subsection B of 16.4.9.8 NMAC shall be followed by the board for all licensees who have failed to submit the annual renewal application including, where applicable, required information about continuing education, applicable fees and properly executed forms. Any fee paid to renew the license is deemed nonrefundable.

B. Notice. By July 31st of each year, the board shall send, by certified mail, to the address on file with the board, a forfeiture notice to each licensee who has not made the application for license renewal. The notice shall state that:

(1) the licensee has failed to make application for renewal;

(2) the amount of renewal and late fees;

(3) the information required about continuing education hours which must be submitted to renew the license;

(4) the licensee may voluntarily retire the license or the licensee may apply for an inactive license, by notifying the board in writing;

(5) failure to respond to the notice by the date specified, which date must be at least 31 days after the forfeiture notice is sent by the board, either by submitting the renewal application and applicable fees, or the information required about continuing education hours, or by notifying the board that the licensee has voluntarily retired the license, or has applied for inactive status, shall result in forfeiture of the license to practice chiropractic in New Mexico;

(6) the board may select by accepted RDL random computer processes, up to 10% of the renewal applicants which shall be submitted for background findings review.

[3/22/95, 11/16/97, 10/31/98; 16.4.9.8 NMAC - Rn & A, 16 NMAC 4.9.8, 1/15/2005; A, 3/15/06]

NEW MEXICO BOARD OF CHIROPRACTIC EXAMINERS

This is an amendment to 16.4.10 NMAC, Section 8, effective 3/15/06.

16.4.10.8 CONTINUING EDUCATION:

A. In accordance with Section 61-4-3 NMSA 1978, New Mexico Chiropractic Physician Practice Act, chiropractic physicians licensed in New Mexico are required to complete a minimum of sixteen (16) hours of board approved continuing education annually by the time of license renewal. Credit hours may be earned at any time during the annual reporting period, July 1 through June 30, immediately preceding annual renewal.

B. Each chiropractor renewing a license shall attest that they have obtained the required hours of continuing education on the renewal form. The board will select by random RDL computer processes, no less than 10% of renewal applications for audit to verify completion of acceptable continuing education. Audit requests will be included with the renewal notice and those selected chiropractors will be asked to submit proof of compliance with the continuing education requirements. The board may audit continuing education

records at any time. Continuing education records must be maintained for three years following the renewal cycle in which they are earned.

~~[B-] C.~~ The board will approve continuing education programs which in its determination, advance the professional skills, risk management understanding and knowledge of the licensee that is directly related to the practice of chiropractic art, science or philosophy. Practice building and self-motivational courses, and courses that are determined not to have significant or a direct relationship to the safe and effective practice of chiropractics; or such portions of those programs or courses, [will] may not be approved. [A fee as set forth in Paragraph (4) of Subsection A of 16.4.1.13 NMAC will be assessed to all sponsoring institutions, organizations or individuals for a request for the approval of any seminar.] There will be no charge to a licensee for individual request for approval.

~~[C-] D.~~ The following seminars or continuing education programs meeting board criteria for license renewal credit by the following entities shall be automatically approved:

(1) American chiropractic association and international chiropractic association, or their successors;

(2) the annual convention of any state recognized chiropractic association; or

(3) chiropractic colleges having accreditation status with the chiropractic council on education (CCE);

(4) officiating during national board examinations shall be credited to the professional members of the NMBCE as approved hours of continuing education;

(5) those courses that have secured accreditation through the "NBCE" and carry the "PACE" designation.

E. A fee as set forth in Paragraph (4) of Subsection A of 16.4.1.13 NMAC will be assessed to all non approved entities, sponsoring institutions, or organizations requesting approval of any seminar or continuing education programs not noted in Subsection C of 16.4.10.8 NMAC.

~~[D-] E.~~ All non approved entities, sponsoring institutions, or organizations requesting approval of seminars or [other] continuing education programs [for which license renewal is requested;] must be submitted to the board office in writing by the licensee or sponsoring entity at least forty-five (45) days prior to the first day of the seminar or continuing education program and must include:

(1) course title, objective and format;

(2) sponsoring entity;

(3) total class hours;

(4) method for certification of attendance; or documentation of completion of program; ~~and~~

(5) instructors credentials; and
(6) courses that in the boards opinion enhance the professional practice procedures, risk management, clinical skills or the doctor's ability to understand and operate within managed care guidelines and regulations are not approved.

~~[E-]~~ G. The board may waive or extend the time for completion of the annual continuing education requirement if the licensee has reached the age of 70 years or if the licensee files with the board the statement of a licensed physician certifying the physical inability of the licensee to attend a seminar.

~~[F-]~~ H. ~~[Licensee]~~ Licensees serving in the United States military practicing or residing outside the United States shall not be required to fulfill the continuing education requirements for the period of the absence.

(1) The board must be notified prior to license expiration that the licensee will be outside the United States, including the period of the absence.

(2) Upon return to the United States, the licensee shall complete the continuing education required for the years of practice within the United States during the renewal cycle, or apply for an emergency deferral.

(3) All renewal fees shall be waived while the licensee is practicing or residing outside the country serving in the military or under armed services contract.

(4) The board may waive any and all deadlines by special request of licensee in active military service or under armed services or federal contract requiring absence from the jurisdiction.

~~[G-]~~ I. The board may, under circumstances deemed appropriate by the board, waive the forty-five (45) day advance requirement set forth in Subsection ~~[D-]~~ F of 16.4.10.8 NMAC for request of approval by individual licensees.

~~[H-]~~ J. All licensees shall comply with the requirements of this regulation on or before ~~[June 30th]~~ July 1st of each year.

~~[I-]~~ K. This rule supersedes all prior continuing education rules.

~~[J-]~~ L. The board may recognize, upon application, a chiropractic association for the purpose of this part if the association:

(1) has 100% voluntary membership as evidenced by a written affirmative request for membership;

(2) has 100% of its membership which is licensed in New Mexico, in good standing as a chiropractic physician;

(3) submits a copy of the association charter, by-laws and any similar association documents;

(4) is organized for the express

purpose of promoting good and ethical chiropractic practice.

[1/11/74; 10/23/86; 3/22/95; 11/16/97; 10/31/98; 1/29/99; 16.4.10.8 NMAC - Rn & A, 16 NMAC 4.10.8, 1/15/2005; A, 3/15/06]

NEW MEXICO BOARD OF CHIROPRACTIC EXAMINERS

This is an amendment to 16.4.17 NMAC, Section 8, effective 3/15/06.

16.4.17.8 SUPERVISION OF INTERNS PRE AND POST:

A. The purpose for the intern program in New Mexico shall be to safely complete advanced training for the under graduate and graduate chiropractic intern in the areas including, but not limited to, history taking, exams, imaging procedures, proper shielding and radiation monitoring procedures and interpretation, patient report of findings, treatment recommendations, treatment room control, staff management, general clinic policies, problem solving skills, team concepts, goal setting, administrative skills, and other training the doctor may feel appropriate to complete the intern's advanced chiropractic training. This purpose enhances the professional training of the intern, the chiropractic college curriculum, the teaching skills of the doctor, the professional status of the profession of chiropractic and the professional standard of chiropractic health care available to New Mexico consumers.

B. Supervising doctor must have a current New Mexico license in "good standing" with the New Mexico board of chiropractic examiners and have been in active practice for at least three years.

C. Supervising doctor must have written verification from the college that intern ~~[is in]~~ or unlicensed graduate of a CCE, or board approved equivalent thereof, accredited chiropractic college sanctioned intern program, and the doctor must assure compliance to the guidelines of the intern program.

D. Supervising doctor must personally train intern in chiropractic procedure.

E. Supervising doctor must be physically in the same building and immediately available in order for the intern to adjust any patient.

F. Public must be informed that the intern is an "intern chiropractor, not licensed in the state", and must sign an informed consent document approved by the board to this effect.

G. The supervising doctor

must consult with intern prior to the intern's initial treatment of any patient.

H. Supervising doctor must continue to supervise progress of the patient and must personally treat the patient at least every third visit, or at any time there is a significant change in the patient's condition.

~~[I-]~~ Supervising doctor may allow intern to position the patient for x-rays, but the supervising doctor may not permit the intern to activate the x-ray machine unless intern holds the appropriate New Mexico license to do so.]

~~[J-]~~ L. Supervising doctor may allow intern to assist in various exams and therapies after being trained and cleared by the supervising doctor on proper chiropractic procedures.

~~[K-]~~ J. The supervising doctor must inform the college and the board if the intern is deemed professionally incompetent in diagnosis or treatment or if the intern has other personal habits (alcoholism, drug addiction, moral turpitude, etc.) that would be unsafe for the public.

~~[L-]~~ K. A supervising doctor may not supervise more than two interns at one time. The board must approve the training of more than four interns in any individual or group practice at the same time.

~~[M-]~~ L. Supervising doctor must register with the New Mexico board of chiropractic examiners the interns' names, the college they are from, and the term of the internship, and provide proof of malpractice insurance for the supervising doctor in minimum amount of \$100,000 per person - \$300,000 per occurrence coverage, at least 15 days before the first day of the internship.

M. Supervising doctor must sign an affidavit agreeing to abide by the rule as set forth in 16.4.17 NMAC.

N. The board is to be sent a copy of any regular report sent to the college involving the intern at the time the report is sent to the college.

[5/2/92, 11/16/97; 10/31/98; 16.4.17.8 NMAC - Rn & A, 16 NMAC 4.17.8, 1/15/2005; A, 3/15/06]

NEW MEXICO BOARD OF CHIROPRACTIC EXAMINERS

This is an amendment to 16.4.2 NMAC Sections 5, 8, 9 and 10, effective 3/15/06. This rule was also renumbered and reformatted to comply with current NMAC requirements.

16.4.2.5 EFFECTIVE DATE: November 16, 1997, unless a later date is cited at the end of a section ~~[or paragraph]~~.

[11/16/97; 16.4.2.5 NMAC - Rn & A, 16 NMAC 4.2.5, 3/15/06]

16.4.2.8 TEMPORARY LICENSURE:

A. In accordance with Section 61-4-8 of the New Mexico Chiropractic Physicians Practice Act, the board or it's designee may ~~[grant at its discretion a temporary license to practice chiropractic to an applicant]~~ issue a license without examination to a chiropractor who meets the following conditions:

(1) is a graduate of a council on chiropractic education accredited or board accepted equivalent chiropractic college;

(2) has a license in good standing in another state or jurisdiction and has no disciplinary actions taken against or pending against any chiropractic license the doctor held or holds;

(3) will be only treating individuals; no temporary license will be required, however, for instructors at board approved educational programs which meet the board's criteria for relicensure credit; and

(4) meets all other applicable requirements of New Mexico statutes pertaining to the practice of chiropractic and all other applicable provisions of the board's rules.

B. A temporary license to practice chiropractic issued by the board is subject to the following restrictions:

(1) valid for only 12 continuous days total during the 12 month period immediately following its effective date;

(2) the temporary license cannot be used to practice chiropractic for any other purposes than herein specified; locum tenens work for chiropractors practicing in the state is prohibited under this license; and

(3) the applicant must be covered by a professional malpractice insurance policy (minimal coverage \$100,000/\$300,000) and provide the board with evidence of current coverage before practicing under the temporary license.

C. Prior to engaging in practice under the temporary license, the applicant must inform the board in writing of:

(1) the event(s) to be participated in;

(2) sponsoring organization(s) (name, address, phone);

(3) event date(s);

(4) event location(s); and

(5) compliance with Paragraph (3) of Subsection B of 16.4.2.8 NMAC above.

D. There is a nonrefundable application fee (cashier's check or money order made payable to the chiropractic board) for a temporary license.

E. The board may modify the time restriction of a temporary license or

revoke the license at its discretion.

~~[F. Prior Rule 1 entitled "Temporary Permits" is superseded by this rule.]~~

[3/22/95, 11/16/97; 16.4.2.8 NMAC - Rn & A, 16 NMAC 4.2.8, 3/15/06]

16.4.2.9 PROVISIONS FOR EMERGENCY LICENSURE:

A. Chiropractic physicians, currently licensed, actively practicing and in good standing and otherwise meeting the requirements for New Mexico licensure in a state in which a federal disaster has been declared, may be licensed in New Mexico during the four months or remainder of the current licensing year, which ever is greater, following the declared disaster at no cost upon satisfying the following requirements:

(1) receipt by the board of a completed application which has been signed and notarized and which is accompanied by proof of identity, which may include a copy of a drivers license, passport or other photo identification issued by a governmental entity;

(2) completion of all actions described in 16.4.4.8 NMAC.

B. The board may waive any or all of the aforementioned requirements for licensure except those contained in Subsection A of 16.4.4.8 NMAC.

C. The board may waive the specific forms required under 16.4.4.8 NMAC if the applicant is unable to obtain documentation from the federal declared disaster areas.

D. Nothing in this section shall constitute a waiver of the requirements for licensure contained in 16.4.4.8 NMAC.

E. Licensed issued under Provisions for Emergency Licensure shall expire on July 1 or the date 160 days following the issuance of emergency licensure which ever is greater, unless the board approves a renewal application. Application for renewal shall be made on or before the expiration of the emergency license to avoid late renewal fees, by completion of any and all remaining procedures described in 16.4.4.8 NMAC.

[16.4.2.9 NMAC - N, 3/15/06]

16.4.2.10 EMERGENCY LICENSE TERMINATION:

A. The emergency license shall terminate upon the following circumstances:

(1) the issuance of a permanent license under 16.4.4 NMAC;

(2) proof that the emergency license holder has engaged in fraud, deceit, or misrepresentation in procuring or attempting to procure a license under this section;

(3) expiration as defined in

Subsection E of 16.4.2.9 NMAC;

(4) the results of the background check indicate negative findings.

B. Termination of an emergency license shall not preclude application for permanent licensure.

[16.4.2.10 NMAC - N, 3/15/06]

NEW MEXICO BOARD OF CHIROPRACTIC EXAMINERS

This is an amendment to 16.4.12 NMAC Sections 5, and 8, effective 3/15/06. This rule was also renumbered and reformatted to comply with current NMAC requirements.

16.4.12.5 EFFECTIVE DATE:

November 16, 1997, unless a later date is cited at the end of a section ~~[or paragraph]~~. [11/16/97; 16.4.12.5 NMAC - Rn & A, 16 NMAC 4.12.5, 3/15/06]

16.4.12.8 LICENSURE STATUS:

A. There shall be two licensure statuses.

(1) Active. An active license entitles a chiropractic physician to engage in the practice of chiropractic by providing professional services to patients within the state of New Mexico. This status may be maintained by following the license renewal procedures as set forth in Subsection A of 16.4.9.8 NMAC and by payment of the required fee as set forth in Subparagraph (a) of Paragraph (2) of Subsection A of 16.4.1.13 NMAC.

(2) Inactive. An inactive license may be held by a chiropractic physician not engaging in the active practice of chiropractic in New Mexico. This status may be maintained by payment of the required fee as set forth in Subparagraph (b) of Paragraph (2) of Subsection A of 16.4.1.13 NMAC. Continuing education is not required while on inactive status. Inactive status will not be granted for a period of less than one year. The board may consider a petition by the licensee for early reinstatement due to undue hardship or special circumstances.

B. Change in licensure status - A change from one status to another shall require written notice to the board. ~~[A change from inactive status to active status shall require written reinstatement application to the board, fulfillment of the continuing education requirements for the year in which the applicant petitions for a change in status and payment of all fees and late fees required by the board. If the applicant has been on inactive and desires to return to~~

~~active status, a competency test may be required. If the applicant has been on inactive status and desires to return to active status, a competency test may be required.]~~

C. A change from inactive status to active status shall require written reinstatement application to the board, fulfillment of the continuing education requirements for the year in which the applicant petitions for a change in status and payment of reinstatement of license fees, active renewal fees, impairment fees, and any late fees required by the board. Applicant must include in the application, evidence that applicant meets the current requirements for licensure. If the applicant has been on inactive license status and not been in active practice in another jurisdiction for two or more years and desires to return to active status, a competency test may be required in addition to any other materials deemed reasonably necessary to assure the public safety.

[11/16/97; 16.4.12.8 NMAC - Rn & A, 16 NMAC 4.12.8, 3/15/06]

NEW MEXICO BOARD OF CHIROPRACTIC EXAMINERS

This is an amendment to 16.4.13 NMAC Sections 5, and 8, effective 3/15/06. This rule was also renumbered and reformatted to comply with current NMAC requirements.

16.4.13.5 EFFECTIVE DATE:
November 16, 1997, unless a later date is cited at the end of a section ~~[or paragraph]~~.
[11/16/97; 16.4.13.5 NMAC - Rn & A, 16 NMAC 4.13.5, 3/15/06]

16.4.13.8 REINSTATEMENT OF CHIROPRACTIC LICENSURE:

A. Any person whose license has been suspended, revoked or which has lapsed may apply to the board for reinstatement of the license at any time within two (2) years of the suspension, revocation or lapse. Any person whose license has been in inactive status may apply for reinstatement after one (1) year.

(1) In making application for reinstatement, the applicant should state why the license should be reinstated and should specifically set forth any changed circumstances which would justify reinstatement.

(2) Applicant must include in the application, evidence that applicant meets the current requirements for licensure.

(3) Any licensed chiropractor applying for reinstatement of a license must pay all back renewal and penalty fees for each year of suspension, revocation or

lapse, an application fee as set forth in Subparagraph (d) of Paragraph (1) of Subsection A of 16.4.1.13 NMAC and provide proof of attendance of continuing education hours as set forth in Subsection A of 16.4.10.8 NMAC for each year of suspension, revocation or lapse to a maximum of two years.

(4) Any licensed chiropractor applying for reinstatement of a license from inactive status must have fulfillment of the continuing education requirements for the year in which the applicant petitions for a change in status and payment of reinstatement of license fees, active renewal fees, impairment fees, and late fees required by the board. Applicant must include in the application, evidence that the applicant meets the current requirements for licensure.

B. The board may require an applicant to complete certain education or training requirements, in addition to any continuing education requirements; to be completed prior to or after reinstatement to ensure that the applicant is competent to practice chiropractic. The board may, in its discretion, require that an applicant for reinstatement take and pass a written and/or oral examination as prescribed by the board.

C. Upon receipt of an application for reinstatement, the board shall grant the applicant a hearing, at which time the applicant may appeal to the board to reinstate the license.

D. After two years, the applicant must apply for licensure ~~[by]~~ without examination.

E. Has no disciplinary action imposed or criminal convictions entered against any chiropractic license the applicant held or holds; applicant agrees to a national practitioners databank and a federation of chiropractic licensing boards background check.

[10/30/69, 2/27/87, 2/12/93, 11/16/97; 16.4.13.8 NMAC - Rn & A, 16 NMAC 4.13.8, 3/15/06]

NEW MEXICO STATE PERSONNEL BOARD

This is an emergency amendment to 1.7.1 NMAC, Section 7, effective 1-30-06, adopted by the State Personnel Board at a meeting on 1-27-06.

1.7.1.7 DEFINITIONS:

A. "Agency" means any state department, bureau, division, branch or administrative group which is under the same employer.

B. "Anniversary date" means the date of appointment or reemployment and is changed as of the date of promotion, demotion, reduction, or change to a

different classification in the same pay band. The director shall resolve disputes over how an anniversary date is derived.

C. "Applicant" means any person, who has applied for a position in the classified service.

D. "Board" means the personnel board.

E. "Break in employment" means any period of separation of at least one workday of not being in the classified service.

F. "Candidate" means any person who is on the employment list for a position.

G. "Classified service" means all positions in the executive branch of state government which are not exempt by law.

H. "Classification" means a job that is occupationally and quantifiably distinct.

I. "Compa-ratio" means pay expressed as a percentage of the midpoint of a pay band.

J. "Demotion" means an involuntary downward change for disciplinary reasons with a reduction in pay within an employee's pay band or from a classified position in one pay band to a classified position in a lower pay band with a reduction in pay, and/or removal of supervisory responsibilities and pay for disciplinary reasons.

K. "Director" means the state personnel director.

L. "Dismissal" means the involuntary separation from employment for disciplinary reasons.

M. "Diversity in the workplace" means an acknowledgment of all people equally, regardless of their differences. Agencies' management of diversity will ensure that efforts are made to adapt to and accept the importance of all individuals who fall within a group identified for protection under equal employment laws and regulations.

N. "Employee" means a person in a position in the classified service. [note: For purposes of brevity and consistency, this definition differs from *NMSA 1978, Section 10-9-3-(I)* but in no way confers a greater right on certain persons than contemplated by *Section 10-9-3(I)*].

O. "Employer" means any authority having power to fill positions in an agency.

P. "Employment list" means the list of names, certified by the director, from which a candidate may be selected for appointment.

Q. "Established requirements" means a position's individual job related qualification standards established by the agency and the office in accordance with the specific requirements and/or needs

of the position and are subject to review by the director.

R. "Examination" means quantitative competitive assessment of qualifications, knowledge, skills, fitness and abilities of an applicant including tests.

S. "Exempt service" means all positions in the executive branch of state government exempt from the classified service by law.

T. "Filed" means received by the office.

U. "First line supervisor" means an employee in a technical occupation group who devotes a substantial amount of work time to supervisory duties, customarily and regularly directs the work of two or more other employees and has the authority in the interest of the employer to hire, promote, evaluate the performance of, or discipline other employees or to recommend such actions effectively but does not include an individual who performs merely routine, incidental or clerical duties, or who occasionally assumes supervisory or directory roles or whose duties are substantially similar to those of subordinates, and does not include lead employees, employees who participate in peer review or occasional employee evaluation programs.

V. "Involuntary separation" means involuntary removal of an employee from the classified service without prejudice as provided for in *1.7.10.13 NMAC*.

W. "Line authority" means the assignment of activities and/or approval authority in a manner that does not relinquish the director's administrative oversight or authority.

X. "Manager" means an employee in a position that manages internal staff and/or external staff, and who plans, organizes, integrates, coordinates, and controls the activities of others. A manager also is held accountable for the performance of people, services, systems, programs and resources and can change their direction, objectives and assignments to meet performance and business needs.

Y. "Midpoint" means the salary midway between the minimum and maximum pay rates of a pay band or pay opportunity that represents the competitive market rate for jobs of the same relative worth in the relevant labor market(s). Midpoint represents a compa-ratio value of 1.00 or 100% percent.

Z. "Minimum qualifications" means statutory requirements as required by law, which shall be used to reject applicants.

AA. "Office" means the state personnel office.

BB. "Pay band" means the range of pay rates, from minimum to maximum.

CC. "Probationer" means an employee in the classified service who has not completed the one-year probationary period.

DD. "Promotion" means the change of an employee from a classified position in one pay band to a classified position in a higher pay band.

EE. "Reduction" means a voluntary change without prejudice, within an employee's pay band, or from a classified position in one pay band to a classified position in a lower pay band, or voluntary removal of supervisory or leadworker responsibilities and pay.

FF. "Relation by blood or marriage within the third degree" includes spouse, domestic partner, parent, mother-in-law, father-in-law, step-parent, children, domestic partner children, son-in-law, daughter-in-law, step-child, brother, step-brother, brother-in-law, sister, step-sister, sister-in-law, grandparent, grandchild, uncle, aunt, nephew, niece, great-grandchild, and great-grandparent.

GG. "Resignation" means the voluntary separation of an employee from the classified service.

HH. "Rules" means the rules and regulations of the personnel board.

II. "Status" means all of the rights and privileges of an appointment.

JJ. "Suspension" means an involuntary leave of absence without pay for disciplinary reasons for a period not to exceed 30 calendar days [~~or with the approval of the director a temporary reduction in pay for a period not to exceed 160 consecutive work hours~~].

KK. "Transfer" means the movement of an employee from one position to another in the same pay band without a break in employment.

LL. "Without prejudice" means a declaration that no rights or privileges of the employee concerned are to be considered as thereby waived or lost except in so far as may be expressly conceded or decided.

MM. "Writing or written" means in the written form and/or an alternative format, where deemed appropriate, and when requested.

[1.7.1.7 NMAC - Rp, 1 NMAC 7.1.7, 07/07/01; A, 11/14/02; A 10/30/03; A, 7-15-05; A, 12-30-05; A/E, 1-30-06]

NEW MEXICO STATE PERSONNEL BOARD

This is an emergency amendment to 1.7.4 NMAC, Section 12, effective 1-30-06, adopted by the State Personnel Board at a meeting on 1-27-06.

1.7.4.12

ADMINISTRATION

OF THE SALARY SCHEDULES:

A. Entrance Salary:
Upon entrance to a classified position, a newly-appointed employee's salary, subject to budget availability, should reflect appropriate placement within the pay band. Any entrance salary in the principal contributor zone must receive approval from the director prior to appointment.

B. Legislative Authorized Salary Increase:

(1) Subject to specific statutory authorization for each state fiscal year, employees may be eligible for a salary increase within their assigned pay band.

(2) Employees with a salary at or above the maximum of the position's pay band shall not be eligible for an increase unless authorized by statute.

C. Salary Upon In Pay Band Adjustment: Upon in pay band adjustment, subject to director approval, budget availability and reflective of appropriate placement, agencies may increase an employee's salary up to ten percent (10%) during a fiscal year. An employee may receive more than one adjustment within a fiscal year provided the salary increases do not exceed more than ten percent (10%) and the employee's base salary does not exceed the maximum of the assigned pay band. When reviewing requests for in pay band adjustments the director will take into consideration those instances where the requesting agency has employees with a current rate of pay that falls below the minimum of their pay band.

D. Salary Upon Promotion: Upon promotion, an employee's salary subject to budget availability, should reflect appropriate placement within the pay band. A salary increase of less than five percent (5%) or greater than fifteen percent (15%) shall require approval of the director. A salary increase greater than fifteen percent (15%) to bring an employee's salary to the minimum of the pay band or less than five percent (5%) to prevent an employee's salary from exceeding the maximum of the pay band does not require the approval of the director. The salary of a promoted employee shall be in accordance with *Subsection B of 1.7.4.11 NMAC*.

E. Salary Upon Demotion: Upon demotion, an employee's salary shall be decreased to an hourly rate of pay which does not result in more than a fifteen percent (15%) decrease from the previous salary unless a greater decrease is required to bring the salary to the maximum of the new pay band or the decrease is being made in accordance with *Paragraph (2) of Subsection F of 1.7.4.12 NMAC*.

F. Pay Allowance for Performing First Line Supervisor Duties:

(1) An agency shall grant a pay allowance to an employee in a non-manag-

er classification who accepts and consistently performs additional duties which are characteristic of a first line supervisor. The amount of the pay allowance shall reflect the supervisory responsibilities which transcend the technical responsibilities inherent in the technical occupation group and shall be between 0% and 20% above the employee's base pay rate.

(2) When the supervisor duties are no longer being performed, the agency shall revert the employee to the hourly rate of pay held prior to granting the pay allowance, plus any authorized pay increases.

(3) Agencies shall require that a form, established by the director, be signed by all employees at the time of acceptance of a pay allowance evidencing their agreement to the terms and conditions of the pay allowance.

~~[G.] **Salary Upon Suspension:** Upon approval by the director, the salary of an employee who has been suspended in accordance with 1.7.11 NMAC may be temporarily reduced by up to fifteen percent (15%) for a period not to exceed 160 consecutive work hours.]~~

~~[H.] **G. Salary Upon Transfer:**~~

(1) Upon transfer an employee's salary, subject to budget availability and reflective of appropriate placement, may be increased up to ten percent (10%). The director may approve a salary increase greater than ten percent (10%) due to special circumstances that are justified in writing.

(2) Employees shall be compensated, in accordance with agency policy, for all accumulated leave, other than sick, annual, or personal leave, prior to inter-agency transfer.

~~[H.] **H. Salary Upon Pay Band Change:** When a change of pay band is authorized in accordance with the provisions of 1.7.4.9 NMAC, 1.7.4.10 NMAC, and/or 1.7.4.11 NMAC the salaries of affected employees shall be determined in accordance with Subsection C of 1.7.4.11 NMAC. Employees whose pay band is adjusted upward or downward shall retain their current salary in the new pay band. Employees' salaries may be addressed through in pay band adjustment unless otherwise allowed by statute.~~

~~[J.] **L. Salary Upon Reduction:** The salary of employees who take a reduction may be reduced by up to fifteen percent (15%) unless the reduction is made in accordance with Paragraph (2) of Subsection F of 1.7.4.12 NMAC. An employee's salary should reflect appropriate placement within the pay band. The director may approve a salary reduction greater than fifteen percent (15%) due to special circumstances that are justified in~~

writing.

~~[K.] **J. Salary Upon Return To Work Or Reemployment:** The salary of former employees who are returned to work or re-employed in accordance with the provisions of 1.7.10.10 NMAC, 1.7.10.11 NMAC, 1.7.10.12 NMAC, or 1.7.10.14 NMAC shall not exceed the hourly pay rate held at the time of separation unless a higher salary is necessary to bring the employee to the minimum of the pay band.~~

~~[L.] **K. Salary Upon Temporary Promotion:** Pay for a temporary promotion under Subsection E of 1.7.5.12 NMAC, will be administered in accordance with Subsection D of 1.7.4.12 NMAC. The agency shall discontinue the temporary promotion increase when the temporary conditions cease to exist or at the end of the 12 month period, whichever occurs first.~~

~~[M.] **L. Temporary Salary Increase:** An agency may, with the approval of the director, grant a temporary salary increase of up to fifteen (15%), for a period not to exceed 1 year, from the effective date of the salary increase, for temporarily accepting and consistently performing additional duties which are characteristic of a job requiring greater responsibility/accountability and/or a higher valued job. The director may approve temporary salary increases above the maximum of the employee's current pay band. The agency shall discontinue the temporary salary increase when the temporary conditions cease to exist or at the end of the 12 month period, whichever occurs first.~~

~~[N.] **M. Shift Pay:** Employees shall be paid, in addition to their regular pay rate, no less than \$0.60 per hour for each hour of regularly scheduled work between 6:00 p.m. and 7:00 a.m. Agencies shall notify the director of any change in this rate.~~

~~[O.] **N. Salary Adjustment to Minimum:** An employee whose salary falls below the minimum of the pay band will be adjusted in accordance with Paragraph (2) of Sub-Section C of 1.7.4.11 NMAC.~~

~~[1.7.4.12 NMAC - Rp, 1.7.4.10 NMAC, 11/14/02; A, 7-15-05; 1.7.4.12 NMAC - Rn, 1.7.4.13 NMAC & A, 12-30-05; A/E, 1-30-06]~~

NEW MEXICO PHYSICAL THERAPY BOARD

This is an amendment to 16.20.1 NMAC, Section 15 effective 03-02-06.

16.20.1.15 PUBLIC RECORDS: Except as provided herein and except as otherwise provided by law, all applications, pleadings, petitions and motions are matters of public record at the time of filing with the

board. Upon notification of the defendant, the notice of contemplated action and information contained in the complaint file becomes public record and subject to disclosure.

[16.20.1.15 NMAC-N, 03-02-2006]

NEW MEXICO PHYSICAL THERAPY BOARD

This is an amendment to 16.20.2 NMAC, Section 9 effective 03-02-06.

16.20.2.9 PHYSICAL THERAPIST ASSISTANT EXAM REQUIREMENTS: The minimum knowledge and skill required of applicants to take the physical therapist assistant examination requires graduation from a physical ~~therapy~~ therapist assistant program accredited by the commission on accreditation in physical therapy education (CAPTE).

[10-15-97; 16.20.2.9 NMAC - Rn, 16 NMAC 20.2.9, 08-31-00; A, 7-28-01; A, 03-02-06]

NEW MEXICO PHYSICAL THERAPY BOARD

This is an amendment to 16.20.3 NMAC, Sections 8, 9, and 10, effective 03-02-06. In addition, the board conducted the required public hearing and permanently adopted Sections 11 and 12 in accordance with requirements of Sections 61-1-29 through 61-1-31 NMSA 1978. Sections 11 and 12 will continue to remain in effect.

16.20.3.8 ISSUANCE OF LICENSES: Full licensure may be issued by the board upon satisfaction of the following requirements.

- A. All items on the application form have been answered.
- B. The application form is notarized.
- C. A photograph taken within one (1) year prior to filing of an application has been furnished printed on photo quality paper.
- D. The application fee has been paid in full.
- E. The board has documentation of graduation from an accredited educational program, evidenced by:
 - (1) official transcripts from colleges and/or universities; or
 - (2) notarized copy of a physical therapy certificate of diploma from a program approved by the commission on accreditation in physical therapy education (CAPTE); or
 - (3) a certificate of proficiency or a

statement of official transcript that the curriculum has been completed as required in the act, Section 61-12-10, signed by the director of the program or the registrar of the school, in lieu of certificate of diploma;

(a) for applicants that graduated after January 1, 2002, documentation of graduation with a post-baccalaureate degree in physical therapy from an educational program accredited by CAPTE;

(b) for applicants that graduated prior to January 1, 2002, documentation of graduation with a baccalaureate degree in physical therapy or a certificate in physical therapy from an educational program accredited by CAPTE;

(c) for physical therapist assistant applicants, documentation of graduation from an accredited physical therapist assistant program accredited by CAPTE and approved by the board.

F. For foreign-educated applicants, an applicant must meet all requirements in, 16.20.9 NMAC, Education Criteria for Foreign-Educated Applicants.

G. Successful completion of the national physical therapy licensure examination (NPTE) and the jurisprudence exam (as specified in 16.20.2.8 NMAC). If the applicant has previously taken the NPTE, the resulting scores shall be sent directly to the board from the testing contractor. Scores will not be accepted from individuals, other state boards, or organizations.

H. For applicants who have not practiced since his or her graduation from a physical therapy education program, or who have not practiced as a physical therapist or physical therapist assistant for a period of more than three (3) consecutive years, full licensure requires the following documentation.

(1) A completed application form as required by this section.

(2) Twenty (20) continuing education contact hours for each year the applicant was not practicing as a physical therapist or physical therapist assistant (coursework to be pre-approved by the board).

(3) The board may require the applicant to provide or demonstrate additional evidence of his or her competency to practice (e.g. passage of the national exam, APTA courses, university sponsored courses, supervision or mentorship).

I. Questions of felony convictions or professional misconduct have to be satisfactorily resolved.

J. A licensee requesting a name change must submit proof of name change, the original license, and a duplicate license fee.

[16.20.3.8 NMAC - Rp, 16.20.3.8 NMAC, 11-01-04; A, 03-02-06]

16.20.3.9

REINSTATEMENT

OF LICENSURE:

A. Reinstatement of a New Mexico physical therapist or physical therapist assistant license that has lapsed for less than one year requires the following data.

(1) Completion of the renewal form.

(2) Payment of the late fee.

(3) Payment of the renewal fee.

(4) Proof of the required continuing education contact hours.

(5) Notarized statement by the therapist that they have not practiced physical therapy in the state of New Mexico while their physical therapy license was expired.

B. Reinstatement of a physical therapist or physical therapist assistant license that has lapsed in New Mexico for more than one (1) year, where there is evidence of continued practice with an unrestricted license in another state the following is required.

(1) Completion of the reinstatement application.

(2) Payment of the reinstatement fee.

(3) Payment of the current year renewal fee.

(4) Proof of twenty (20) continuing education hours for each year of the lapsed New Mexico license[-] or proof of required continuing education hours in the current state practicing for each year your New Mexico license has expired (if no continuing education is required in the state you are practicing then the state of New Mexico rules apply).

(5) Verification of all current, valid unrestricted licenses from other U.S. jurisdictions. Verifications may be received by the board via regular mail, electronic mail, or facsimile. Verifications must be signed and dated by an official of the agency licensing the applicant and include the following data.

(a) Name and address of the applicant.

(b) License number and date of issuance.

(c) Current status of the license.

(d) Expiration date of the license.

(e) A statement of whether the applicant was denied a license by the agency.

(f) A statement of whether any disciplinary action is pending or has been taken against the applicant.

(g) Receipt of verification of employment.

(6) Receipt of verification of previous employment as a physical therapist or physical therapist assistant.

[16.20.3.9 NMAC - Rp, 16.20.3.9 NMAC, 11-01-04; A, 03-02-06]

16.20.3.10

LICENSURE

BY

ENDORSEMENT:

A. A license may be issued to a physical therapist or physical therapist assistant who provides verification of all licenses from other U.S. jurisdictions[~~in lieu of original test scores~~], and meets all the requirements in 16.20.3.8 NMAC. Verifications may be received by the board via regular mail, electronic mail, or facsimile. Verifications must be signed and dated by an official of the agency licensing the applicant and include the following data:

(1) name and address of the applicant;

(2) license number and date of issuance;

(3) current status of the license;

(4) expiration date of the license;

(5) national examination scores received directly from the reporting jurisdiction;

(6) a statement of whether the applicant was denied a license by the agency;

(7) a statement of whether any disciplinary action is pending or has been taken against the applicant.

B. A license may be issued to a foreign-educated physical therapist who has a valid unrestricted license from another U.S. jurisdiction provided that the applicant meets all of the requirements in 16.20.3.8 NMAC and 16.20.9 NMAC.

[16.20.3.10 NMAC - Rp, 16.20.3.10 NMAC, 11-01-04; A, 03-02-06]

16.20.3.11 PROVISIONS FOR EMERGENCY LICENSURE:

A. Physical therapist's and physical therapist assistants currently licensed and in good standing, or otherwise meeting the requirements for New Mexico licensure in a state in which a federal disaster has been declared, may be licensed in New Mexico during the four months following the declared disaster upon:

(1) a completed application signed and notarized and accompanied by proof of identity, which may consist of a copy of a drivers license, passport or other photo identification issued by a governmental entity;

(2) documentation of graduation from an accredited (CAPTE) educational program, proof of successful completion of the national physical therapy examination (NPTE) and jurisprudence exam as specified in 16.20.3.8 NMAC, of these rules (verification may be obtained by email, online verification from the testing agency or university, mail or by fax);

(3) verification of licenses held in other states and verification of employment if applicable (verification may be obtained by mail, fax or email, through online verification from the state of licensure);

(4) proof or documentation of res-

idency and or employment in the area of the federal disaster.

B. The board may waive the following requirements for licensure:

(1) application fee's prorated for four months;

(2) the specific forms required under 16.20.3.8 if the applicant is unable to obtain documentation from the federal declared disaster areas.

C. Nothing in this section shall constitute a waiver of the requirements for licensure contained in the board's rules and regulations.

D. Licenses issued under (this emergency provision) shall expire four months following the date of issue, unless the board or an agent of the board approves a renewal application. Application for renewal shall be made on or before February 1, following the date of issue to avoid late renewal fees. The board reserves the right to request additional documentation, including but not limited to, recommendation forms and work experience verification forms prior to approving license renewal.

[16.20.3.11 NMAC - N/E, 11-16-2005; Repr, 03-02-06]

16.20.3.12 E M E R G E N C Y [LICENSE] LICENSURE TERMINATION:

A. The emergency license shall terminate upon the following circumstances:

(1) the issuance of a permanent license under 16.20.3.8 NMAC; or

(2) proof that the emergency license holder has engaged in fraud deceit, misrepresentation in procuring or attempting to procure a license under this section.

B. Termination of an emergency license shall not preclude application for permanent licensure.

[16.20.3.12 NMAC - N/E, 11-16-2005; Repr & A, 03-02-06]

NEW MEXICO PHYSICAL THERAPY BOARD

This is an amendment to 16.20.4 NMAC, Sections 8, 9, and 10 effective 03-02-06.

16.20.4.8 T E M P O R A R Y LICENSES FOR U.S. TRAINED APPLICANTS:

A. Upon receipt of an application form which evidences satisfactory completion of all application requirements for licensure as provided in Section 61-12-10 NMSA, of the Physical Therapy Act except passage of the NPTE, the registrar of the board may issue to the applicant a non-renewable temporary license to practice physical therapy in New Mexico.

B. The board may issue a

temporary license for a period not to exceed 180 days or as recommended by the board.

C. Issuance of a temporary license may be denied if:

(1) the applicant has worked as a physical therapist or physical therapist assistant without a license in New Mexico;

(2) the applicant has violated the code of ethics of the American physical therapy association; or

(3) ~~the applicant has an application for licensure pending in another state. (Refer to Subsection F of 16.20.2.8 NMAC.)~~ the applicant has failed the licensure examination in any state.

D. The holder of a temporary license MUST sit for the NPTE within 180 days after issuance of the temporary license. Failure to sit for the examination within 180 days, automatically voids the temporary license.

E. The holder of a temporary license may work only under the direct supervision of a New Mexico un restricted licensed physical therapist who is on-site. The supervising physical therapist may NOT hold a temporary license. (refer to 16.20.6.7 NMAC.) The supervising physical therapist shall be licensed in New Mexico with a minimum of six months experience in a clinical setting. (Refer to Subsection A of 16.20.6.7 NMAC.) Prior to the issuance of an applicant's temporary license, the supervising physical therapist shall file with the board a written statement assuming full responsibility for the temporary licensee's professional activities. Filing is effective upon receipt by the board. This statement shall remain in effect until expiration of the temporary license, or until expiration of the temporary license.

F. The temporary licensee may not provide physical therapy services until the temporary license is received and is posted in a conspicuous place at the temporary licensee's principle place of practice.

~~[G. The supervising physical therapist shall provide quarterly evaluation(s) (one every 3 months) of the temporary licensee's physical therapy skills and competency. These evaluations will be sent to the Board once every 3 months, on forms provided by the Board, until expiration of the temporary license. The information sent to the Board will include but not be limited to physical therapy skills and competency.]~~

[H]G. No supervising physical therapist shall be responsible for the simultaneous supervision of more than two temporary licensees.

[H]H. The supervising physical therapist shall co-sign all evaluations, progress notes, and discharge summaries written by the temporary licensee.

[F]I. The temporary license shall state the name and address of the licensee's place of employment. Should the

place of employment and/or the employer change during the period of temporary licensure, the temporary licensee MUST notify the board of any such change within five (5) work days of termination of employment. A supervisory form from the new employer will be required before a revised temporary license is issued. The board will issue a revised temporary license as per the fee schedule, for each issuance; however, the date of issue and expiration will remain the same as the first temporary license.

[K]J. The supervisory form may be obtained from the board office.

[03-29-83; 02-19-88; 08-01-89; 09-03-92; 02-01-95; Rn & A, 16 NMAC 20.4, 10-15-97; 16.20.4.8 NMAC - Rn & A, 16 NMAC 20.4.8, 08-31-00; A, 03-02-06]

16.20.4.9 T E M P O R A R Y LICENSES FOR FOREIGN-TRAINED APPLICANTS:

Foreign-trained applicants for temporary licenses must fulfill all application requirements provided in 16.20.8 NMAC and 16.20.9 NMAC, "Education Criteria for Foreign-trained Applicants", and subject to the requirements of 16.20.4.8 NMAC.

[03-29-83; 02-19-88; 08-01-89; 09-03-92; 06-04-94; 09-30-95; 11-30-95; Rn, 16 NMAC 20.5, 10-15-97, 10-15-97; 16.20.4.9 NMAC - Rn, 16 NMAC 20.4.9, 08-31-00; A, 03-02-06]

~~[16.10.4.10]~~16.20.4.10 T E M P O R A R Y LICENSES FOR PT'S OR PTA'S TEACHING AN EDUCATIONAL SEM- INAR:

A. The instructing physical therapist must provide the board with proof of a valid current license to practice from the state in which they are currently practicing. This verification of licensure must be received by the New Mexico Board directly from the state board where the instructing therapist is licensed.

B. A temporary license may not be used to practice physical therapy for any other purposes than for the continuing education program for which it was issued.

C. This section applies only to educational seminars which include hands-on demonstrations.

D. A temporary license for an instructor shall only be valid through the end of the calendar year in which the license is issued.

[10-15-97; 16.20.4.10 NMAC - Rn & A, 16 NMAC 20.4.10, 08-31-00; A, 03-02-06]

NEW MEXICO PHYSICAL THERAPY BOARD

This is an amendment to 16.20.5 NMAC, Section 8 effective 03-02-06.

16.20.5.8 SCHEDULE OF

FEES: The following fees shall be nonrefundable.

A. Application for Full Licensure:

- (1) physical therapist: \$110.00
- (2) physical therapist assistant: \$100.00

B. Request for Temporary License: \$25.00; revised temporary license: \$10.00

C. Jurisprudence Exam: \$10.00; applicants who fail to pass this exam will need to pay the fee for each subsequent exam taken.

D. National Physical Therapy Examination:

(1) contact the board for the current fees set by the testing contractor for both physical therapists and physical therapist assistants;

(2) board administrative fee for NPTE: \$25.00.

E. Annual Renewal:

- (1) physical therapist: \$70.00
- (2) physical therapist assistant: \$50.00

F. Penalty for Late Renewal:

- (1) physical therapist: \$70.00
- (2) physical therapist assistant: \$50.00

G. Reinstatement Fee:

- (1) physical therapist: \$70.00
- (2) physical therapist assistant: \$50.00

H. Duplicate License: \$25.00; a duplicate license may be requested in the event of loss of the original license or name change.

I. Mailing List (paper copy): [~~\$100.00~~] \$200.00

J. [~~Mailing Labels~~] Electronic List: [~~\$150.00~~] \$250.00

K. Verification of Licensure by Endorsement: [~~\$20.00~~] \$30.00

L. Continuing Education Approval for Course Provider: [~~\$25.00~~] \$45.00

M. Copy Charge for Public Records (per page): \$1.00

N. Returned Check Charge (per check): [~~\$20.00~~] \$25.00

O. Other administrative fees.

[10-15-97; 16.20.5.8 NMAC - Rn & A, 16 NMAC 20.5.8, 08-31-00; A, 11-01-04; A, 03-02-06]

NEW MEXICO PHYSICAL THERAPY BOARD

This is an amendment to 16.20.6 NMAC, Section 8 effective 03-02-06.

16.20.6.8 PHYSICAL THERA-

PIST ASSISTANTS:

A. A physical therapist assistant may work only under the direction and supervision of a New Mexico physical therapist licensed pursuant to Section 61-12-10, and Subsection A and B of the Physical Therapy Act. The directing/supervising physical therapist, shall notify the board in writing of the commencement of the relationship, and shall assume full responsibility for the professional activities of the assistant which are undertaken pursuant to his/her direction/supervision. The directing/supervising physical therapist shall provide the board with written notice of termination of the relationship within thirty (30) days.

B. No physical therapist may be responsible for the direction and supervision of more than two assistants.

C. The direction and supervision of the physical therapist assistant shall include the following:

(1) The referring physical therapist is responsible for the patient's care.

(2) The supervising physical therapist must be on call and readily available within a 100 mile radius or appoint another physical therapist in his/her absence. If the absence is for less than ten (10) work days, the supervising physical therapist [~~may~~] must notify the board within five (5) work days in any of the following acceptable forms of communication: phone (physical therapist is responsible to document the name of the staff personnel they spoke with), written memo, or facsimile to the board office.

(3) A current written plan of care will be formulated for each patient by the referring physical therapist. The plan of care shall be revised following periodic reevaluations by the referring physical therapist, not to exceed 30 days.

(4) The physical therapist may assign responsibilities to the physical therapist assistant as defined in the accreditation handbook, the American physical therapy association - January, 1985. Refer to standard VI, criterion B, subsection 2 pages 28 and 29. The physical therapist assistant [~~may~~] shall not:

(a) specify and/or perform definitive (decisive, conclusive, final) evaluative and assessment procedures; or

(b) alter a plan of care or goals.

(5) The physical therapist assistant may sign daily notes without the co-signature of the physical therapist.

(6) The physical therapist assistant shall respond to acute changes in the patient's physiological state. The physical therapist assistant shall notify the supervising physical therapist of those changes prior to the next treatment session.

[03-29-83; 02-19-88; 08-01-89; 05-08-91; 09-03-92; 05-01-96; Rn & A, 16 NMAC

20.7, 10-15-97; 16.20.6.8 NMAC - Rn, 16 NMAC 20.6.8, 08-31-00; A, 03-02-06]

NEW MEXICO PHYSICAL THERAPY BOARD

This is an amendment to 16.20.7 NMAC, Section 8 effective 03-02-06.

16.20.7.8 SUPERVISION OF LICENSED PERSONNEL:

A. No physical therapist may be responsible for the direction and supervision of more than two full-time licensees, or two FTE's (full-time equivalency, two employees totaling 80 work hours per week) requiring supervision, including temporary physical therapists, temporary physical therapist assistants, or fully-licensed physical therapist assistants.

B. A physical therapist that is supervising two (2) temporary licensees or physical therapist assistants or any combination of the two can not be a backup supervisor for another physical therapist.

C. Should a physical therapist assistant or temporary licensee be supervised by physical therapists working part-time, the split periods of supervision should be clarified on the supervisory form.

D. A physical therapist currently supervising a temporary licensee or physical therapist assistant, planning to be away (vacation, leave of absence, continuing education) must arrange for another physical therapist to supervise the temporary licensee. If the absence is for less than ten (10) work days, the supervising physical therapist [~~may~~] must notify the board within five (5) work days from the first day of absence in any of the following acceptable forms of communication: phone (physical therapist is responsible to document the name of the staff personnel they spoke with), written memo, or facsimile to the board office. For absences in excess of ten (10) work days, the supervising physical therapist must notify the board office in writing, that they are no longer responsible for supervision of a physical therapist assistant or temporary licensee.

E. A physical therapist supervising a temporary licensee or physical therapist assistant must notify the New Mexico physical therapy licensing board, in writing, when they are no longer responsible for supervision of a physical therapist assistant or temporary licensee.

[10-15-97; 16.20.7.8 NMAC - Rn, 16 NMAC 20.7.8, 08-31-00; A, 03-02-06]

NEW MEXICO PHYSICAL THERAPY BOARD

This is an amendment to 16.20.8 NMAC, Sections 8, 9, and 10, effective 03-02-06.

16.20.8.8 CONTINUING EDUCATION AND RENEWAL REQUIREMENTS:

A. Every licensed physical therapist and physical therapist assistant shall earn twenty (20) continuing education contact hours per year during each year of licensure. The first year during which 20 (twenty) contact hours must be earned is the year beginning on February 1 following license issuance and ending on the following January 31. Continuing education contact hours shall be prorated during the first year of licensure according to the month licensed as follows:

- (1) March: 18 contact hours
- (2) April: 17 contact hours
- (3) May: 15 contact hours
- (4) June: 13 contact hours
- (5) July: 12 contact hours
- (6) August: 10 contact hours
- (7) September: 8 contact hours
- (8) October: 6 contact hours
- (9) November: 5 contact hours
- (10) December: 3 contact hours

B. Anyone licensed during the month of January will be issued a license through February 1 of the following year.

C. No license will be renewed in the absence of satisfactory evidence that the required continuing education contact hours as required by this section have been earned. Continuing education contact hours are required to be submitted with the renewal each year. The continuing education course completion certificates should **NOT** be sent to the board unless an audit notice as provided in this section is received.

D. The board office will mail a renewal ~~[application]~~ notice to each licensee at least 30 days prior to the expiration date of the license.

E. Each licensee is responsible for submitting the required renewal fee and continuing education by the expiration date whether or not a renewal ~~[application]~~ notice is received by the licensee and licensee shall not practice if license is expired.

F. All license renewals postmarked after February 1 will be subject to a late fee. (Refer to Part 6, Schedule of Fees.)

G. The board shall audit a percentage of renewal applications each year to verify the continuing education requirement. The licensee should maintain a file that includes the continuing education course documentation up to three (3) years.

(1) If a NOTICE OF AUDIT letter is received with the annual renewal form, evidence of continuing education hours earned during the renewal year must be submitted to the board as requested and as required in the Physical Therapy Act and by this rule.

(2) If the licensee is NOT AUDITED, all documentation of attendance and agendas should be retained by the licensee for a minimum of three (3) years immediately preceding the current renewal.

(3) The board reserves the right to audit continuing education attendance certificates whenever there is reasonable doubt the courses submitted, dates, or hours may be incorrect.

H. The board will allow a maximum of twenty (20) continuing education contact hours to be carried over into the next licensing year, beginning February 1, 2008 the board will no longer allow carry over hours.

I. Credit will be given for programs attended between the renewal due date (January 15) and the license expiration date (February 1) providing that the program was not submitted for credit for the prior year.

J. Licensees serving in the armed forces reserve or national guard.

(1) The license of a physical therapist or physical therapist assistant who do not earn the required continuing education contact hours as provided in this section due to his or her call to active duty in the armed forces reserves or the New Mexico national guard, will not lapse for failure to earn continuing education hours.

(2) A physical therapist or physical therapist assistant who was or is called to active duty in the armed forces reserves or New Mexico national guard are required to provide official documentation that the licensee is a member of the armed forces reserves or the national guard and was or is being called to active duty.

(3) Upon the physical therapist or physical therapist assistant's return to civilian status, the licensee shall pay the license renewal fee and resume earning continuing education contact hours prorated according to the licensee's months of service as required to maintain his or her licensure as a physical therapist or physical therapist assistant.

[10-15-97; 16.20.8.8 NMAC - Rn & A, 16 NMAC 20.8.8, 08-31-00; A, 02-15-04; A, 11-01-04; A, 03-02-06]

16.20.8.9 APPROVAL OF CONTINUING EDUCATION CONTACT HOURS:

A. Programs must follow the criteria and guidelines established by the board as follows to receive continuing education credit on courses that have not

received prior approval from the board:

(1) each program adheres to the board's American physical therapy association (APTA) definition for continuing professional education;

(2) each program addresses needs (problems and issues) faced by physical therapists and physical therapist assistants;

(3) each program has specific written learning outcomes (objectives) based on identified needs;

(4) each program is planned and conducted by qualified individuals;

(5) program content and instructional methods for each program are based on learning objectives; and

(6) participants demonstrate their attainment of the learning outcomes, (i.e., various methods can be used such as: questions, discussions, written oral exercises, problems, case studies, etc.).

B. Prior approval of continuing education is not required; however, prior approval may be obtained upon request by the licensee.

(1) An "application for continuing education approval" form must be completed and submitted to the board.

(2) The fee required for each program approved by the board is a nonrefundable fee of ~~[\$25.00]~~ \$45.00. (Once the fee has been paid for a program, any number of physical therapists and physical therapist assistants may attend the program without paying additional fees.)

(3) The same program may be provided more than one time and at different locations within the calendar year in which the fee was paid without the payment of additional fees.

(4) Any ~~[\$25.00]~~ \$45.00 fee is valid for the calendar year in which it is paid.

(5) It may be possible to obtain twenty (20) contact hours without having to pay the ~~[\$25.00]~~ \$45.00 fee. A roster of approved courses is ~~[kept at the board office]~~. Licensees are encouraged to contact the board before taking a course to see if it has already been approved for a particular calendar year. If the course was approved, the licensee need only attend the course and then submit the course completion documents with the renewal. If the course has not been approved, a ~~[\$25.00]~~ \$45.00 fee must be submitted with the application for continuing education approval form for pre-approval.

(6) ~~[Contact the board office to obtain an]~~ The application for continuing education approval is available online. Please provide all information requested because if an application form is incomplete, the approval process will be delayed. The board requires ~~[seven to ten]~~ sixty- (60) days from receipt of the application until notification of approval is returned.

C. Programs approved by the APTA will be automatically accepted by the board. Prior approval is not required.

D. Credit screening procedures as follows:

(1) the board or its designee, must approve each request for continuing education credit;

(2) the party requesting approval will be informed of the board's determination within sixty (60) calendar days of receipt of the request; and

(3) an individual whose request has been denied may appear at the next board meeting following notice of denial to ask the board to reconsider its determination.

E. Final determination of values of continuing education will remain at the discretion of the board.

F. Programs considered appropriate for continuing education, include, but are not limited to those listed below.

(1) In the case of **university or college courses** taken for credit, provide the board with:

- (a) name of course;
- (b) number of course credit hours;
- (c) inclusive dates of attendance;
- (d) name of instructor and instructor's credentials;
- (e) published course description from college or university;
- (f) completed transcript or grade report with a passing grade of "C" or better;
- (g) name of institution; and
- (h) brief course summary demonstrating the course's relationship to physical therapy; (maximum twenty (20) contact hours are awarded for each 3 credit course).

(2) **Physician in-service programs** or regular physical therapy staff in-service programs, provide the board with:

- (a) name of program;
- (b) number of hours spent in program;
- (c) inclusive dates of attendance;
- (d) name of instructor or supervisor of program; documentation of instructor background and expertise;
- (e) name of institution;
- (f) brief course summary demonstrating the course's relationship to physical therapy; (maximum allowed per year is four (4) contact hours).

(3) **Management courses:** (Maximum allowed per year is ten (10) contact hours.)

(4) **Published works**, includes abstracting for professional journal, awarded on an individual basis, provide the board the following:

- (a) provide a copy of the publication written which will be returned to the licensee upon request; and
- (b) publication must be published

in the year for which the contact hours are requested; (maximum allowed per year is twenty (20) contact hours).

(5) **Preparation and/or presentation of a workshop/in-service**, awarded on a case by case basis for any one given presentation, by providing the board the following:

(a) proof of preparation may be an outline, copy of handouts, copy of overheads or transparencies, and

(b) a copy of the agenda showing name of licensee as presenter; (maximum allowed per year is ten (10) contact hours);

(c) contact hours for the presenter will be calculated at three (3) times the number of hours of audience participation (e.g., a two hour workshop equals 6 hours for the presenter).

(6) **Certificate courses for an advanced specialty**, provide the board a certificate of completion signed by the program sponsor. (Maximum allowed per year is twenty (20) contact hours.)

(7) **Video tapes, cassettes, or satellite programs**, provide the board the following:

- (a) name of video;
- (b) name of instructor;
- (c) instructor's credentials;
- (d) number of minutes;
- (e) summary (subject of video, what was learned, and how it related to the physical therapy scope of practice or the licensee's position; and
- (f) signature (the licensee's and a supervisor's); (maximum allowed per year is ten (10) contact hours).

(8) **Reading a book**, provide the board the following:

- (a) name of book;
- (b) author and author's credentials;
- (c) number of pages;
- (d) summary (subject of book, what was learned, and how it relates to the physical therapy scope of practice or the licensee's position; and
- (e) signature (the licensee's and a supervisor's); (maximum allowed per book is two (2) contact hours); (maximum allowed per year is four (4) contact hours).

(9) **Conducting physical therapy research**, provide the board the following:

- (a) title and description of research project, including brief timeline;
- (b) names of other persons involved in project (i.e., co-investigators or supervisors);
- (c) a brief statement indicating how participation in the project is related to the licensee's present or future position in the field of physical therapy;
- (d) a brief statement indicating how participation in the project is benefiting the applicant's therapy skills or research

skills; and

(e) provide a copy of the research report (if project has been completed); (if report is incomplete), credit will be allowed by providing the listed information or by receipt of the college transcript; (the board will determine the number of contact hours allowed).

(10) **Home study courses**, provide the board a copy of the certificate of completion provided by the program provider.

(11) **Internet courses**, provide the board a copy of the certificate of completion provided by the program provider.

(12) **Alternative medicine seminars**, provide the board a letter from the licensee explaining how the course relates to the physical therapy scope of practice. The board will approve these courses on a case by case basis.

(13) **Courses where certificates of attendance are not issued**, provide the board the following:

- (a) a canceled check for the course registration fee (submit copy of front and back of check);
- (b) proof of transportation (i.e., copy of plane ticket and hotel receipt); and
- (c) list of courses attended and hours attended (i.e., copy descriptions of courses and hours from program agenda).

(14) **Credit for supervising a student in clinical education**, provide the board with a copy of the cover and signature page (with student's name blacked out to maintain confidentiality) of the student evaluation completed by the licensee-supervisor. One (1) continuing education contact hour may be approved for each forty (40) contact hours of supervision in clinical education. The maximum number of continuing education contact hours approved for supervision in clinical education is ten (10) contact hours per year. A licensee may receive credit for clinical supervision under this provision only one time throughout the licensee's practice as a physical therapist or physical therapist assistant in the state of New Mexico.

G. **Ineligible activities** include, but are not limited to:

- (1) orientation and in-service programs dealing with organizational structures, processes, or procedures;
- (2) meetings for purposes of policy making;
- (3) annual association, chapter, district, or organizational, and non-educational meetings;
- (4) entertainment or recreational meetings or activities;
- (5) committee meetings, holding of offices, serving as an organizational delegate;
- (6) visiting exhibits;
- (7) individual self-directed stud-

ies unless approved by APTA; and

(8) CPR education.

[10-15-97; 16.20.8.9 NMAC - Rn & A, 16 NMAC 20.8.9, 08-31-00; A, 02-15-04; A, 03-02-06]

**16.20.8.10 [P R E F E R R E D
P R O V I D E R O F C O N T I N U I N G E D U C A T I O N]**

~~A. Preferred providers are entities which are allowed to approve their own programs for continuing education.~~

~~B. An organization may become a preferred provider of continuing education by:~~

~~(1) providing two programs in an 18 month time span;~~

~~(2) completing a continuing education approval form for the two programs at least 6 weeks in advance of the program; and~~

~~(3) completing a form titled "preferred provider application" and submitting it to the board.~~

~~C. The board may grant preferred provider status, if approval for the first two programs is obtained in a timely, efficient manner, and if course content meets criteria set by the board.~~

~~D. In order to maintain preferred provider status, the organization must sponsor at least one course per year and inform the board of this course at least ten (10) days in advance of the course. They must submit the \$25.00 fee per program.~~

~~E. Licensee's submitting course certificates from preferred provider courses will be granted continuing education contact hours at full value.]~~

[RESERVED]
[10-15-97; 16.20.8.10 NMAC - Rn & A, 16 NMAC 20.8.10, 08-31-00; Repealed, 03-02-06]

**NEW MEXICO PHYSICAL
THERAPY BOARD**

This is an amendment to 16.20.9 NMAC, Section 10 effective 03-02-06.

**16.20.9.10 C U R R E N T
L I C E N S E :**

A. Foreign-educated applicants must show evidence of an active, valid license in good standing, without limitation, or other current authorization to practice physical therapy from an appropriate authority in the country where the foreign-educated applicant was educated or eligible for licensure. Original documentation must be sent directly to the board by the licensure authority in the country of education (documents handled by a courier service or third party will not be accepted). All documentation must be in English or accompanied by a certified English transla-

tion.

B. Foreign-educated applicants who have been licensed and have practiced in good standing for a minimum of one year in another state, in the United States, will not be required to provide proof of a license from their country of education. Proof of licensure will be required from each state the applicant has been licensed in. Such proof of licensure must be received by the New Mexico board directly from the state boards where currently and previously licensed.

[1-28-93; 06-03-94; 09-30-95; 11-30-95; Rn & A, 16 NMAC 20.10, 12-15-97; 16.20.9.10 NMAC - Rn, 16 NMAC 20.9.10, 08-31-00; A, 03-02-06]

**NEW MEXICO PUBLIC
EDUCATION
DEPARTMENT**

Explanatory paragraph: This is an amendment, effective February 14, 2006, to Sections 3, 7, 10, 19 and 20 of 6.30.2 NMAC (STANDARDS FOR EXCELLENCE). The amendment adds new subsections D and E to Section 3 (STATUTORY AUTHORITY), new subsections C through H to Section 7 (DEFINITIONS), and new subsection M requiring emergency drills and practiced evacuations to Section 10 (PROCEDURAL REQUIREMENTS). Section 19 (CONTENT STANDARDS - HEALTH EDUCATION) is amended to add new paragraph (24) (BENCHMARK 24) to subsection E (CONTENT STANDARD 5) and to add performance standards throughout the section. Section 20 (CONTENT STANDARDS - PHYSICAL EDUCATION) is amended to add performance standards throughout the section.

**6.30.2.3 S T A T U T O R Y
A U T H O R I T Y :**

A. Section 22-2-2 NMSA 1978, grants the authority and responsibility for the assessment and evaluation of public schools, including charter schools, and state supported educational institutions.

B. Section 22-2-2 NMSA 1978, directs the public education department to set graduation expectations and hold schools accountable. Section 22-2C-3 NMSA 1978 requires the public education department to adopt academic content and performance standards and to measure the performance of public schools in New Mexico.

C. Subsection E of Section 22-13-1.1 NMSA 1978 authorizes the public education department to establish a policy for administrative interpretations to clarify curricular and testing provisions of the

Public School Code.

D. Section 22-5-13 NMSA 1978 grants authority to the public education department to develop mandatory training of local school board members.

E. Section 22-13-14 NMSA 1978 requires the public education department to establish penalties for non-compliance with this section prescribing the frequency with which public schools and private schools must hold emergency drills.

E. Subsection D of Section 9-24-8 NMSA 1978 authorizes the secretary of education to adopt rules necessary to carry out the duties of the public education department.

[10-31-96, 02-14-00; 6.30.2.3 NMAC - Rn, 6 NMAC 3.2.3 & A, 11-14-00; A, 10-30-03; A, 08-31-04; A, 02-14-06]

6.30.2.7 D E F I N I T I O N S

A. "Content Standards" are broad descriptions of the knowledge and skills all students should acquire in a particular subject area.

B. "Benchmarks" are statements of what all students should know and be able to do in a content area by the end of designated grades or levels. The grade groupings used for this purpose are Kindergarten - grade 4; grade 5 - grade 8; and grade 9 - grade 12. These grade level demarcations suggest reasonable checkpoints for evaluating student progress towards achieving the Content Standards with Benchmarks and the Standards for Excellence.

C. "Desk-top evacuation drill" means the mock removal of students, faculty and staff from the school campus. This is similar to a full evacuation drill except that students, faculty and staff are not removed from campus, but are sent to predetermined areas where removal from campus would occur if a full evacuation drill were being carried out.

D. "Emergency drills" means the necessity that a total of twelve drills be conducted in each public and private school in New Mexico. These emergency drills shall consist of nine fire drills, two shelter-in-place drills, and one evacuation drill at the intervals set forth in Subsection M of 6.30.2.10 NMAC.

E. "Evacuation drill" means the practiced evacuation of school buildings as though there were an actual fire, chemical exposure or bomb threat. Evacuation drills may be accomplished by a full evacuation drill or a desk-top evacuation drill.

F. "Fire drill" means the practiced evacuation of school buildings as though there were an actual fire,

G. "Full evacuation drill" means the practiced evacuation of school

buildings including all campus areas as though there were an actual fire, chemical exposure or bomb threat, with the goal of a safe and orderly assembly of all evacuees at predetermined locations.

H. "Shelter-in-place drill" means the method of practicing a lockdown of school buildings including all campus areas as a way to protect students, faculty and staff from a harmful threat whose origin is known or unknown. This would require the school population to seek protective cover in a predetermined manner.

[10-31-96, 02-14-00; 6.30.2.7 NMAC - Rn, 6 NMAC 3.2.7, 11-14-00; A, 02-14-06]

6.30.2.10 PROCEDURAL REQUIREMENTS

M. Emergency drills and practiced evacuations.

(1) Emergency drills shall be conducted in each public school and private school in the state, including in each charter school, as follows:

(a) at least once per week during the first four weeks of the school year and at least once per month during the remainder of the school year;

(b) two of these drills shall be shelter-in-place drills;

(c) one of these drills shall be an evacuation drill;

(d) nine of these drills shall be fire drills, with one fire drill required each week during the first four weeks of school;

(e) in locations where a fire department is maintained, a member of the fire department shall be requested to be in attendance during the emergency drills for the purpose of giving instruction and constructive criticism;

(f) it shall be the responsibility of the person in charge of a school to carry out the provisions related to emergency drills.

(2) Requirements to comply and penalties for non-compliance:

(a) It shall be the responsibility of the superintendent of a school district or their charter school or private school counterpart(s) to ensure that each school under their authority follows the requirements set forth in Subsection M of 6.30.2.10 NMAC.

(b) In the event that the person or persons responsible for complying with Subsection M of 6.30.2.10 NMAC fail or refuse to comply with this subsection, the department may in the case of a public school take any action designed to ensure prompt corrective action or future compliance, including reporting the non-compliance to either the state fire marshal or to a local fire department. In the case of a private school, the department will report the non-compliance compliance to either the state fire marshal or to a local fire department and may consider adverse licensure action.

(c) Failure or refusal to comply with the requirements in Subsection M of 6.30.2.10 NMAC of holding emergency drills shall constitute grounds to suspend or revoke the license of the person(s) responsible for compliance. The due process procedures under the Uniform Licensing Act [Sections 61-1-1 through 61-1-31 NMSA 1978] shall apply.

[10-31-96, 12-31-98; 6.30.2.10 NMAC - Rn, 6 NMAC 3.2.9 & A, 11-14-00; A, 08-15-03; A, 10-30-03; A, 08-31-04; A, 12-30-04; A, 03-15-05; A, 07-29-05; A, 02-14-06]

6.30.2.19 CONTENT STANDARDS — HEALTH EDUCATION

A. CONTENT STANDARD 1: Students will comprehend concepts related to health promotion and disease prevention. Students will:

(1) BENCHMARK 1: K-4: Identify/describe/understand the relationships between personal health behaviors and individual well being.

(a) PERFORMANCE STANDARD K: Describe how personal choices relate to health and how the consequences of those choices affect self and others (i.e. smoking, lack of physical activity, nutrition, personal hygiene, personal safety, etc.); describe characteristics of healthy and unhealthy relationships (i.e. describe the unique differences of self and others, etc.); describe what is meant by good personal hygiene (i.e. describe the importance of hand washing in disease prevention, etc.).

(b) PERFORMANCE STANDARD 1-2: Identify how personal choices relate to health and how the consequences of those choices affect self and others (i.e. smoking, lack of physical activity, nutrition, personal hygiene, personal safety, etc.); identify characteristics of healthy and unhealthy relationships (i.e. describe the unique differences of self and others, etc.); recognize what is meant by good personal hygiene (i.e. describe the importance of hand washing in disease prevention, etc.).

(c) PERFORMANCE STANDARD 3-4: Identify and understand how personal choices relate to health and how the consequences of those choices affect self and others (i.e. smoking, lack of physical activity, nutrition, personal hygiene, abstinence, personal safety, etc.); identify and describe characteristics of healthy and unhealthy relationships (i.e. describe the unique differences of self and others, etc.); discuss what is meant by good personal hygiene (i.e. describe the importance of hand washing in disease prevention, etc.); list the steps associated with refusal skills and its relationship to the decision making process.

(2) BENCHMARK 2: K-4: Identify examples of mental, emotional, social, and physical health during child-

hood.

(a) PERFORMANCE STANDARD K: Recognize different emotions; identify compassionate behavior and its relationship to diversity (i.e. bullying, disabilities, other special needs, etc.); identify the differences between safe and unsafe situations (i.e. bullying, good touch/bad touch, alcohol, tobacco, other drugs, food contamination, etc.); list positive health choices and activities that promote health and help prevent diseases.

(b) PERFORMANCE STANDARD 1-2: Describe different emotions; describe compassionate behavior and its relationship to diversity (i.e. bullying, disabilities, other special needs, etc.); identify the differences between safe and unsafe situations (i.e. bullying, good touch/bad touch, alcohol, tobacco, other drugs, food contamination, etc.); recall positive health choices and activities that promote health and help prevent diseases.

(c) PERFORMANCE STANDARD 3-4: Understand different emotions; recognize compassionate behavior and its relationship to diversity (i.e. bullying, disabilities, other special needs, etc.); identify and understand the differences between safe and unsafe situations (i.e. bullying, good touch/bad touch, alcohol, tobacco, other drugs, food contamination, etc.); understand positive health choices and activities that promote health and help prevent diseases; describe different types of family units and their relationship to health (i.e. single, grandparent, same sex parents, etc.).

(3) BENCHMARK 3: K-4: Describe the basic structure and functions of the human body systems.

(a) PERFORMANCE STANDARD K: Identify the effects of lifestyle choices on body systems (i.e. alcohol, tobacco, other drugs, second-hand smoke, food, physical activity, etc.); describe how stress and emotions affect the body systems; utilize correct terminology for the human body.

(b) PERFORMANCE STANDARD 1-2: Know the effects of lifestyle choices on body systems (i.e. alcohol, tobacco, other drugs, second-hand smoke, food, physical activity, etc.); identify and list how stress and emotions affect the body systems; understand correct terminology for the human body.

(c) PERFORMANCE STANDARD 3-4: Understand the effects of lifestyle choices on body systems (i.e. alcohol, tobacco, other drugs, second-hand smoke, food, physical activity, abstinence, etc.); recognize how stress and emotions affect the body systems; utilize correct terminology for the human body; identify the different changes in body that occur during puberty.

(4) BENCHMARK 4: K-4:

Describe how physical, social, and emotional environments influence personal health.

(a) PERFORMANCE STANDARD K: Recognize the behaviors that could affect other people (i.e. smoking, drinking, physical activity, nutrition, etc.); identify the differences between safe and unsafe situations (i.e. bullying, good touch/bad touch, alcohol, tobacco, other drugs, food contamination, poisonous substances, etc.); know how to access help (i.e. dial 911 in an emergency, trusted adult, etc.); recognize the influences of media and peer pressure on health.

(b) PERFORMANCE STANDARD 1-2: Describe the behaviors that could affect other people (i.e. smoking, drinking, physical activity, nutrition, etc.); identify the differences between safe and unsafe situations (i.e. bullying, good touch/bad touch, alcohol, tobacco and other drugs, food contamination, poisonous substances, etc.); know how to access help (i.e. dial 911 in an emergency, trusted adult, etc.); describe the influences of media and peer pressure on health.

(c) PERFORMANCE STANDARD 3-4: Understand the behaviors that could affect other people (i.e. smoking, drinking, physical activity, nutrition, etc.); identify the differences between safe and unsafe situations (i.e. bullying, good touch/bad touch, alcohol, tobacco, other drugs, food contamination, poisonous substances, etc.); know how to access help (i.e. dial 911 in an emergency, trusted adult, etc.); understand the influences of media and peer pressure on health.

(5) BENCHMARK 5: K-4: Identify common health issues of children.

(a) PERFORMANCE STANDARD K: Name common physical health issues of children in same age group (i.e. intentional and unintentional injury, personal hygiene, etc.); name common social health issues of children in same age group (i.e. peer pressure, relationships, etc.); name common emotional health issues of children in same age group (i.e. affects of bullying, when family member is sick, sadness, domestic violence, etc.); name common environmental health issues that affect children in same age group (i.e. second hand smoke, litter, noise, etc.).

(b) PERFORMANCE STANDARD 1-2: Describe common physical health issues of children in same age group (i.e. intentional and unintentional injury, personal hygiene, etc.); describe common social health issues of children in same age group (i.e. peer pressure, relationships, etc.); describe common emotional health issues of children in same age group (i.e. affects of bullying, when family member is sick, sadness, domestic violence, etc.);

describe common environmental health issues that affect children in same age group (i.e. second hand smoke, litter, noise, etc.).

(c) PERFORMANCE STANDARD 3-4: Recognize common physical health issues of children in same age group (i.e. intentional and unintentional injury, personal hygiene, etc.); recognize common social health issues of children in same age group (i.e. peer pressure, relationships, etc.); recognize common emotional health issues of children in same age group (i.e. affects of bullying, when family member is sick, sadness, domestic violence, etc.); recognize common environmental health issues that affect children in same age group (i.e. second hand smoke, litter, noise, etc.).

(6) BENCHMARK 6: K-4: Identify health problems that should be detected and treated early and explain how childhood injuries and illnesses can be prevented and/or treated.

(a) PERFORMANCE STANDARD K: Identify symptoms of illness (i.e. runny nose, coughing, fever, stomach ache, sadness, etc.); list individuals that can help with detecting and treating childhood injuries and illnesses (i.e. parents, grandparents, teacher, counselor, nurse, doctor, etc.); identify the benefits of following the directions of health care providers; list safety rules for different situations (i.e. playground safety, bus safety, classroom rules, etc.); describe the importance of taking personal responsibility for actions.

(b) PERFORMANCE STANDARD 1-2: Describe symptoms of illness (i.e. runny nose, coughing, fever, stomach ache, sadness, etc.); list individuals that can help with detecting and treating childhood injuries and illnesses (i.e. parents, grandparents, teacher, counselor, nurse, doctor, etc.); describe the benefits of following the directions of health care providers; describe safety rules for different situations (i.e. playground safety, bus safety, classroom rules, etc.); describe the importance of taking personal responsibility for actions.

(c) PERFORMANCE STANDARD 3-4: Recognize symptoms of illness (i.e. runny nose, coughing, fever, stomach ache, sadness, etc.); list individuals that can help with detecting and treating childhood injuries and illnesses and explain what role the individuals play (i.e. parents, grandparents, teacher, counselor, nurse, doctor, etc.); understand the benefits of following the directions of health care providers; list and understand safety rules for different situations (i.e. playground safety, bus safety, classroom rules, etc.); understand the importance of taking personal responsibility for actions.

(7) BENCHMARK 7: 5-8: Explain the relationship between positive health behaviors and the prevention of

injury, illness, disease, and premature death.

(a) PERFORMANCE STANDARD 5-6: Describe risk factors and their association with health consequences in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental, social and emotional wellbeing; identify healthy alternatives to unhealthy behaviors in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental, social and emotional wellbeing (i.e. abstinence, selection of healthy food choices, "natural highs", etc.); explain how personal daily choices can affect future health status.

(b) PERFORMANCE STANDARD 7-8: Understand risk factors and their association with health consequences in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental, social and emotional wellbeing; understand how healthy alternatives can replace unhealthy behaviors (i.e. abstinence, condom use, other pregnancy prevention methods, selection of healthy food choices, "natural highs", etc.); analyze how personal daily choices can affect future health status.

(8) BENCHMARK 8: 5-8: Describe the interrelationship of mental, emotional, social, and physical health during adolescence.

(a) PERFORMANCE STANDARD 5-6: Describe the characteristics of peer pressure and its impact on mental, emotional, social, and physical health during adolescence in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental, social and emotional wellbeing; describe the impact of family history, cultural values, social systems, and environmental influences on mental, emotional, social, and physical health during adolescence in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental, social and emotional wellbeing; describe how changes during adolescence affect mental, emotional, social, and physical health; identify positive stress reduction techniques and the impact on mental, emotional, social, and physical health during adolescence; describe patterns of addiction and its influence on mental, emotional, social, and physical health during adolescence.

(b) PERFORMANCE STANDARD 7-8: Analyze the characteristics of peer pressure and its impact on mental, emotional, social, and physical health during adolescence in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental, social and emotional wellbeing;

analyze the impact of family history, cultural values, social systems, and environmental influences on mental, emotional, social, and physical health during adolescence in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental, social and emotional wellbeing; understand how changes during adolescence affect mental, emotional, social, and physical health; identify positive stress reduction techniques and the impact on mental, emotional, social, and physical health during adolescence; analyze patterns of addiction and its influence on mental, emotional, social, and physical health during adolescence.

(9) BENCHMARK 9: 5-8: Explain how health is influenced by the interaction of body systems.

(a) PERFORMANCE STANDARD 5-6: Describe the reproductive, circulatory, digestive, nervous, and endocrine systems and their relationships to adolescent health in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental, social and emotional wellbeing.

(b) PERFORMANCE STANDARD 7-8: Understand the reproductive, circulatory, digestive, nervous, and endocrine systems and their relationships to adolescent health in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental, social and emotional wellbeing.

(10) BENCHMARK 10: 5-8: Describe how family and peers influence the health of adolescents.

(a) PERFORMANCE STANDARD 5-6: Describe how family, peers, media, culture, and others influence adolescent's decision making in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental, social and emotional wellbeing.

(b) PERFORMANCE STANDARD 7-8: Analyze how family, peers, media, culture, and others influence adolescent's decision making in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental, social and emotional wellbeing.

(11) BENCHMARK 11: 5-8: Analyze how environments and personal health are interrelated.

(a) PERFORMANCE STANDARD 5-6: Explain how the school, religion, culture, community, society and media along with other outside influences such as federal, state or local laws, policies, etc. impact personal health decisions; understand the importance of maintaining the environment and promoting its use for stress reduction, wellness and recreational activities.

(b) PERFORMANCE STANDARD 7-8: Analyze how the school, religion, culture, community, society and media along with other outside influences such as federal, state or local laws, policies, etc. impact personal health decisions; analyze the importance of maintaining the environment and promoting its use for stress reduction, wellness and recreational activities.

(12) BENCHMARK 12: 5-8: Describe ways to reduce risks related to adolescent health issues.

(a) PERFORMANCE STANDARD 5-6: Identify health risks in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental, social and emotional wellbeing; identify consequences of health risks in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental, social and emotional wellbeing; identify ways to reduce health risks in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental, social and emotional wellbeing (i.e. abstinence, selection of healthy food choices, etc.).

(b) PERFORMANCE STANDARD 7-8: Analyze health risks in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental, social and emotional wellbeing; analyze consequences of health risks in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental, social and emotional wellbeing; analyze ways to reduce health risks in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental, social and emotional wellbeing (i.e. abstinence, condom use, other pregnancy prevention methods, selection of healthy food choices, etc.).

(13) BENCHMARK 13: 5-8: Explain how health care can prevent premature death and disability.

(a) PERFORMANCE STANDARD 5-6: Identify health care providers in the community and available services in areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental, social and emotional wellbeing; identify ways to access health care providers within the community and state; identify how family history, genetics and preventive health care can affect personal health.

(b) PERFORMANCE STANDARD 7-8: Identify health care providers in the community and available services in areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental, social and emotional wellbeing; identify ways to access

health care providers within the community and state; understand how family history, genetics and preventive health care can affect personal health.

(14) BENCHMARK 14: 5-8: Describe how lifestyle, pathogens, family history, and other risk factors are related to the prevention or cause of disease and other health problems.

(a) PERFORMANCE STANDARD 5-6: Identify how family history, genetics and preventive health care can affect personal health in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental, social and emotional wellbeing; identify how lifestyle choices can affect personal health in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental, social and emotional wellbeing.

(b) PERFORMANCE STANDARD 7-8: Identify how family history, genetics and preventive health care can affect personal health in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental, social and emotional wellbeing; identify how lifestyle choices can affect personal health in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental, social and emotional wellbeing.

(15) BENCHMARK 15: 9-12: Analyze how behavior can impact health maintenance and disease prevention.

(a) PERFORMANCE STANDARD 9-12: Differentiate between risks and benefits regarding choices in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental, social and emotional wellbeing; identify alternatives to health risk behaviors in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental, social and emotional wellbeing (i.e. abstinence, condom use, other pregnancy prevention methods, selection of healthy food choices, "natural highs", etc.); identify ways to avoid health risk behaviors in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental, social and emotional wellbeing; discuss and analyze the difference(s) between healthy and unhealthy relationships; explain how attitude(s) and behavior(s) affect health of self and others.

(b) [Reserved]

(16) BENCHMARK 16: 9-12: Describe the interrelationships of mental, emotional, social, and physical health throughout life.

(a) PERFORMANCE STANDARD 9-12: Identify and analyze how social systems, peer pressure, and family

history relate to mental, emotional, social, and physical health throughout life; describe the relationship between actions and consequences in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental; social and emotional wellbeing and the impact on mental, emotional, social, and physical health throughout life (i.e. unintended pregnancy, STIs, HIV, chronic diseases, addiction, intentional and unintentional injuries, depression, suicide, etc.); explain relationship between risk behaviors and health behaviors in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental; social and emotional wellbeing (i.e. drinking and sexual behavior, lack of physical activity/nutrition choices and chronic diseases, etc.); describe how emotions affect health behaviors in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental; social and emotional wellbeing (i.e. attraction, love, lust, infatuation, jealousy, anger, etc.); describe ways to manage stress (i.e. physical activity, relaxation, etc.).

(b) [Reserved]

(17) BENCHMARK 17: 9-12: Explain the impact of personal health behaviors on the functioning of body systems.

(a) PERFORMANCE STANDARD 9-12: Identify and analyze health behaviors in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental; social and emotional wellbeing on the functioning of body systems (i.e. physical activity and the respiratory system, contracting a sexuality transmitted disease, the reproductive system, etc.); identify emotional and physical changes that occur during puberty; identify the impact of health screenings on personal health and wellness; identify ways in which diseases are transmitted (i.e. HIV, bacterial diseases, viral diseases, etc.); describe how untreated health conditions can affect the functioning of body systems (i.e. an untreated sexually transmitted infection on the reproductive system, untreated asthma on the respiratory system, etc.); explain the benefits of healthy food choices and physical activity on body systems (i.e. weight gain/loss, heart disease, diabetes, etc.).

(b) [Reserved]

(18) BENCHMARK 18: 9-12: Analyze how the family, peers, and community influence the health of individuals.

(a) PERFORMANCE STANDARD 9-12: Identify and analyze how family, peers and community can be helpful or a hindrance to healthy behaviors (i.e. family choices for meals, community norms for

sexual behavior, etc.); describe how family, peer, and community influence the ability to apply refusal skills in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental; social and emotional wellbeing; analyze how inappropriate behavior such as bullying, harassment, and intentional injury, influence the health of individuals; identify how family, peer and community factors influence personal health choices in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental; social and emotional wellbeing (i.e. religion, culture, family values, budget, etc.).

(b) [Reserved]

(19) BENCHMARK 19: 9-12: Analyze how the environment influences the health of the community.

(a) PERFORMANCE STANDARD 9-12: Identify and analyze how environmental influences can be helpful or a hindrance to healthy behaviors (i.e. cultural, family history, socio-economic status and social norms on choices for meals, relationships, physical activity, etc.); analyze how environmental influences affect behavior in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental; social and emotional wellbeing (i.e. riding a bike vs. driving a car, personal relationships, etc.).

(b) [Reserved]

(20) BENCHMARK 20: 9-12: Describe how to delay onset and reduce risks of potential health problems during adulthood.

(a) PERFORMANCE STANDARD 9-12: Describe and analyze how behaviors practiced early in life can potentially affect health problems during adulthood in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental; social and emotional wellbeing (i.e. smoking as a teenager and lung disease, poor nutritional choice and lack of physical activity and chronic diseases, sexual activity/unprotected sex and teen pregnancy/STIs/HIV, etc.); demonstrate knowledge of pregnancy prevention and prevention of sexually transmitted infections; understand human reproduction and how pregnancy can be prevented through the use of various methods of contraception including barrier and hormonal methods; understand the concept of sexually transmitted infections and recognize prevention strategies including abstinence, the proper use of condoms and immunizations.

(b) [Reserved]

(21) BENCHMARK 21: 9-12: Analyze how public health policies and government regulations influence health

promotion and disease prevention.

(a) PERFORMANCE STANDARD 9-12: Research local, state, and national regulations and policies that influence health promotion and disease prevention in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental; social and emotional wellbeing; identify how policies are developed that influence health promotion and disease prevention in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental; social and emotional wellbeing; identify how policies are developed that influence health promotion and disease prevention in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental; social and emotional wellbeing.

(b) [Reserved]

(22) BENCHMARK 22: 9-12: Analyze how the prevention and control of health problems are influenced by research and medical advances.

(a) PERFORMANCE STANDARD 9-12: Identify scientific journals, agencies and/or organizations that contribute to research and medical advances in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental; social and emotional wellbeing; analyze how research and medical advances can influence health promotion and disease prevention in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental; social and emotional wellbeing (i.e. new treatment in diabetes control, etc.).

(b) [Reserved]

B. CONTENT STANDARD 2: Students will demonstrate the ability to access valid health information and health-promoting products and services. Students will:

(1) BENCHMARK 1: K-4: Identify characteristics of valid health information and health-promoting products and services.

(a) PERFORMANCE STANDARD K: Recognize safe and unsafe products in the home and community (i.e. bleach vs. milk, used needles, etc.); identify appropriate adults to talk to regarding health and safety issues; recognize health-promoting products and services (i.e. food choices, community services, physical activity, etc.).

(b) PERFORMANCE STANDARD 1-2: Identify safe and unsafe products in the home and community (i.e. bleach vs. milk, used needles, etc.); identify health-promoting products and services (i.e. food choices, community services, physical activity, etc.); identify where to seek valid health information (i.e. doctor, dentist, nurse, counselor, appropriate adult, etc.).

(c) PERFORMANCE STANDARD 3-4: Identify safe and unsafe products in the home and community (i.e. bleach vs. milk, used needles, etc.); demonstrate

universal precautions in handling unsafe/contaminated products and materials (i.e. blood borne pathogens, etc.); identify health-promoting products and services (i.e. food choices, community services, physical activity, etc.); identify where to seek valid health information (i.e. doctor, dentist, nurse, counselor, appropriate adult, etc.); analyze health information that may be confusing or contradictory (i.e. from media, peers, siblings, etc.).

(2) BENCHMARK 2: K-4: Demonstrate the ability to locate resources from home, school, and community that provide valid health information.

(a) PERFORMANCE STANDARD K: Recall own address and phone number; identify safe adults (i.e. parents, teachers, doctor, dentist, nurse, counselor, appropriate adult, etc.); recognize unsafe environments/situations.

(b) PERFORMANCE STANDARD 1-2: Understand how to use emergency phone numbers (i.e. 911, poison control, etc.); identify safe adults (i.e. parents, teachers, doctor, dentist, nurse, counselor, appropriate adult, etc.); recognize unsafe environments/situations; identify where to seek valid health information.

(c) PERFORMANCE STANDARD 3-4: Demonstrate ability to use emergency phone numbers (i.e. 911, poison control, etc.); identify safe adults (i.e. parents, teachers, doctor, dentist, nurse, counselor, appropriate adult, etc.); recognize unsafe environments/situations; identify where to seek valid health information; identify location of first aid kit/station.

(3) BENCHMARK 3: K-4: Explain how the media influences the selection of health information, products, and services.

(a) PERFORMANCE STANDARD K: Recognize that media messages may be misleading.

(b) PERFORMANCE STANDARD 1-2: Recognize that media messages may be misleading; recognize the goals of media (i.e. sell, entertain, etc.); recognize media messages that may contain both healthy and unhealthy messages in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental, social and emotional wellbeing.

(c) PERFORMANCE STANDARD 3-4: Identify media messages that may be misleading; identify the goals of media (i.e. sell, entertain, etc.); identify media messages that may contain both healthy and unhealthy messages in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental, social and emotional wellbeing.

(4) BENCHMARK 4: K-4: Demonstrate the ability to locate school and

community health helpers.

(a) PERFORMANCE STANDARD K: Recognize safety officials (i.e. police, fire, security, crossing guards, etc.); identify safe adults (i.e. parents, teachers, doctor, dentist, nurse, counselor, appropriate adult, etc.).

(b) PERFORMANCE STANDARD 1-2: Recognize safety officials (i.e. police, fire, security, crossing guards, etc.); identify safe adults (i.e. parents, teachers, doctor, dentist, nurse, counselor, appropriate adult, etc.).

(c) PERFORMANCE STANDARD 3-4: Explain the role of safety officials (i.e. police, fire, security, crossing guards, etc.); explain the role(s) of safe adults (i.e. parents, teachers, doctor, dentist, nurse, counselor, appropriate adult, etc.).

(5) BENCHMARK 5: 5-8: Analyze the availability and validity of health information, products, and services.

(a) PERFORMANCE STANDARD 5-6: Identify school and community health resources related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental, social and emotional wellbeing; analyze health-promoting products and services (i.e. food choices, community services, physical activity, etc.); analyze health information that may be confusing or contradictory (i.e. from media, peers, siblings, etc.).

(b) PERFORMANCE STANDARD 7-8: Explain the functions and effectiveness of school and community health information, products and services (i.e. school nurse, school-based health center, public health office, private health care provider, etc.); identify and evaluate products that claim to have a positive impact on health and/or wellness; research information to obtain accurate health information in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental, social and emotional wellbeing.

(6) BENCHMARK 6: 5-8: Demonstrate the ability to evaluate and utilize resources from home, school, and community that provide valid health information.

(a) PERFORMANCE STANDARD 5-6: Explain how community resources can be accessed and utilized in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental, social and emotional wellbeing; compare and contrast valid resources in the community in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental, social and emotional wellbeing.

(b) PERFORMANCE STANDARD 7-8: Analyze how community resources can be accessed and utilized in the

areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental, social and emotional wellbeing (i.e. school-based health centers, primary care clinics, school nurse, etc.); analyze valid resources in the community in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental, social and emotional wellbeing; identify and provide solutions to barriers for health care (i.e. costs, transportation, culture, accessibility, etc.); explain how community resources can be accessed and utilized in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental, social and emotional wellbeing; compare and contrast valid resources in the community in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental, social and emotional wellbeing.

(7) BENCHMARK 7: 5-8: Analyze how the media influences the selection of health information and products.

(a) PERFORMANCE STANDARD 5-6: Analyze why media messages may be misleading; explain the goals of media (i.e. sell, entertain, etc.); gives examples of media messages that may contain both healthy and unhealthy messages in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental, social and emotional wellbeing.

(b) PERFORMANCE STANDARD 7-8: Analyze why media messages may be misleading; interpret the goals of media (i.e. sell, entertain, etc.); analyze media messages that may contain both healthy and unhealthy messages in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental, social and emotional wellbeing.

(8) BENCHMARK 8: 5-8: Demonstrate the ability to locate health products and services.

(a) PERFORMANCE STANDARD 5-6: Identify valid health products and resources in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental, social and emotional wellbeing; identify where to obtain products and services in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental, social and emotional wellbeing.

(b) PERFORMANCE STANDARD 7-8: Analyze valid health products and resources in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental, social and emotional wellbeing;

demonstrate the ability to obtain products and services in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental, social and emotional wellbeing. (i.e. how to access STI/HIV testing, pregnancy testing, help for depression, etc.).

(9) BENCHMARK 9: 5-8: Compare the costs and validity of health products.

(a) PERFORMANCE STANDARD 5-6: Identify the availability and costs of health products utilized in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental, social and emotional wellbeing (i.e. the availability and cost of the patch for smoking cessation vs. the cost of smoking; diet and exercise vs. diabetes treatment; abstinence vs. having a baby; etc.); identify cost of health resources in the community and compare benefits of those that are more affordable (i.e. walking vs. joining a club for exercise, etc.); analyze different health care products and their effectiveness in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental, social and emotional wellbeing.

(b) PERFORMANCE STANDARD 7-8: Analyze the availability and costs of health products utilized in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental, social and emotional wellbeing (i.e. the availability and cost of: 1) the patch for smoking cessation vs. the cost of smoking; 2) diet and exercise vs. diabetes treatment; 3) pregnancy prevention vs. having a baby; etc.); analyze cost of health resources in the community and compare benefits of those that are more affordable (i.e. walking vs. joining a club for exercise, etc.); research different health care products and their effectiveness in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental, social and emotional wellbeing.

(10) BENCHMARK 10: 5-8: Describe situations requiring professional health services.

(a) PERFORMANCE STANDARD 5-6: Identify and recognize risk behaviors in situations that may lead to negative physical, social and/or emotional health consequences (i.e. abuse, bullying, sexual assault, mental health, depression, suicide, domestic violence, STIs/HIV, etc.); identify situations related to health crisis and formulate solutions to intervene and/or prevent the crisis (i.e. a friend tells you they are thinking about suicide; a friend tells you they are smoking, etc.); recognize and identify professional health services in the community.

(b) PERFORMANCE STANDARD 7-8: Analyze risk behaviors in situations that may lead to negative physical, social and/or emotional health consequences (i.e. abuse, bullying, sexual assault, mental health, depression, suicide, domestic violence, STDs and other risky behavior, etc.); role play and/or discuss situations related to health crisis and formulate solutions to intervene and/or prevent the crisis (i.e. a friend tells you they are thinking about suicide; a friend tells you they may be pregnant, etc.); recognize and identify professional health services in the community.

(11) BENCHMARK 11: 9-12: Evaluate the availability and validity of health information, products, and services.

(a) PERFORMANCE STANDARD 9-12: Explain and evaluate the functions and effectiveness of school and community health information, products and services (i.e. school nurse, school-based health center, public health office, private health care provider, etc.); evaluate health information products and services advertised by media; demonstrate the ability to evaluate health information in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental; social and emotional wellbeing.

(b) [Reserved]

(12) BENCHMARK 12: 9-12: Demonstrate the ability to evaluate and utilize resources from home, school, and community that provide valid health information.

(a) PERFORMANCE STANDARD 9-12: Evaluate how community resources can be accessed and utilized in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental; social and emotional wellbeing (i.e. school-based health centers, primary care clinics, school nurse, etc.); compare and contrast valid resources in the community in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental; social and emotional wellbeing; identify and devise solutions to barriers for health care (i.e. costs, transportation, culture, accessibility, etc.); explain how community resources can be accessed and utilized in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental; social and emotional wellbeing; compare and contrast valid resources in the community in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental; social and emotional wellbeing.

(b) [Reserved]

(13) BENCHMARK 13: 9-12: Evaluate factors that influence personal

selection of health products and services.

(a) PERFORMANCE STANDARD 9-12: Evaluate the characteristics media uses to influence the selection of health products and services; describe influences of cultural beliefs and how they influence personal selection of health products and services; explain factors in the community that influence health choices in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental; social and emotional wellbeing (i.e. religion, values, habits, budget, etc.); demonstrate and discuss ways to avoid risky behavior in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental; social and emotional wellbeing.

(b) [Reserved]

(14) BENCHMARK 14: 9-12: Demonstrate the ability to access school and community health services for self and others.

(a) PERFORMANCE STANDARD 9-12: Demonstrate the ability to access local health resources in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental; social and emotional wellbeing. (i.e. school-based health centers, primary care clinics, local health facilities, walking trails, etc.); demonstrate how to determine the appropriate school and community health services in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental; social and emotional wellbeing (i.e. where to go for immunizations, wellness check-up, pregnancy/STI/HIV testing, help for depression, treatment for diabetes, etc.).

(b) [Reserved]

(15) BENCHMARK 15: 9-12: Analyze the cost and accessibility of health care services.

(a) PERFORMANCE STANDARD 9-12: Demonstrate the ability to compare cost and accessibility of health care services in the community and benefits of those that are more affordable (i.e. walking vs. joining a club for exercise, public health clinic vs. private doctor, sexual activity/unprotected sex vs. teen pregnancy/STIs/HIV, etc.); analyze the availability and costs of health care services utilized in the areas related to sexuality; nutrition; alcohol, tobacco and other drug use; physical activity; personal safety; mental; social and emotional wellbeing (i.e. the availability and cost of smoking cessation class, nutrition education programs, prenatal care; etc.).

(b) [Reserved]

(16) BENCHMARK 16: 9-12: Analyze situations requiring professional

health services.

(a) PERFORMANCE STANDARD 9-12: Prepare a plan of action for risk behaviors in situations that may lead to negative physical, social and/or emotional health consequences (i.e. abuse, bullying, sexual assault, mental health, depression, suicide, domestic violence, teen pregnancy, STIs, HIV, etc.); analyze situations related to health crises and formulate solutions to intervene and/or prevent the crisis (i.e. a friend tells you they are thinking about suicide; a friend tells you they are smoking, a friend tells you they are pregnant, etc.); demonstrate how to access professional health services in your community.

(b) [Reserved]

C. CONTENT STANDARD 3: Students will demonstrate the ability to practice health-enhancing behaviors and reduce health risks. Students will:

(1) BENCHMARK 1: K-4: Identify responsible health behaviors.

(a) PERFORMANCE STANDARD K: List responsible health behaviors (i.e. washing hands, brushing teeth, exercise, etc.).

(b) PERFORMANCE STANDARD 1-2: Recognize responsible health behaviors in self and others (i.e. personal hygiene, not drinking and driving, daily physical activity, eating fruits and vegetables, etc.); demonstrate conflict resolution skills.

(c) PERFORMANCE STANDARD 3-4: Demonstrate responsible health behaviors (i.e. proper personal hygiene, participating in daily physical activity, eating fruits and vegetables, wearing seatbelts, abstinence, etc.); role play conflict resolution skills; identify behaviors that promote healthy relationships (i.e. sharing, supporting, caring, listening, etc.).

(2) BENCHMARK 2: K-4: Identify personal health needs.

(a) PERFORMANCE STANDARD K: Identify where to go when you don't feel good (i.e. parent, teacher, school nurse, etc.); recognize the importance of hygiene (i.e. washing hands to avoid colds, etc.); identify personal safety rules (i.e. don't push others, playground safety, don't go with strangers, etc.).

(b) PERFORMANCE STANDARD 1-2: Describe where to go when you don't feel good (i.e. parent, teacher, school nurse, etc.); demonstrate the importance of hygiene (i.e. washing hands to avoid colds, etc.); recognize personal safety rules (i.e. don't push others, playground safety, don't go with strangers, etc.).

(c) PERFORMANCE STANDARD 3-4: Identify the relationship between physical activity and nutrition as related to healthy development; identify ways in which diseases are transmitted and are not transmitted (i.e. HIV, common cold,

measles, etc.).

(3) BENCHMARK 3: K-4: Compare behaviors that are safe to those that are risky or harmful.

(a) PERFORMANCE STANDARD K: List safety rules; list safe and unsafe situations.

(b) PERFORMANCE STANDARD 1-2: Identify when to report dangerous situations to an adult; identify behaviors that are safe and unsafe in the areas related to sexuality; nutrition; alcohol; tobacco, and other drug use; physical activity; personal safety; mental, social and emotional wellbeing.

(c) PERFORMANCE STANDARD 3-4: Predict consequences of safe and risky behaviors in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental, social and emotional wellbeing; understand the consequences of risky behaviors in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental, social and emotional wellbeing.

(4) BENCHMARK 4: K-4: Demonstrate strategies to improve or maintain personal health.

(a) PERFORMANCE STANDARD K: Identify ways to improve or maintain personal health in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental, social and emotional wellbeing (i.e. eat fruits and vegetables, exercise, don't smoke, etc.).

(b) PERFORMANCE STANDARD 1-2: Describe ways to improve or maintain personal health in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental, social and emotional wellbeing; identify healthy choices in the areas related to sexuality; nutrition, alcohol, tobacco, and other drug use; physical activity; personal safety; mental, social and emotional wellbeing (i.e. walk away from a fight, participate in physical activity, identify healthier foods from a list of foods, etc.).

(c) PERFORMANCE STANDARD 3-4: Demonstrate ways to improve or maintain personal health in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental, social and emotional wellbeing (i.e. eat fruits and vegetables, exercise, don't smoke, abstinence, etc.); demonstrate refusal skills in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activ-

ity; personal safety; mental, social and emotional wellbeing; demonstrate healthy choices in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental, social and emotional wellbeing (i.e. avoiding a fight, participating in physical activity, choosing healthier foods from a list of foods, abstinence, etc.).

(5) BENCHMARK 5: K-4: Develop injury prevention and management strategies for personal health.

(a) PERFORMANCE STANDARD K: Identify substances that are unsafe to touch (i.e. blood, bleach, needles, etc.); practice safety rules at home, in school and in the community.

(b) PERFORMANCE STANDARD 1-2: Demonstrate refusal skills in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental, social and emotional wellbeing; demonstrate safety rules at home, in school and in the community.

(c) PERFORMANCE STANDARD 3-4: Identify when food is safe to eat (i.e. recognize expiration dates, etc.); demonstrate refusal skills in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental, social and emotional well being; recognize and demonstrate safety rules at home, in school and in the community.

(6) BENCHMARK 6: K-4: Demonstrate ways to avoid and reduce threatening situations.

(a) PERFORMANCE STANDARD K: List situations that may be dangerous; list trusted adults to go to when faced with a dangerous situation.

(b) PERFORMANCE STANDARD 1-2: Identify trusted adults to go to when faced with a threatening situation.

(c) PERFORMANCE STANDARD 3-4: Recognize when to ask for help in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental, social and emotional wellbeing; recognize how peer pressure can lead to dangerous or risky situations; demonstrate conflict resolution skills.

(7) BENCHMARK 7: K-4: Apply skills to manage stress.

(a) PERFORMANCE STANDARD K: Practice stress management skills (i.e. daily physical activity, singing, being read to, etc.).

(b) PERFORMANCE STANDARD 1-2: Identify situations that cause stress and recognize that stress is not always negative (i.e. bullies, going to a birthday party, reading out loud, etc.); list activities that help reduce stress (i.e. physical activity, reading, etc.).

(c) PERFORMANCE STANDARD 3-4: Identify the body's reaction to stressful situations (i.e. fight or flight, increase heart rate, etc.); demonstrate stress management skills.

(8) BENCHMARK 8: 5-8: Explain the importance of assuming responsibility for personal health behaviors.

(a) PERFORMANCE STANDARD 5-6: Identify the significance of personal responsibility for health behaviors in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity, personal safety, mental, social and emotional wellbeing; describe the consequences of personal health choices and their effects; describe the relationship between health behaviors and wellbeing in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental, social and emotional wellbeing.

(b) PERFORMANCE STANDARD 7-8: Analyze the significance of personal responsibility for healthy behaviors in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental, social and emotional wellbeing; use decision making skills to determine personal health goals in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental, social and emotional wellbeing.

(9) BENCHMARK 9: 5-8: Analyze a personal health assessment to determine health strengths and risks.

(a) PERFORMANCE STANDARD 5-6: Determine relationship between health behaviors and health outcomes in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental, social and emotional wellbeing (i.e. the relationship between physical activity, nutrition and chronic disease; the relationship between sexual activity and teen pregnancy, etc.); identify health assessment data that can help determine health goals in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental, social and emotional wellbeing (i.e. physical fitness data, nutrition log, youth reported data for risk and resiliency factors, etc.).

(b) PERFORMANCE STANDARD 7-8: Compare and contrast the relationships between health behaviors and health outcomes in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental, social and emotional wellbeing (i.e. the relationship between physical activity, nutrition and chronic disease; the relationship between sexual activity and teen pregnancy, etc.); chart individual health assess-

ment data that can help determine health goals in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental, social and emotional wellbeing (i.e. physical fitness data, nutrition logs, youth reported data for risk and resiliency factors, etc.).

(10) BENCHMARK 10: 5-8: Distinguish between safe and risky or harmful behavior in relationships.

(a) PERFORMANCE STANDARD 5-6: Identify risky and/or harmful behaviors in relationships and ways to avoid them (i.e. abstinence to avoid teen pregnancy, mediation skills to avoid conflict, practice refusal skills to avoid smoking or drugs, etc.); identify negative or harmful behaviors in relationships and identify strategies to resolve the situation.

(b) PERFORMANCE STANDARD 7-8: Role play risky and/or harmful behaviors in relationships and ways to avoid them (i.e. abstinence or birth control methods to avoid teen pregnancy, mediation skills to avoid conflict, practice refusal skills to avoid smoking or drugs, etc.); recognize negative or harmful behaviors in relationships and identify strategies to resolve the situation.

(11) BENCHMARK 11: 5-8: Demonstrate strategies to improve or maintain personal and family health.

(a) PERFORMANCE STANDARD 5-6: Describe how families, peers and culture influence personal health in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental, social and emotional wellbeing; identify personal, family and cultural healthy choices in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental, social and emotional wellbeing.

(b) PERFORMANCE STANDARD 7-8: Analyze family strengths and weaknesses in relationship to healthy behaviors (i.e. eating patterns and physical activity as related to healthy behaviors; tobacco, alcohol and/or other drug use; how families deal with conflict; etc.); develop personal, family and cultural health goals and strategies for achieving the goals in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental, social and emotional wellbeing.

(12) BENCHMARK 12: 5-8: Develop injury prevention and management strategies for personal and family health.

(a) PERFORMANCE STANDARD 5-6: Identify factors that contribute to intentional and unintentional injuries (i.e. use of alcohol/other drugs, steroid use, food safety, etc.); identify strategies to prevent intentional and unintentional injuries;

describe skills related to personal safety in the areas of physical, emotional, or sexual abuse.

(b) PERFORMANCE STANDARD 7-8: Analyze factors that contribute to intentional and unintentional injuries (i.e. use of alcohol/other drugs, steroid use, food safety, etc.); describe strategies to prevent intentional and unintentional injuries; role play skills related to personal safety in the areas of physical, emotional, or sexual abuse.

(13) BENCHMARK 13: 5-8: Demonstrate ways to avoid and reduce threatening situations.

(a) PERFORMANCE STANDARD 5-6: Identify threatening situations and reduction strategies in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental, social and emotional wellbeing; demonstrate refusal skills in the context of dangerous situations (i.e. tobacco, alcohol, other drugs, inappropriate touches, etc.).

(b) PERFORMANCE STANDARD 7-8: Analyze threatening situations and reduction strategies to reduce them in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental, social and emotional wellbeing; demonstrate refusal skills in the context of dangerous situations (i.e. tobacco, alcohol, other drugs, inappropriate touches, etc.); analyze the possible outcomes of being in dangerous situations and suggest safer options (i.e. riding a bike without a helmet, riding in a car with someone who is intoxicated, etc.).

(14) BENCHMARK 14: 5-8: Demonstrate strategies to manage stress.

(a) PERFORMANCE STANDARD 5-6: Identify stressors and strategies to reduce their harmful effects; identify the immediate and long term effects of stress on the body; identify ways to manage stress.

(b) PERFORMANCE STANDARD 7-8: Analyze stressors and strategies to reduce their harmful effects; analyze the immediate and long term effects of stress on the body; demonstrate ways to manage stress.

(15) BENCHMARK 15: 9-12: Analyze the role of individual responsibility for enhancing health.

(a) PERFORMANCE STANDARD 9-12: Analyze the significance of personal responsibility and consequences for healthy behaviors in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental, social and emotional wellbeing; demonstrate decision making skills to determine personal health goals in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activ-

ity; personal safety; mental; social and emotional wellbeing.

(b) [Reserved]

(16) BENCHMARK 16: 9-12:

Evaluate a personal health assessment to determine strategies for health enhancement and risk reduction.

(a) PERFORMANCE STANDARD 9-12: Differentiate among health behaviors and health outcomes in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental; social and emotional wellbeing (i.e. the relationship between physical activity, nutrition and chronic disease; the relationship between sexual activity and teen pregnancy, etc.); chart and analyze individual health assessment data that can help determine health goals in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental; social and emotional wellbeing (i.e. physical fitness data, nutrition logs, youth reported data for risk and resiliency factors, etc.).

(b) [Reserved]

(17) BENCHMARK 17: 9-12:

Analyze the short-term and long-term consequences of safe, risky, and harmful behaviors.

(a) PERFORMANCE STANDARD 9-12: Demonstrate skills to avoid risky and/or harmful behaviors in relationships (i.e. abstinence or birth control methods to avoid teen pregnancy, mediation skills to avoid conflict, practice refusal skills to avoid smoking or drugs, etc.); recognize and analyze negative or harmful behaviors in relationships, and identify strategies to resolve the situation; identify consequences of risky and harmful behaviors on self and others in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental; social and emotional wellbeing.

(b) [Reserved]

(18) BENCHMARK 18: 9-12:

Develop management strategies to improve or maintain personal, family, peer, and community health.

(a) PERFORMANCE STANDARD 9-12: Describe personal, family, peer, community and cultural strengths in maintaining or improving healthy behaviors (i.e. eating patterns and physical activity as related to healthy behaviors, tobacco, alcohol and/or other drug use, how families deal with conflict, etc.); develop personal, family, community, and cultural health goals and management strategies for achieving the goals in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental; social and emotional wellbeing.

(b) [Reserved]

(19) BENCHMARK 19: 9-12:

Develop injury prevention strategies for personal, family, peer, and community health.

(a) PERFORMANCE STANDARD 9-12: Analyze personal, family, peer and community factors that contribute to intentional and unintentional injuries (i.e. use of alcohol/other drugs, steroid use, food safety, etc.); describe prevention strategies to avoid intentional and unintentional injuries; demonstrate refusal skills related to personal safety in the areas of physical, emotional, or sexual abuse; demonstrate effective negotiation and risk avoidance strategies for avoiding unwanted sexual activity.

(b) [Reserved]

(20) BENCHMARK 20: 9-12:

Demonstrate ways to avoid and reduce threatening situations.

(a) PERFORMANCE STANDARD 9-12: Recognize threatening situations and formulate strategies to reduce them in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental; social and emotional wellbeing; demonstrate refusal skills in the context of dangerous situations (i.e. tobacco, alcohol, other drugs, date rape, etc.); reflect on the possible outcomes of being in dangerous situations and explain different options that could have been chosen (i.e. riding a motorcycle without a helmet, driving a car while intoxicated, having unprotected sex, etc.); demonstrate effective negotiation and risk avoidance strategies for avoiding unwanted sexual activity.

(b) [Reserved]

(21) BENCHMARK 21: 9-12:

Evaluate strategies to manage stress.

(a) PERFORMANCE STANDARD 9-12: Evaluate stressors and strategies to reduce their harmful effects; explain the immediate and long term effects of stress on the body; demonstrate ways to manage stress.

(b) [Reserved]

D. CONTENT STANDARD 4: Students will analyze the influence of culture, media, technology, and other factors on health. Students will:

(1) BENCHMARK 1: K-4: Describe how cultures within the local community influence personal health behaviors.

(a) PERFORMANCE STANDARD K: List similarities and differences in cultures within the community; list how the media and culture portrays gender roles (i.e. pink=girls, blue=boys, short hair vs. long hair, different toys, etc.).

(b) PERFORMANCE STANDARD 1-2: Recognize similarities and differences in cultures within the community; recognize how the media and culture portrays gender roles (i.e. pink=girls, blue=boys, short hair vs. long hair, different

toys, etc.); identify how school and community values relate to health, safety and personal choices in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental, social and emotional wellbeing.

(c) PERFORMANCE STANDARD 3-4: Describe qualities of different cultures in the school and community and how they contribute to health, safety and personal choices in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental, social and emotional wellbeing; describe how the media and culture portrays gender roles (i.e. pink=girls, blue=boys, short hair vs. long hair, different toys, etc.).

(2) BENCHMARK 2: K-4: Explain how media influences thoughts, feelings, and health behaviors.

(a) PERFORMANCE STANDARD K: List different forms of media (i.e. TV, news paper, magazines, radio, etc.); list the purposes for media (i.e. entertain, sell products, promote services, etc.); understand that not all media messages are true; understand how media influences feeling and thoughts.

(b) PERFORMANCE STANDARD 1-2: Identify different forms of media (i.e. TV, news paper, magazines, radio, etc.); identify the purposes for media (i.e. entertain, sell products, promote services, etc.); understand that not all media messages are true; recognize how media influences feeling and thoughts.

(c) PERFORMANCE STANDARD 3-4: Describe the purposes for media (i.e. entertain, sell products, promote services, etc.); identify how to determine if media messages are true; recognize how media influences feeling, thoughts and health choices in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental, social and emotional wellbeing (i.e. abstain from sexual behavior, use drugs, be aggressive, eat healthy foods, participate in physical activity, etc.).

(3) BENCHMARK 3: K-4: Describe ways technology can influence personal health.

(a) PERFORMANCE STANDARD K: List different forms of technology (i.e. computers, video games, microwaves, cell phones, etc.); list the purposes for technology (i.e. convenience, entertainment, selling products, promoting services, etc.); understand that technology effects how we live.

(b) PERFORMANCE STANDARD 1-2: Identify different forms of technology (i.e. computers, video games, microwaves, cell phones, etc.); identify the purposes for technology (i.e. convenience, entertainment, selling products, promoting services, etc.); understand that technology

effects how we live.

(c) PERFORMANCE STANDARD 3-4: Describe different forms of technology (i.e. computers, video games, microwaves, cell phones, etc.); recognize the purposes for technology in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental, social and emotional wellbeing (i.e. medical, conveniences, communication, etc.); describe how technology effects how we live.

(4) BENCHMARK 4: K-4: Explain how information from school and family influences health.

(a) PERFORMANCE STANDARD K: List health messages families give in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental, social and emotional wellbeing (i.e. what types of snacks you eat at home, stranger danger, family activities, etc.).

(b) PERFORMANCE STANDARD 1-2: Recognize health messages families give in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental, social and emotional wellbeing (i.e. what types of snacks you eat at home, stranger danger, family activities, etc.); list different types of families (i.e. two parents, single parents, extended families, etc.).

(c) PERFORMANCE STANDARD 3-4: Describe health messages families give in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental, social and emotional wellbeing (i.e. what types of snacks you eat at home, stranger danger, family activities, etc.); describe different types of families and how this structure influences health in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental, social and emotional wellbeing. (i.e. vegetarian vs. non, working parents and time for family activities and proper nutrition, smoking parents and second hand smoke, etc.); recognize that there are multiple messages about health based on values and beliefs.

(5) BENCHMARK 5: 5-8: Describe the influence of cultural beliefs on health behaviors and the use of health services.

(a) PERFORMANCE STANDARD 5-6: Identify and discuss qualities of cultures (both positive and negative) in the school and community and how they contribute to health, safety and personal choices in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety, mental, social and emotional wellbeing; describe how the media and culture portray gender roles (i.e.

aggressive behavior for boys vs. submissive behavior for girls, media portrayal of sexual behavior for each gender, etc.); identify community and cultural factors that influence health (i.e. religion, values, habits, money, gender, ethnicity, etc.); compare cultural values and beliefs with personal values and beliefs and identify how they relate to health behaviors and choices.

(b) PERFORMANCE STANDARD 7-8: Explain how qualities within cultures (both positive and negative) in the school and community contribute to health, safety and personal choices in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety, mental, social and emotional wellbeing; examine how the media and culture portrays gender roles (i.e. aggressive behavior for boys vs. submissive behavior for girls, media portrayal of sexual behavior for each gender, etc.); describe how community and cultural factors influence health (i.e. religion, values, habits, money, gender, ethnicity, etc.); compare cultural values and beliefs with personal values and beliefs and identify how they relate to health behaviors and choices in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental; social and emotional wellbeing.

(6) BENCHMARK 6: 5-8: Analyze how messages from media and other sources influence health behaviors.

(a) PERFORMANCE STANDARD 5-6: List examples of health related advertisements (i.e. messages around sexual behavior, STIs/HIV, exercise, nutrition, violence, alcohol, etc.). identify positive and negative health messages from media and other sources in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental; social and emotional wellbeing (i.e. abstinence vs. teenage sex, smoking vs. non-smoking, using a seat belt or not, healthy vs. unhealthy eating habits, etc.); identify sources that can help to determine if media messages are true or false; apply refusal skills in choices related to media messages.

(b) PERFORMANCE STANDARD 7-8: Examine health related advertisements and their influences on health behaviors (i.e. messages around sexual behavior, STIs/HIV, exercise, nutrition, violence, alcohol, etc.); explain positive and negative health messages from media and other sources in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental; social and emotional wellbeing (i.e. abstinence vs. teenage sex, smoking vs. non-smoking, using a seat belt or not, healthy vs. unhealthy eating habits, etc.);

describe sources that can help to determine if media messages are true or false; apply refusal skills in choices related to media messages.

(7) BENCHMARK 7: 5-8: Analyze the influence of technology on personal and family health.

(a) PERFORMANCE STANDARD 5-6: Recognize the purposes for technology and its impact on personal and family health in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety, mental, social and emotional wellbeing; (i.e. internet, medical, conveniences, communication, etc.); describe advances in technology and how they positively and negatively impact personal and family health (i.e. use of computers and TVs, vs. physical activity time, effects on communication skills, access to medical care, etc.).

(b) PERFORMANCE STANDARD 7-8: Examine the purposes for technology and its impact on personal and family health in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety, mental, social and emotional wellbeing (i.e. internet, medical, conveniences, communication, etc.); interpret how advances in technology positively and/or negatively impact personal and family health (i.e. use of computers and TVs, vs. physical activity time, effects on communication skills, access to medical care, etc.).

(8) BENCHMARK 8: 5-8: Analyze how information from peers influence health.

(a) PERFORMANCE STANDARD 5-6: Recognize that there are multiple messages (positive and negative) about health from peers; describe health messages peers give in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety, mental, social and emotional wellbeing (i.e. abstinence messages, drug, alcohol, tobacco use messages, suicide ideation, etc.).

(b) PERFORMANCE STANDARD 7-8: Determine if health messages from peers are valid and discuss appropriate responses; identify how peers influence personal health choices in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental; social and emotional wellbeing; describe health messages peers give in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety, mental, social and emotional wellbeing (i.e. sexual activity messages, drug, alcohol, tobacco use messages, suicide ideation, etc.).

(9) BENCHMARK 9: 9-12: Analyze how cultural practices can enrich or challenge health behaviors.

(a) PERFORMANCE STANDARD 9-12: Explain how cultural practices (both positive and negative) in the school and community contribute to health, safety and personal choices in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety, mental, social and emotional wellbeing; analyze how the media and culture portray gender roles (i.e. aggressive behavior for boys vs. submissive behavior for girls, media portrayal of sexual behavior for each gender, etc.); analyze cultural values and beliefs with personal values and beliefs in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety, mental, social and emotional wellbeing.

(b) [Reserved]

(10) BENCHMARK 10: 9-12: Evaluate the effect of media and other factors on personal, family, peer, and community health.

(a) PERFORMANCE STANDARD 9-12: Analyze health related advertisements and their influences on health behaviors (i.e. messages around sexual behavior, STIs/HIV, condom use, exercise, nutrition, violence, alcohol, etc.); explain positive and negative health messages from media and other sources in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental, social and emotional wellbeing (i.e. condom use vs. unprotected sex, smoking vs. non-smoking, using a seat belt or not, healthy vs. unhealthy eating habits, etc.); analyze sources that can help to determine if media messages are true or false; demonstrate refusal skills in choices related to media messages.

(b) [Reserved]

(11) BENCHMARK 11: 9-12: Evaluate the impact of technology on personal, family, peer, and community health.

(a) PERFORMANCE STANDARD 9-12: Analyze the purposes for technology and its impact on personal, family, peer and community health in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety, mental, social and emotional wellbeing (i.e. internet, medical, conveniences, communication, etc.); compare and contrast how advances in technology positively and/or negatively impact personal, family, peer and community health (i.e. use of computers and TVs. vs. physical activity time, effects on communication skills, access to medical care, etc.).

(b) [Reserved]

E. CONTENT STANDARD 5: Students will demonstrate the ability to use interpersonal communication skills to enhance health. Students will:

(1) BENCHMARK 1: K-4: Distinguish between verbal and non-verbal

communication.

(a) PERFORMANCE STANDARD K: Describe the differences between verbal and non-verbal communication; understand that people communicate in different ways; recognize different feelings and the verbal and non-verbal forms of communication associated with them.

(b) PERFORMANCE STANDARD 1-2: Identify the differences between verbal and non-verbal communication; describe how people communicate in different ways; recognize different feelings and the verbal and non-verbal forms of communication associated with them.

(c) PERFORMANCE STANDARD 3-4: Demonstrate the differences between verbal and non-verbal communication; demonstrate how people communicate in different ways; recognize and describe different feelings and the verbal and non-verbal forms of communication associated with them.

(2) BENCHMARK 2: K-4: Describe characteristics needed to be a responsible friend and family member.

(a) PERFORMANCE STANDARD K: List characteristics of behaviors that are healthy; identify actions to help friends make healthy decisions.

(b) PERFORMANCE STANDARD 1-2: List ways a person can show responsibility for their own health behaviors.

(c) PERFORMANCE STANDARD 3-4: Explain the importance of assuming personal responsibility for health behaviors.

(3) BENCHMARK 3: K-4: Demonstrate positive ways to express needs, wants, and feelings.

(a) PERFORMANCE STANDARD K: Identify feelings associated with different situations (i.e. conflict – frustration/satisfaction; birthday – happy/excited, etc.); identify how to express feelings in a positive way.

(b) PERFORMANCE STANDARD 1-2: Explain feelings associated with different situations (i.e. conflict – frustration/satisfaction; birthday – happy/excited, etc.); explain how to express feelings in a positive way.

(c) PERFORMANCE STANDARD 3-4: Demonstrate feelings associated with different situations (i.e. conflict – frustration/satisfaction; birthday – happy/excited, etc.); demonstrate how to express feelings in a positive way; demonstrate how to respond appropriately to other people's needs, wants and feelings.

(4) BENCHMARK 4: K-4: Demonstrate ways to communicate care, consideration, and respect of self and others.

(a) PERFORMANCE STANDARD K: Demonstrate the ability to use "I"

statements.

(b) PERFORMANCE STANDARD 1-2: Demonstrate the ability to appropriately use "I" statements in communication.

(c) PERFORMANCE STANDARD 3-4: Identify respectful and caring acts of self and others; demonstrate the ability to appropriately use "I" statements in communication.

(5) BENCHMARK 5: K-4: Demonstrate attentive listening skills to build and maintain health-enhancing relationships.

(a) PERFORMANCE STANDARD K: Understand the importance of letting people speak without interruption; understand when it is appropriate to interrupt for health needs; recognize when someone is telling you to do something that is wrong.

(b) PERFORMANCE STANDARD 1-2: Demonstrate listening skills as a tool to enhance relationships; describe when it is appropriate to interrupt for health needs; recognize when someone is telling you to do something that is wrong.

(c) PERFORMANCE STANDARD 3-4: Describe and demonstrate listening skills as a tool to enhance relationships; demonstrate when it is appropriate to interrupt for health needs; recognize when someone is telling you to do something that is wrong.

(6) BENCHMARK 6: K-4: Demonstrate refusal skills and why they are important to enhance health.

(a) PERFORMANCE STANDARD K: Identify refusal skills in the areas related to sexuality (i.e. good touch/bad touch, etc.); nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental, social and emotional wellbeing.

(b) PERFORMANCE STANDARD 1-2: Explain refusal skills in the areas related to sexuality (i.e. good touch/bad touch, etc.); nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental, social and emotional wellbeing.

(c) PERFORMANCE STANDARD 3-4: Demonstrate refusal skills in the areas related to sexuality (i.e. good touch/bad touch, etc.); nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental, social and emotional wellbeing.

(7) BENCHMARK 7: K-4: Differentiate between negative and positive behaviors used in conflict situations.

(a) PERFORMANCE STANDARD K: List the differences between negative and positive behaviors; list situations that cause conflict.

(b) PERFORMANCE STANDARD 1-2: Identify common conflict situa-

tions that occur among friends, family members and others; describe possible causes of conflict; explain the differences between negative and positive behaviors used in conflict situations.

(c) PERFORMANCE STANDARD 3-4: Demonstrate conflict mediation and conflict resolution skills.

(8) BENCHMARK 8: K-4: Demonstrate non-violent strategies to resolve conflicts.

(a) PERFORMANCE STANDARD K: List non-violent strategies to resolve conflict; list situations that cause conflict.

(b) PERFORMANCE STANDARD 1-2: Identify common conflict situations that occur among friends, family members and others; explain non-violent strategies to resolve conflict.

(c) PERFORMANCE STANDARD 3-4: Demonstrate conflict mediation and conflict resolution skills.

(9) BENCHMARK 9: 5-8: Demonstrate effective verbal and non-verbal communication skills to maintain health-enhancing relationships.

(a) PERFORMANCE STANDARD 5-6: Recognize and describe different feelings and the verbal and non-verbal forms of communication associated with them; role play effective verbal and non-verbal communication skills in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental; social and emotional wellbeing.

(b) PERFORMANCE STANDARD 7-8: Recognize differences in people (i.e. cultural, gender, religion, etc.) and their influences on verbal and non-verbal communication; role play and analyze effective verbal and non-verbal communication skills in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental; social and emotional wellbeing.

(10) BENCHMARK 10: 5-8: Describe how the behavior of family and peers affects interpersonal communication.

(a) PERFORMANCE STANDARD 5-6: Recognize cultural diversity and its influence on verbal and non-verbal communication; identify factors in the community (i.e. faith, values, habits, budgets, etc.) that influence behaviors of families and peers that affect interpersonal communication; describe how values are formed.

(b) PERFORMANCE STANDARD 7-8: Describe how cultural diversity influences verbal and non-verbal communication; describe factors in the community (i.e. faith, values, habits, budgets, etc.) that influence behaviors of families and peers affect interpersonal communication; analyze how values are formed.

(11) BENCHMARK 11: 5-8: Demonstrate positive ways to express needs, wants, and feelings.

(a) PERFORMANCE STANDARD 5-6: Recognize feelings associated with different situations (i.e. conflict – frustration / satisfaction; birthday – happy / excited, etc.); describe and demonstrate how to express feelings in a positive way; describe and demonstrate how to respond appropriately to other people’s needs, wants and feelings.

(b) PERFORMANCE STANDARD 7-8: Recognize feelings associated with different situations (i.e. conflict – frustration / satisfaction; birthday – happy / excited, etc.); analyze and demonstrate how to express feelings in a positive way; analyze and demonstrate how to respond appropriately to other people’s needs, wants and feelings.

(12) BENCHMARK 12: 5-8: Demonstrate ways to communicate care, consideration, and respect of self and others.

(a) PERFORMANCE STANDARD 5-6: Identify and demonstrate, both verbal and non-verbal ways to show care, consideration and respect for self and others in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental, social and emotional wellbeing.

(b) PERFORMANCE STANDARD 7-8: Analyze and demonstrate, both verbal and non-verbal ways to show care, consideration and respect for self and others in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental, social and emotional wellbeing.

(13) BENCHMARK 13: 5-8: Demonstrate communication skills to build and maintain relationships.

(a) PERFORMANCE STANDARD 5-6: Describe and demonstrate communication skills as a tool to enhance relationships; describe how someone may ask to participate in a healthy behavior in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental; social and emotional wellbeing; demonstrate ways how to refuse to participate in an unhealthy behavior in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental; social and emotional wellbeing while maintain positive relationships.

(b) PERFORMANCE STANDARD 7-8: Analyze and demonstrate communication skills as a tool to enhance relationships; analyze why someone may ask to participate in a healthy behavior in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activ-

ity; personal safety; mental; social and emotional wellbeing; demonstrate ways how to refuse to participate in an unhealthy behavior in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental; social and emotional wellbeing while maintain positive relationships.

(14) BENCHMARK 14: 5-8: Demonstrate refusal and negotiation skills to enhance health.

(a) PERFORMANCE STANDARD 5-6: Demonstrate refusal and negotiation skills in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental, social and emotional wellbeing; discuss aggressive, passive and assertive ways to respond to conflict; demonstrate means to use a variety of conflict resolution skills in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental; social and emotional wellbeing.

(b) PERFORMANCE STANDARD 7-8: Analyze risky situations in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental; social and emotional wellbeing and identify appropriate responses; give examples of and demonstrate refusal and negotiation skills in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental, social and emotional wellbeing; analyze aggressive, passive and assertive ways to respond to conflict; explain and demonstrate means to use a variety of conflict resolution skills in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental; social and emotional wellbeing.

(15) BENCHMARK 15: 5-8: Analyze the possible causes of conflict among youth in schools and communities.

(a) PERFORMANCE STANDARD 5-6: Discuss possible causes of conflict among youth in schools and communities in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental; social and emotional wellbeing.

(b) PERFORMANCE STANDARD 7-8: Discuss and analyze possible causes of conflict among youth in schools and communities in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental; social and emotional wellbeing; describe possible solutions to resolving conflict among youth in schools and communities in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental; social and emotional wellbeing.

(16) BENCHMARK 16: 5-8: Demonstrate strategies to manage conflict in positive ways.

(a) PERFORMANCE STANDARD 5-6: Demonstrate conflict resolution skills in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental; social and emotional wellbeing.

(b) PERFORMANCE STANDARD 7-8: Demonstrate conflict resolution skills in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental; social and emotional wellbeing.

(17) BENCHMARK 17: 9-12: Demonstrate skills for communicating effectively with family, peers, and others.

(a) PERFORMANCE STANDARD 9-12: Role play and analyze effective verbal and non-verbal communication skills with family, peers and others in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental, social and emotional wellbeing; compare and contrast effective and ineffective verbal and non-verbal communication skills with family, peers and others in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental, social and emotional wellbeing.

(b) [Reserved]

(18) BENCHMARK 18: 9-12: Analyze how interpersonal communication affects relationships.

(a) PERFORMANCE STANDARD 9-12: Analyze how cultural diversity influences verbal and non-verbal communication; role play and analyze interpersonal communication skills that affect relationships in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental, social and emotional wellbeing.

(b) [Reserved]

(19) BENCHMARK 19: 9-12: Demonstrate positive ways to express needs, wants, and feelings.

(a) PERFORMANCE STANDARD 9-12: Analyze feelings associated with different situations (i.e. conflict – frustration / satisfaction; birthday – happy / excited, etc.); role play and analyze how to express feelings in a positive way; role play and analyze how to respond appropriately to other people's needs, wants and feelings.

(b) [Reserved]

(20) BENCHMARK 20: 9-12: Demonstrate ways to communicate care, consideration, and respect of self and others.

(a) PERFORMANCE STANDARD 9-12: Role play and analyze both verbal and non-verbal ways to show care, consideration and respect for self and others in the areas related to sexuality; nutrition;

alcohol, tobacco, and other drug use; physical activity; personal safety; mental, social and emotional wellbeing.

(b) [Reserved]

(21) BENCHMARK 21: 9-12: Demonstrate strategies for solving interpersonal conflicts without harming self or others.

(a) PERFORMANCE STANDARD 9-12: Demonstrate skills used in conflict resolution in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental, social and emotional wellbeing; describe and analyze aggressive, passive and assertive ways to respond to conflict; explain and demonstrate means to use a variety of conflict resolution skills in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental, social and emotional wellbeing.

(b) [Reserved]

(22) BENCHMARK 22: 9-12: Demonstrate refusal, negotiation, and collaboration skills to avoid potentially harmful situations.

(a) PERFORMANCE STANDARD 9-12: Describe and analyze risky situations in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental; social and emotional wellbeing and identify appropriate responses; role play and analyze refusal and negotiation skills in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental, social and emotional wellbeing; demonstrate effective negotiations and risk avoidance strategies (i.e. avoiding unwanted pregnancy, alcohol tobacco and other drug use, bullying behavior, poor nutritional choices, physical inactivity, etc.).

(b) [Reserved]

(23) BENCHMARK 23: 9-12: Analyze the possible causes of conflict in schools, families, and communities.

(a) PERFORMANCE STANDARD 9-12: Discuss and analyze possible causes of conflict among youth in schools and communities in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental; social and emotional wellbeing; design possible solutions to resolving conflict among youth in schools and communities in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental; social and emotional wellbeing.

(b) [Reserved]

(24) BENCHMARK 24: 9-12: Demonstrate strategies to prevent conflict.

(a) PERFORMANCE STANDARD 9-12: Demonstrate and analyze conflict resolution skills in the areas related to

sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental; social and emotional wellbeing.

(b) [Reserved]

F. CONTENT STANDARD 6: Students will demonstrate the ability to use goal-setting and decision-making skills to enhance health. Students will:

(1) BENCHMARK 1: K-4: Demonstrate the ability to apply a decision-making process to health issues and problems.

(a) PERFORMANCE STANDARD K: List steps in the decision making process.

(b) PERFORMANCE STANDARD 1-2: Identify actions to make healthy decisions in the areas related to sexuality (i.e. good touch/bad touch, etc.); nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety, mental, social and emotional wellbeing.

(c) PERFORMANCE STANDARD 3-4: Demonstrate actions to make healthy decisions in the areas related to sexuality (i.e. good touch/bad touch, etc.); nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety, mental, social and emotional wellbeing.

(2) BENCHMARK 2: K-4: Explain when to ask for assistance in making health-related decisions and setting health goals.

(a) PERFORMANCE STANDARD K: List examples of when it is appropriate to ask for help in making health-related decisions (i.e. when you are lost, when being bullied, etc.).

(b) PERFORMANCE STANDARD 1-2: Identify when it is appropriate to ask for help in making health-related decisions (i.e. when you are lost, when being bullied, etc.).

(c) PERFORMANCE STANDARD 3-4: Explain when it is appropriate to ask for help in making health-related decisions (i.e. when you are lost, when being bullied, etc.); set health-related goals (i.e. wear seat belts, be active every day, wash hands, etc.).

(3) BENCHMARK 3: K-4: Predict outcomes of positive health decisions.

(a) PERFORMANCE STANDARD K: List consequences of actions (i.e. wear seat belt will help avoid injuries if in a car accident, etc.).

(b) PERFORMANCE STANDARD 1-2: Describe how decision effect health in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety, mental, social and emotional wellbeing. (i.e. eating right and exercising leads to healthy development, etc.).

(c) PERFORMANCE STANDARD 3-4: Describe how decisions effect health in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety, mental, social and emotional wellbeing. (i.e. saying no to sex prevents pregnancy and sexually transmitted infections, saying no to drugs positively effects your thinking, etc.).

(4) BENCHMARK 4: K-4: Set a personal health goal and track progress toward achievement.

(a) PERFORMANCE STANDARD K: List what personal health goals are appropriate for your age (i.e. wash hands, wear seat belts, etc.).

(b) PERFORMANCE STANDARD 1-2: Identify a personal health goal in one of areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety, mental, social and emotional wellbeing.

(c) PERFORMANCE STANDARD 3-4: Identify and track progress of a personal health goal in one of areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety, mental, social and emotional wellbeing.

(5) BENCHMARK 5: 5-8: Demonstrate the ability to apply a decision-making process to health issues and problems individually and collaboratively.

(a) PERFORMANCE STANDARD 5-6: Demonstrate actions both individually and collaboratively to make healthy decisions in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety, mental, social and emotional wellbeing.

(b) PERFORMANCE STANDARD 7-8: Describe and demonstrate actions both individually and collaboratively to make healthy decisions in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety, mental, social and emotional wellbeing; analyze the difference between making an individual decision or in consultation with others.

(6) BENCHMARK 6: 5-8: Analyze how health-related decisions are influenced by individuals, family, peers, and community values.

(a) PERFORMANCE STANDARD 5-6: Describe the relationship between personal, family, peer and community values in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental; social and emotional wellbeing; describe the influences of culture, family, peers and communities on decisions in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental; social and emo-

tional wellbeing.

(b) PERFORMANCE STANDARD 7-8: Describe and analyze the relationship between personal, family, peer and community values in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental; social and emotional wellbeing; describe and analyze the influences of culture, family, peers and communities on decisions in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental; social and emotional wellbeing.

(7) BENCHMARK 7: 5-8: Predict how decisions regarding health behaviors have consequences for self and others.

(a) PERFORMANCE STANDARD 5-6: Draw conclusions as to why specific decisions result in various consequences in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental; social and emotional wellbeing (i.e. the decision to remain abstinent from sexual activity will lead to not having an unwanted pregnancy or sexually transmitted infection, the decision not to smoke a cigarette will help prevent lung cancer, etc.); summarize how personal decisions in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental; social and emotional wellbeing contribute to the well being of self, family, peers, and communities (i.e. the decision to do physical activity as a family will lead to better physical and social health, etc.).

(b) PERFORMANCE STANDARD 7-8: Analyze why specific decisions result in various consequences in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental; social and emotional wellbeing (i.e. the decision to use a condom if sexually active will help prevent an unwanted pregnancy or sexually transmitted infection, the decision not to drink at the party will help prevent making other risk taking decisions while intoxicated, etc.); analyze how impulsive actions related to consequences in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental; social and emotional wellbeing (i.e. having sex without protection can lead to unwanted pregnancy and/or sexually transmitted infections, taking drugs can lead to addictive behavior, etc.); analyze how personal decisions in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental; social and emotional wellbeing contribute to the well being of self, family, peers, and communities.

(8) BENCHMARK 8: 5-8: Apply strategies and skills needed to attain personal health goals.

(a) PERFORMANCE STANDARD 5-6: Explain the relationship between health behaviors and personal outcomes in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental; social and emotional wellbeing; set and apply strategies to attain a realistic personal health goal in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental; social and emotional wellbeing.

(b) PERFORMANCE STANDARD 7-8: Analyze the relationship between health behaviors and personal outcomes in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental; social and emotional wellbeing; set and apply strategies to attain a realistic personal health goal in at least one of the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental; social and emotional wellbeing.

(9) BENCHMARK 9: 5-8: Describe how personal health goals are influenced by changing information, abilities, priorities, and responsibilities.

(a) PERFORMANCE STANDARD 5-6: Evaluate how health goals in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental; social and emotional wellbeing change as individuals grow older (i.e. as a child, teenager, adult, etc.); evaluate how health goals in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental; social and emotional wellbeing may change as information, abilities, priorities and responsibilities change.

(b) PERFORMANCE STANDARD 7-8: Analyze how health goals in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental; social and emotional wellbeing change as individuals grow older (i.e. as a child, teenager, adult, etc.); analyze how health goals in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental; social and emotional wellbeing may change as information, abilities, priorities and responsibilities change.

(10) BENCHMARK 10: 5-8: Develop a plan that addresses personal strengths, needs, and health risks.

(a) PERFORMANCE STANDARD 5-6: Identify personal strengths, needs and health risks; develop a personal wellness plan that addresses a personal

health need and/or goal.

(b) PERFORMANCE STANDARD 7-8: Identify personal strengths, needs and health risks; develop and implement a personal wellness plan that addresses a personal health need and/or goal.

(11) BENCHMARK 11: 9-12: Demonstrate the ability to utilize various strategies when making decisions related to health needs and risks of young adults.

(a) PERFORMANCE STANDARD 9-12: Analyze and demonstrate strategies used to make healthy decisions in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety, mental, social and emotional wellbeing.

(b) [Reserved]

(12) BENCHMARK 12: 9-12: Analyze health concerns that require collaborative decision-making.

(a) PERFORMANCE STANDARD 9-12: Describe health issues that require decision making in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental, social and emotional wellbeing; role play and analyze the difference between making an individual decision or in collaboration with others in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental, social and emotional wellbeing.

(b) [Reserved]

(13) BENCHMARK 13: 9-12: Predict the immediate and long-term impact of health decisions on the individual, family, peers, and community.

(a) PERFORMANCE STANDARD 9-12: Predict how specific decisions result in various consequences in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental; social and emotional wellbeing (i.e. the decision to use a condom if sexually active will help prevent an unwanted pregnancy or sexually transmitted infection, the decision not to drink at the party will help prevent making other risk taking decisions while intoxicated, etc.); predict and analyze how impulsive actions relate to consequences in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental; social and emotional wellbeing (i.e. having sex without protection can lead to unwanted pregnancy and/or sexually transmitted infections; taking drugs can lead to addictive behavior, etc.); predict and analyze how personal decisions in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental; social and emotional wellbeing contribute to the well being of self, family, peers, and communities.

(b) [Reserved]

(14) BENCHMARK 14: 9-12: Implement a plan for attaining a personal health goal.

(a) PERFORMANCE STANDARD 9-12: Analyze the relationship between health behaviors and personal outcomes in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental; social and emotional wellbeing; create strategies and implement a plan to attain a realistic personal health goal in at least one of the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental; social and emotional wellbeing.

(b) [Reserved]

(15) BENCHMARK 15: 9-12: Evaluate progress toward achieving personal health goals.

(a) PERFORMANCE STANDARD 9-12: Create strategies and implement an evaluation plan in attaining a realistic personal health goal in at least one of the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental; social and emotional wellbeing.

(b) [Reserved]

(16) BENCHMARK 16: 9-12: Formulate an effective plan for lifelong health.

(a) PERFORMANCE STANDARD 9-12: Develop and implement a personal wellness plan that includes both short and long term goals and describe how that plan can be effective for lifelong health and wellness.

(b) [Reserved]

G. CONTENT STANDARD 7: Students will demonstrate the ability to advocate for personal, family, peer, and community health. Students will:

(1) BENCHMARK 1: K-4: Describe a variety of methods to convey accurate health information and ideas.

(a) PERFORMANCE STANDARD K: List ways to convey accurate health information and ideas (i.e. story telling, talking to a health professional, etc.).

(b) PERFORMANCE STANDARD 1-2: Recognize methods to convey accurate health information and ideas.

(c) PERFORMANCE STANDARD 3-4: Describe how to communicate with others about making healthy choices.

(2) BENCHMARK 2: K-4: Express information and opinions about health issues.

(a) PERFORMANCE STANDARD K: Be able to express feelings to others (i.e. when they are sick, fell unsafe, etc.).

(b) PERFORMANCE STANDARD 1-2: Discuss when it is appropriate

to express opinions about health issues.

(c) PERFORMANCE STANDARD 3-4: Describe information and opinions about health issues in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety, mental, social and emotional wellbeing.

(3) BENCHMARK 3: K-4: Identify community agencies/resources that advocate for healthy individuals, families, peers, and communities.

(a) PERFORMANCE STANDARD K: Identify appropriate adults to go to for health issues (i.e. who is a safe adult to go to when you are being bullied, etc.).

(b) PERFORMANCE STANDARD 1-2: List places and people in the school and community you can go to for health information (i.e. school nurse, doctor's office, etc.).

(c) PERFORMANCE STANDARD 3-4: List places, resources, and people in the school and community you can go to for health information (i.e. school nurse, doctor's office, books, etc.).

(4) BENCHMARK 4: K-4: Demonstrate the ability to influence and support others in making health-enhancing choices.

(a) PERFORMANCE STANDARD K: Lists positive health choices.

(b) PERFORMANCE STANDARD 1-2: List ways to help others make healthy choices.

(c) PERFORMANCE STANDARD 3-4: Describe how to help others make healthy choices.

(5) BENCHMARK 5: 5-8: Analyze various communication methods to accurately express health information and ideas.

(a) PERFORMANCE STANDARD 5-6: Examine different ways to communicate health issues in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental; social and emotional wellbeing.

(b) PERFORMANCE STANDARD 7-8: Analyze different ways to communicate health issues in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental; social and emotional wellbeing.

(6) BENCHMARK 6: 5-8: Express information and opinions about health issues.

(a) PERFORMANCE STANDARD 5-6: Recognize information and opinions about health issues in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety, mental, social and emotional wellbeing.

(b) PERFORMANCE STAN-

DARD 7-8: Define and analyze information and opinions about health issues in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety, mental, social and emotional wellbeing.

(7) BENCHMARK 7: 5-8: Identify barriers to effective communication of information, ideas, feelings, and opinions about health issues.

(a) PERFORMANCE STANDARD 5-6: Describe barriers to effective communication about health issues in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental; social and emotional wellbeing and demonstrate ways to overcome those barriers.

(b) PERFORMANCE STANDARD 7-8: Analyze barriers to effective communication about health issues in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental; social and emotional wellbeing and describe ways to overcome those barriers.

(8) BENCHMARK 8: 5-8: Demonstrate the ability to influence and support others in making health-enhancing choices.

(a) PERFORMANCE STANDARD 5-6: Role play how to help others make healthy choices in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental; social and emotional wellbeing.

(b) PERFORMANCE STANDARD 7-8: Role play and analyze how to help others make healthy choices in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental; social and emotional wellbeing.

(9) BENCHMARK 9: 5-8: Demonstrate the ability to work cooperatively when advocating for healthy individuals, families, and schools.

(a) PERFORMANCE STANDARD 5-6: Role play how to work cooperatively when advocating for healthy individuals, families and schools in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental; social and emotional wellbeing.

(b) PERFORMANCE STANDARD 7-8: Role play and analyze how to work cooperatively when advocating for healthy individuals, families and schools in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental; social and emotional wellbeing.

(10) BENCHMARK 10: 9-12: Evaluate the effectiveness of communica-

tion methods for accurately expressing health information and ideas.

(a) PERFORMANCE STANDARD 9-12: Role play and evaluate different ways to communicate health issues in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental; social and emotional wellbeing.

(b) [Reserved]

(11) BENCHMARK 11: 9-12: Express information and opinions about health issues.

(a) PERFORMANCE STANDARD 9-12: Define and analyze information and opinions about health issues in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental, social and emotional wellbeing.

(b) [Reserved]

(12) BENCHMARK 12: 9-12: Utilize strategies to overcome barriers when communicating information, ideas, feelings, and opinions about health issues.

(a) PERFORMANCE STANDARD 9-12: Analyze barriers to effective communication about health issues in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental; social and emotional wellbeing and illustrate ways to overcome those barriers.

(b) [Reserved]

(13) BENCHMARK 13: 9-12: Demonstrate the ability to influence and support others in making health-enhancing choices.

(a) PERFORMANCE STANDARD 9-12: Role play and analyze how to help others make healthy choices in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental; social and emotional wellbeing.

(b) [Reserved]

(14) BENCHMARK 14: 9-12: Demonstrate the ability to work cooperatively when advocating for healthy communities.

(a) PERFORMANCE STANDARD 9-12: Role play and analyze how to work cooperatively when advocating for healthy individuals, families and schools in the areas related to sexuality; nutrition; alcohol, tobacco, and other drug use; physical activity; personal safety; mental; social and emotional wellbeing.

(b) [Reserved]

(15) BENCHMARK 15: 9-12: Demonstrate the ability to adapt health messages and communication techniques to the characteristics of a particular audience.

(a) PERFORMANCE STANDARD 9-12: Identify how healthy messages and communication techniques can

target different audiences; create positive health messages in the areas related to sexuality; nutrition; alcohol; tobacco, and other drug use; physical activity; personal safety; mental, social and emotional wellbeing.

(b) [Reserved]

H. Each school district shall implement a policy that will insure that parents have the ability to request that their child be exempted from the parts of the health education curriculum that addresses the sexuality performance standards.

(1) The policy shall include but is not limited to:

(a) the process for parents to request an exemption from the parts of the health education curriculum that addresses the sexuality performance standards and

(b) how alternative lessons are established for the exempted parts of the curriculum.

(2) Each local board of education shall insure the involvement of parents, staff, and students in the development of the policy.

[10-31-97; 6.30.2.19 NMAC - Rn, 6 NMAC 3.2.19, 11-14-00; A, 02-14-06]

6.30.2.20 CONTENT STANDARDS — PHYSICAL EDUCATION

A. CONTENT STANDARD 1: Demonstrates competency in many movement forms and proficiency in a few movement forms. Students will:

(1) BENCHMARK 1: K-4: Demonstrate competency in selected motor skills.

(a) PERFORMANCE STANDARD K-2: Travel in a variety of locomotor patterns (i.e. hop, skip, jump, gallop, slide, etc.); using mature form; demonstrate skills of chasing, fleeing, and dodging to avoid others; demonstrate smooth transitions between sequential motor skills (i.e. running into a jump).

(b) PERFORMANCE STANDARD 3-4: Demonstrate mature form in all locomotor patterns; while traveling, avoid or catch an object or individual; develop patterns and combinations of movements into repeatable sequences.

(2) BENCHMARK 2: K-4: Demonstrate competency in selected non-motor patterns.

(a) PERFORMANCE STANDARD K-2: Roll sideways and forwards without hesitating or stopping using control; balance demonstrating momentary stillness in symmetrical and asymmetrical shapes on a variety of body parts; form round, narrow, wide, and twisted, body shapes alone and with a partner.

(b) PERFORMANCE STANDARD 3-4: Transfer weight from feet to hands using controlled movement; balance with control on a variety of objects; develop

and refine a gymnastics sequence demonstrating smooth transitions.

(3) BENCHMARK 3: K-4: Demonstrate competency in selected skills utilizing age appropriate equipment.

(a) PERFORMANCE STANDARD K-2: Repeatedly jump a self-turned rope and a rope turned by others; continuously dribble a ball, using hands or feet, without losing control; receive and send an object in a continuous motion (i.e. throwing/catching, kicking/trapping, striking, volleying, etc.).

(b) PERFORMANCE STANDARD 3-4: Travel into and out of a rope turned by others; hand dribble and foot dribble a ball and maintain control while traveling within a group; throw, catch, and kick using mature motor patterns; strike a softly thrown lightweight ball using a bat, paddle or a variety of body parts.

(4) BENCHMARK 4: 5-8: Demonstrate proficiency in combining basic skills for participating in a variety of physical fitness activities: aquatics, dance, outdoor pursuits, individual activities/sports, team activities/sports.

(a) PERFORMANCE STANDARD 5-6: Using basic team sport skills, students will reproduce sequences of combined skills in practice situations and modified games (i.e. basketball: pivot and shoot; receive a pass and dribble; soccer: receive and control; dribble and shoot; baseball/softball: run and slide; catch and throw, etc.); using basic individual activity skills, students will reproduce sequences of combined skills in practice situations and modified activities (i.e. table tennis: stance, grip, serve, return-forehand/backhand; aerobic: in rhythm high step, squat step, boxes, grapevine, low march; roller blades: stand up, "V" push, turn, stop, etc.).

(b) PERFORMANCE STANDARD 7-8: Using basic team sport skills, students will display a combination of skills in response to a variety of game situation (i.e. basketball: receive, pivot, dribble, shoot; soccer: receive, control, dribble, pass/shoot; baseball/softball: batting, base running, sliding, etc.); using basic individual activity skills, students will display a combination of skills in response to a variety of activity situation (i.e. tennis: serve, center court, forehand; golf: drive, chip, pitch, putt determined by lay of the ball; wall climbing: "on belay", 3-point contact, climb with legs, stabilize with arms, etc.).

(5) BENCHMARK 5: 5-8: Demonstrate proficiency using basic offensive and defensive strategies while playing a modified version of a learned team and individual sport.

(a) PERFORMANCE STANDARD 5-6: For team sports, in a practice situation, defensive players will show and maintain proper position and techniques

while offensive players use practiced plays and deception to attempt to move to open space; for dual sports, during practice and game situations, students will reproduce sequences of basic techniques and skills consisting of: foot work, court position, offensive and defensive strokes, placement of projectile and court position in relation to partner.

(b) PERFORMANCE STANDARD 7-8: For team sports, in a game situation, defensive players will show and maintain proper position and techniques while offensive players use practiced plays and deception to move to open space; for dual sports, during game situations, students will reproduce sequences of basic techniques and skills consisting of: foot work, court position, offensive and defensive strokes, placement of projectile and court position in relation to partner.

(6) BENCHMARK 6: 9-12: Demonstrate proficiency in at least one activity from three of the six following categories of activities: aquatics, dance, outdoor pursuits, individual activities/sports and team activities/sports.

(a) PERFORMANCE STANDARD 9-12: Identify the critical elements contained in the preparatory, action and follow through phases of movement; analyze the critical elements contained in the preparatory, action and follow through phases of movement; evaluate skill based on self, peer and teacher feedback while utilizing sound principles of biomechanics; modify and transition future skill performances based on self, peer and teacher feedback while utilizing sound principles of biomechanics to guide skill improvement.

(b) [Reserved]

B. CONTENT STANDARD 2: Applies movement concepts and principles to the learning and development of motor skills. Students will:

(1) BENCHMARK 1: K-4: Demonstrate concepts of body, effort, space, and relationships in movement.

(a) PERFORMANCE STANDARD K-2: Travel, changing speed, direction, and pathway, quickly and safely without falling; travel while demonstrating a variety of relationships with objects (i.e. over, under, behind, alongside, through, etc.); place a variety of body parts into high, medium and low levels.

(b) PERFORMANCE STANDARD 3-4: Design and perform movement sequences that combine traveling, balancing and weight transfer into smooth sequences with intentional changes in direction (i.e. gymnastics, dance, etc.); consistently receive and send an object in an intended direction and height.

(2) BENCHMARK 2: K-4: Demonstrate motor skills, motor behaviors, and motor learning concepts in increasingly

complex movement situations.

(a) PERFORMANCE STANDARD K-2: Use concepts of space awareness and relationships to others to run, hop, and skip in different pathways and directions in a large group without bumping into others or falling; recognize similar movement concepts in a variety of skills.

(b) PERFORMANCE STANDARD 3-4: Adapt motor skills to the demands of a dynamic and unpredictable environment; identify ways movement concepts can be used to refine movement skills; explain how appropriate practice improves performance.

(3) BENCHMARK 3: K-4: Demonstrate critical elements of fundamental and specialized movement skills.

(a) PERFORMANCE STANDARD K-4: Repeat cue words for selected motor skills and demonstrate/explain what is meant by each; refine movement errors in response to positive information and corrective information feedback; demonstrate the application of critical cues in selected motor skills; accurately recognize critical elements of selected skills made by a fellow student and provide positive information and corrective information feedback to that student.

(b) [Reserved]

(4) BENCHMARK 4: 5-8: Demonstrate competency in the use of the concepts of body, effort, space and relationships in movement.

(a) PERFORMANCE STANDARD 5-6: Describe how changing effort affects the outcome of a sport skill (i.e. tennis: smash versus lob; basketball: lay up versus three point shot; track: long distant run versus sprint, etc.).

(b) PERFORMANCE STANDARD 7-8: Describe how spatial relationships with other players affect outcomes during playing situations (i.e. badminton: up and back or side by side position; basketball: one on one or zone; soccer: outcomes of passing and receiving, etc.).

(5) BENCHMARK 5: 5-8: Demonstrate competency in the use of motor skills, motor behaviors and motor learning concepts in increasingly complex movement situations.

(a) PERFORMANCE STANDARD 5-6: Use increasingly complex skills and movements to achieve the desired level of motor skill and performances (i.e. progress from dribbling without opposition to dribbling with opposition to dribbling in a game situation, etc.).

(b) PERFORMANCE STANDARD 7-8: Detect and correct errors in personal performance, based on knowledge of results, while participating in selected activities; analyze a task to identify movement skills, how they are sequenced, and how they are applied to produce a desired out-

come.

(6) BENCHMARK 6: 5-8: Demonstrate competency in the use of critical elements of fundamental and specialized movement skills.

(a) PERFORMANCE STANDARD 5-8: Apply knowledge of results to correct and improve future performance; demonstrate ability to analyze a movement pattern by using knowledge of its critical elements (i.e. self-analysis and peer observation, etc.).

(b) [Reserved]

(7) BENCHMARK 7: 9-12: Apply scientific principles to learn and improve skills.

(a) PERFORMANCE STANDARD 9-12: Explain and demonstrate motor learning cues to help regulate their physical performance; explain the principles of exercise science and demonstrate the understanding of physiological changes that occur to the body due to the efficiency of movement, training and the aging process; apply biomechanical concepts while identifying basic biomechanical principles of movement (i.e. leverage, torque, transfer of energy and angular velocity, mass and momentum, net joint torque, etc.); identify and utilize biomechanical, motor development, exercise physiology, and motor learning concepts to learn and improve skills.

(b) [Reserved]

C. CONTENT STANDARD 3: Exhibits knowledge and ability to participate in a physically active lifestyle. Students will:

(1) BENCHMARK 1: K-4: Select and participate regularly in health-related physical activities for enjoyment.

(a) PERFORMANCE STANDARD K-2: Engage in moderate to vigorous physical activity most days of the week; participate regularly in a variety of non-structured and minimally organized-physical activities outside of physical education class (i.e. ball play, tag, hide and seek, skipping, etc.).

(b) PERFORMANCE STANDARD 3-4: Participate in moderate to vigorous physical activity outside of physical education most days of the week; use information from a variety of sources, internal and external, to regulate their activity participation.

(2) BENCHMARK 2: K-4: Identify the benefits gained from regular physical activity.

(a) PERFORMANCE STANDARD K-2: Experience and recognize different types of physical activities and their healthful benefits.

(b) PERFORMANCE STANDARD 3-4: Describe how participation in physical activity affects health.

(3) BENCHMARK 3: 5-8: Be

able to set personal physical activity goals and participate in individualized programs of physical activity and exercise.

(a) PERFORMANCE STANDARD 5-6: List and describe the benefits of setting personal fitness goals; maintain heart rate within the target heart rate zone (i.e. demonstrate proper technique of taking heart rate, explain target heart rate zone, etc.); choose physical activities with the intent to improve and or maintain each of the following health related fitness components: muscular strength (i.e. push-ups, therabands, weights, pull-ups, tumbling, etc.); endurance (i.e. running, aerobic activities, etc.); flexibility (i.e. stretching/warm-up, cool down activities, tumbling, etc.); cardiovascular (i.e. running and aerobic activities, etc.); body composition (i.e. toning activities, aerobic/anaerobic activities, weight training, etc.).

(b) PERFORMANCE STANDARD 7-8: Analyze and interprets personal fitness data in order to establish personal fitness/activity goals; maintain heart rate within the target heart rate zone (i.e. apply personal target heart rate data into an individualized personal physical activity, etc.); choose and record levels of participation in physical activities with the intent to improve and or maintain each of the following components of health related fitness: muscular strength (i.e. push-ups, therabands, weights, pull-ups, tumbling, etc.); endurance (i.e. running, aerobic activities, etc.); flexibility (i.e. stretching/warm-up, cool down activities, tumbling, etc.); cardiovascular (i.e. running and aerobic activities, etc.); body composition (i.e. toning activities, aerobic/anaerobic activities, weight training, etc.).

(4) BENCHMARK 4: 5-8: Determine long-term benefits that may result from regular participation in physical activity.

(a) PERFORMANCE STANDARD 5-6: Comprehends the benefits of physical activity (i.e. list and describe the health risks associated with an inactive lifestyle, list and describe the benefits of active lifestyles, etc.); recognize the difference between anaerobic and aerobic fitness activities.

(b) PERFORMANCE STANDARD 7-8: Analyze and illustrate the benefits of physical activity (i.e. differentiate inactive versus active lifestyles: outlines the health risk factors associated with an inactive lifestyle versus an active lifestyle, etc.); compare and contrast the difference between aerobic and anaerobic fitness activities.

(5) BENCHMARK 5: 9-12: Participate in physical activities which contribute to the attainment of personal goals and the maintenance of wellness.

(a) PERFORMANCE STANDARD 9-12: Identify realistic personal fitness goals based on a pre-assessment; maintain a personal fitness program by using exercise strategies (i.e. goal statements, graphs, charts, software, log books, etc.).

(b) [Reserved]

(6) BENCHMARK 6: 9-12: Monitor exercise, eating, and other behaviors related to a healthy lifestyle.

(a) PERFORMANCE STANDARD 9-12: Demonstrate an understanding of chronic sedentary diseases and at-risk behaviors (i.e. smoking, alcohol consumption, drug use, etc.); as they pertain to health-related fitness (i.e. track, identify and draw conclusions about personal nutrition and physical activity and how it relates to their personal health, etc.).

(b) [Reserved]

(7) BENCHMARK 7: 9-12: Understand how activity participation patterns are likely to change throughout life and identify strategies to deal with those changes.

(a) PERFORMANCE STANDARD 9-12: Identify and explain the physiological challenges and metabolic changes that occur to the human body across the lifespan; create a physical activity and nutrition plan for the different stages of life based on personal health history, areas of interest and desired individual outcomes.

(b) [Reserved]

(8) BENCHMARK 8: 9-12: Use scientific knowledge to analyze personal characteristics that relate to participation in physical activities.

(a) PERFORMANCE STANDARD 9-12: Use technology and scientific methods to collect data in order to analyze personal physical activity patterns (i.e. pedometers, heart rate monitors, Activity-Gram, etc.); students will analyze different physical activities to determine a well-balanced health-related fitness program to help enhance overall fitness (i.e. cardiovascular, muscular endurance, muscular strength, flexibility activities, etc.).

(b) [Reserved]

D. CONTENT STANDARD 4: Achieves and maintains a health-enhancing level of physical fitness. Students will:

(1) BENCHMARK 1: K-4: Match different types of physical activities with the health-related physical fitness components.

(a) PERFORMANCE STANDARD K-2: Recognize that health related physical fitness consists of several components; identify activities designed to improve health related fitness components.

(b) PERFORMANCE STANDARD 3-4: Select activities designed to improve and maintain levels of fitness in

each component of health related fitness.

(2) BENCHMARK 2: K-4: Participate in moderate to vigorous physical activities in a variety of settings.

(a) PERFORMANCE STANDARD K-2: Participate in a variety of games and activities that increase respiration and heart rate; demonstrate sufficient muscular strength to be able to bear body weight for climbing, hanging, and momentary body support on the hands; sustain activity for increasingly longer periods of time.

(b) PERFORMANCE STANDARD 3-4: Participate in a variety of physical activities in order to improve each component of health related fitness.

(3) BENCHMARK 3: K-4: Begin to interpret the results and demonstrate understanding of the significance of information provided by measures of physical fitness.

(a) PERFORMANCE STANDARD K-2: Recognize physiological signs and benefits associated with participation in moderate to vigorous physical activity; recognize personal strengths and weaknesses based on participation in various physical activities.

(b) PERFORMANCE STANDARD 3-4: Explain the relationship of body weight, body composition and participation in regular physical activity; develop strategies to show progress towards at least one personal fitness goal as determined by health related fitness assessments.

(4) BENCHMARK 4: 5-8: Participate in physical activities that address each health-related physical fitness component.

(a) PERFORMANCE STANDARD 5-6: Engage in appropriate physical activity that results in the development of cardiovascular endurance; selects appropriate fitness activities that require muscular strength and muscular endurance; comprehends the benefits of flexibility; explains the benefits of a healthy body composition.

(b) PERFORMANCE STANDARD 7-8: Analyzes appropriate physical activities that result in the development of cardiovascular endurances; demonstrates and identifies fitness activities that require muscular strength and muscular endurance; selects appropriate flexibility activities; identifies the benefits of a healthy body composition versus the risks of an unhealthy body composition.

(5) BENCHMARK 5: 5-8: Assess personal fitness status within each health-related physical fitness component.

(a) PERFORMANCE STANDARD 5-6: Comprehend personal fitness data and recognizes individual strengths and weaknesses.

(b) PERFORMANCE STANDARD 7-8: Analyze personal fitness data

and evaluates individual strengths and weaknesses.

(6) BENCHMARK 6: 5-8: Interpret the results of physical fitness assessments and use this information to develop individualized physical fitness goals with guidance from the teacher.

(a) PERFORMANCE STANDARD 5-6: Comprehends personal fitness data and recognizes individual strengths and weaknesses; chooses appropriate physical activities to maintain and or improve strengths and weaknesses.

(b) PERFORMANCE STANDARD 7-8: Analyzes personal fitness data and evaluates individual strengths and weaknesses; generates an appropriate physical fitness plan to maintain and or improve strengths and weaknesses.

(7) BENCHMARK 7: 5-8: Evaluate the effectiveness of exercise and other factors to obtain personal fitness goals.

(a) PERFORMANCE STANDARD 5-6: Identifies the components of a fitness program and applies them to personal fitness plans (i.e. include more aerobic activities, adjusts sets and reps in strength programs, etc.).

(b) PERFORMANCE STANDARD 7-8: Analyzes the effectiveness of current fitness programs and revises physical fitness activities to meet fitness goals (i.e. include more aerobic activities, adjusts sets and reps in strength programs, etc.).

(8) BENCHMARK 8: 9-12: Recognize the importance of participation in physical activity on a regular basis.

(a) PERFORMANCE STANDARD 9-12: Maintain a personal fitness program by using exercise strategies (i.e. goal statements, graphs, charts, software, log books, etc.).

(b) [Reserved]

(9) BENCHMARK 9: 9-12: Demonstrate independence in assessing, achieving, and maintaining personal health related fitness goals.

(a) PERFORMANCE STANDARD 9-12: Demonstrate the ability and knowledge to self-assess health-related fitness levels (i.e. resting heart rate, recovery heart rate, target heart rate, heart rate zone, muscular strength, endurance, flexibility, body composition, etc.); based upon health-related fitness criterion (i.e. develop strategies for achieving and maintaining a personal fitness program.

(b) [Reserved]

(10) BENCHMARK 10: 9-12: Design personal fitness programs that encompass all health-related physical fitness components.

(a) PERFORMANCE STANDARD 9-12: Provide rationale for the use of scientific concepts in the development of their fitness program; provide rationale for

the principles of frequency, intensity, time and type (FITT); demonstrate a knowledge base on training principles (i.e. progression, overload, specificity, etc.); create a scientifically based personal fitness program that encompasses cardiovascular, muscular strength, muscular endurance, flexibility and body composition principles in the fitness plan.

(b) [Reserved]

E. CONTENT STANDARD 5: Demonstrates responsible personal and social behavior in physical activity settings. Students will:

(1) BENCHMARK 1: K-4: Utilize safety principles in physical activity settings.

(a) PERFORMANCE STANDARD K-2: Use space and equipment safely and properly; recognize that personal space and emotional safety will be protected.

(b) PERFORMANCE STANDARD 3-4: Recognize importance of equipment placement and usage during physical education class; initiate the appropriate use of space in game and activity settings.

(2) BENCHMARK 2: K-4: Work cooperatively and productively with a partner or small group.

(a) PERFORMANCE STANDARD K-2: Invite a peer to take his/her turn at a piece of apparatus before repeating turn; assist partner by sharing observations about skill performance during practice.

(b) PERFORMANCE STANDARD 3-4: Work productively with a partner to improve selected motor skills by using the critical elements of the process; demonstrate the ability to teach an activity or skill to a group of classmates.

(3) BENCHMARK 3: K-4: Recognize the influence of peer pressure and identify ways of resolving conflict.

(a) PERFORMANCE STANDARD K-2: Demonstrate the elements of socially acceptable conflict resolution; demonstrate effective communication skills.

(b) PERFORMANCE STANDARD 3-4: Identify and avoid the negative influence of peers.

(4) BENCHMARK 4: K-4: work independently and on-task for short periods of time.

(a) PERFORMANCE STANDARD K-2: Demonstrate independent work habits during short-term activity.

(b) PERFORMANCE STANDARD 3-4: Honestly report the results of independent work.

(5) BENCHMARK 5: K-4: Recognize classroom and activity rules.

(a) PERFORMANCE STANDARD K-4: Consistently comply with the physical education classroom rules to

ensure the physical and emotional safety for all; distinguish between compliance and non-compliance with game rules and fair play; accept consequences of personal choices.

(b) [Reserved]

(6) BENCHMARK 6: 5-8: Select and utilize safety principles in physical activity settings.

(a) PERFORMANCE STANDARD 5-8: Use equipment appropriately (i.e. use specific equipment for intended purposes, proper care and management of equipment, etc.); follow general classroom and specific activity rules (i.e. treat each other with respect, honor specific boundaries, use appropriate personal contact, positive response to teachers' instruction/comments, distinguish between compliance and non-compliance with rules and regulations and apply agreed upon consequences when officiating, etc.); follow established emergency procedures (i.e. first aid, fire drills, etc.); wear appropriate activity attire properly (i.e. shoes/socks, clothing specific to activity, clothing specific to school/district rules, no potentially harmful accessories, etc.).

(b) [Reserved]

(7) BENCHMARK 7: 5-8: Exhibit appropriate personal and group conduct appropriate while engaging in physical activity.

(a) PERFORMANCE STANDARD 5-8: Identifies a bullying situation and responds appropriately (i.e. refers to specific district "bully proofing" programs/parameters, go to safe adult when in an unsafe situation, etc.); identifies a sexual harassment situation and responds appropriately (i.e. refers to specific district regulations/policies, go to safe adult when in an unsafe situation, demonstrate use of appropriate language and personal contact during physical activities, etc.); accepts responsibility for own actions and modifies behaviors accordingly (i.e. take self out of negative situation, go to safe adult in an unsafe situation, etc.).

(b) [Reserved]

(8) BENCHMARK 8: 5-8: Recognize the influence of peer pressure and make appropriate decisions using problem solving techniques to resolve conflict.

(a) PERFORMANCE STANDARD 5-8: Identifies/makes positive choices in a variety of physical education settings (i.e. no teasing, name calling – use positive language, follow physical safety rules, follow all game/activity rules, etc.); recognize and ignore poor behavior choices of peers (i.e. identifies bullying behaviors, identifies sexual harassment behaviors, etc.); list coping skills for dealing with negative behaviors (i.e. bully proofing, sexual harassment awareness, peer mediation, con-

flict resolution, etc.); when in conflict, use appropriate problem-solving techniques (i.e. conflict mediation, cooperative discipline techniques, small group discussion/processing, etc.); identify and list components of sportsmanship (i.e. differentiate between positive and negative sportsmanship, fair play, respect referee decision, understand importance of following rules, adhere to good sportsmanship concepts/ideas, etc.); demonstrate ability to apply concepts of good sportsmanship (i.e. as participant, as spectator, as referee, as coach, etc.).

(b) [Reserved]

(9) BENCHMARK 9: 5-8: Work cooperatively with a group to achieve group goals.

(a) PERFORMANCE STANDARD 5-8: Explain aspects of cooperative activities; participate positively in team building/cooperative activities; apply listening skills; explain different styles of leadership skills; demonstrate importance of positive attitudes (i.e. communication, body language, and listening skills, etc.); explain what it means to be a good team player; analyze cause and effect during physical activities.

(b) [Reserved]

(10) BENCHMARK 10: 9-12: Identify and evaluate risks and safety factors that may affect physical activity choices throughout the life cycle.

(a) PERFORMANCE STANDARD 9-12: Adhere to the general classroom and specific activity rules as well as assisting with the care of the equipment and facilities; apply appropriate etiquette in all activities.

(b) [Reserved]

(11) BENCHMARK 11: 9-12: Initiate independent and responsible personal behavior in physical activity settings.

(a) PERFORMANCE STANDARD 9-12: Follow general classroom and specific activity rules to insure physical and emotional safety.

(b) [Reserved]

(12) BENCHMARK 12: 9-12: Recognize the influence of peer pressure and exhibit appropriate strategies for conflict resolution.

(a) PERFORMANCE STANDARD 9-12: Demonstrate the ability to make responsible decisions regardless of peer pressure; accept consequences of personal choices; openly discuss conflicts with the teacher and others involved while using conflict resolution skills.

(b) [Reserved]

(13) BENCHMARK 13: 9-12: Accept leadership responsibility and a willingness to follow, as appropriate, in order to accomplish group goals.

(a) PERFORMANCE STANDARD

DARD 9-12: Distinguishes between group member roles, leadership and follower-ship, and acts accordingly to accomplish group goals.

(b) [Reserved]

F. CONTENT STANDARD 6: Demonstrates understanding and respect for differences among people in physical activity settings. Students will:

(1) BENCHMARK 1: K-4: Explore cultural/ethnic self-awareness through participation in physical activity.

(a) PERFORMANCE STANDARD K-4: Articulate cultural/ethnic self awareness through written, oral or physical expression.

(b) [Reserved]

(2) BENCHMARK 2: K-4: Recognize the talents that individuals with differences can bring to group activities.

(a) PERFORMANCE STANDARD K-2: Work productively with a variety of partners.

(b) PERFORMANCE STANDARD 3-4: Recognize and value the role of each individual in a small group.

(3) BENCHMARK 3: K-4: Experience differences and similarities among people of different backgrounds by participating in activities of national, cultural, and ethnic origins.

(a) PERFORMANCE STANDARD K-2: Accept all playmates without regard to personal differences (i.e. age, race, ethnicity, gender, ability level, etc.).

(b) PERFORMANCE STANDARD 3-4: Demonstrate the ability to successfully work in a variety of cultural or ethnic activities.

(4) BENCHMARK 4: K-4: Recognize how the media, particularly advertising, influences the perception of ideal body types.

(a) PERFORMANCE STANDARD K-2: Identify the three human somatotypes (endomorph, ectomorph, and mesomorph) and recognize own healthy body type.

(b) PERFORMANCE STANDARD 3-4: Differentiate between body type presented in the media and own healthy body type; identify lifestyle factors that can be controlled and their impact on health and wellness.

(5) BENCHMARK 5: 5-8: Identify the contribution that physical activity plays in multicultural/ethnic awareness and in the acceptance of all peers.

(a) PERFORMANCE STANDARD 5-6: Identify/explain the role of games, sports and dance in getting to know and understand various cultures; distinguish the differences between varying cultures and their "native" sports/activities.

(b) PERFORMANCE STANDARD 7-8: Describe why certain

sports/dances/activities are more prevalent in specific countries/cultures; describe why "I" (student) participate in certain sports/dance/activities based on my culture; research and present an unfamiliar game or dance from another country.

(6) BENCHMARK 6: 5-8: Acknowledge all people of different gender, culture, ethnicity, and disability and seek to learn more about both similarities and differences.

(a) PERFORMANCE STANDARD 5-8: Understand the need for game modifications to allow persons with special needs to participate; recognize the diverse attributes of age, race, ethnicity, gender and ability level and acknowledge how these differences can enhance group activities; participate in games/activities in which handicapping conditions are simulated (i.e. wheelchair basketball, etc.); describe the social dynamics that occur when peers participate with partners in cooperative activities.

(b) [Reserved]

(7) BENCHMARK 7: 5-8: Analyze how the media, particularly advertising, influences the perception of ideal body types.

(a) PERFORMANCE STANDARD 5-8: Initiate discussion of media influences on behavior choices (i.e. print, radio, TV, etc.); explain/describe how media influences our consumer choices and personal/physical self-concept; describe differences between healthy bodies and media-generated bodies; produce a media advertisement that promotes the benefits of an active and healthy lifestyle.

(b) [Reserved]

(8) BENCHMARK 8: 9-12: Identify the effects of age, gender, race, ethnicity, socioeconomic standing, and culture upon physical activity choices and participation.

(a) PERFORMANCE STANDARD 9-12: Discuss why social differences and other aspects keep young adults from participating in an active lifestyle; acknowledge the attributes that individuals with differences bring to a group.

(b) [Reserved]

(9) BENCHMARK 9: 9-12: Develop strategies for including persons of diverse backgrounds and abilities in physical activity.

(a) PERFORMANCE STANDARD 9-12: Recognize the importance of working cooperatively with persons of diverse backgrounds and abilities during any activity; display a sensitive attitude and a willingness to participate with others in physical activities.

(b) [Reserved]

(10) BENCHMARK 10: 9-12: Evaluate how the media, particularly advertising, influences the perception of the ideal

body types.

(a) PERFORMANCE STANDARD 9-12: Recognize that media messages are trying to sell products; know that billboards, magazines and television will show idealistic body types; critically analyze advertising messages; create print ads endorsing healthy lifestyles.

(b) [Reserved]

G. CONTENT STANDARD 7: Understands that physical activity provides opportunities for enjoyment, challenge, self-expression, and social interaction. Students will:

(1) BENCHMARK 1: K-4: Identify physical activities that are enjoyable.

(a) PERFORMANCE STANDARD K-2: Identify several individual and dual physical activities that they find personally enjoyable.

(b) PERFORMANCE STANDARD 3-4: Explain the enjoyable characteristics of small group physical activities.

(2) BENCHMARK 2: K-4: Practice physical activities to increase skills.

(a) PERFORMANCE STANDARD K-2: Willingly try new activities; continue to participate when not successful on the first attempt.

(b) PERFORMANCE STANDARD 3-4: Willingly try new activities; voluntarily initiate skill practice to improve performance.

(3) BENCHMARK 3: K-4: Demonstrate interaction with others while participating in physical activities.

(a) PERFORMANCE STANDARD K-2: Celebrate personal successes and achievements and those of others; cooperate and share with partners in physical activities.

(b) PERFORMANCE STANDARD 3-4: Celebrate personal successes and achievements and those of others; interact with others by helping them successfully complete their small group physical activity challenges.

(4) BENCHMARK 4: K-4: Use physical activity as a measure of self-expression.

(a) PERFORMANCE STANDARD K-2: Create movement sequences that are personally interesting and satisfying.

(b) PERFORMANCE STANDARD 3-4: Design a movement sequence/game that includes all members of the group in the success of the activity.

(5) BENCHMARK 5: 5-8: Participate in physical activity.

(a) PERFORMANCE STANDARD 5-8: Identify a variety of physical activities that will provide satisfaction and lead to continued participation; choose to participate consistently in games, sports,

dance and outdoor activities, both in and out of school, based on individual interests and capabilities (i.e. at school during self-selection times, after school free time, teams, lessons, family recreation, etc.); identify benefits of participating in physical activities throughout lifetime (i.e. discussion, lists, outline, role playing, etc.); show a desire to improve one's own physical ability, fitness level and performance (i.e. fitness journals, activity calendars, fitness level assessments, etc.).

(b) [Reserved]

(6) BENCHMARK 6: 5-8: Participate in new and challenging physical activities.

(a) PERFORMANCE STANDARD 5-6: Identify opportunities in school and community that encourage/allow for regular participation in physical activity (i.e. community bulletin boards, online searches, class discussions, etc); actively choose and join in on new activities in and out of the school environment (i.e. recess, self-selection times, after school clubs, family recreation time, etc).

(b) PERFORMANCE STANDARD 7-8: Develop a matrix of available school and community physical activity resources; demonstrate a willingness to try an unfamiliar position within the context of a practice or a game situation (i.e. offense versus defense, guard versus forward, catcher versus pitcher, etc.).

(7) BENCHMARK 7: 5-8: Identify the social benefits of participation in physical activity.

(a) PERFORMANCE STANDARD 5-8: Identify basic ideals of fair play, acceptance of rules and group communication (i.e. give appropriate feedback to partners and teammates, etc.); appreciate the challenging aspects of competition with self and others (i.e. praise opponents, accept teammates and opponents contributions, enjoy physical activity for its own sake, etc.); sharing feelings of satisfaction felt as a result of physical activity (i.e. improved individual self-esteem, good feelings gained from being part of a team, activity journals, class discussions, etc.).

(b) [Reserved]

(8) BENCHMARK 8: 5-8: Practice and demonstrate physical activity as a vehicle for self-expression.

(a) PERFORMANCE STANDARD 5-8: Identify and use a variety of physical activities and movements used to communicate ideas and feelings (i.e. dance, sports, gymnastics, intensity levels, etc.); demonstrate aesthetic appreciation of skilled movement of the body (i.e. create body silhouettes, etc.); identify and describe personal feelings resulting from participation in physical activity (i.e. journals, activity calendars, peer mentoring, class discussions, etc.); exhibit appropriate protocol

during dance, fine arts or other physical activity events.

(b) [Reserved]

(9) BENCHMARK 9: 9-12: Maintain and improve physical fitness, motor skills, and knowledge about physical activity.

(a) PERFORMANCE STANDARD 9-12: Select activities that are enjoyable and promote fitness; identify activities that best fit their individual needs; choose activities outside of school that provide challenges and social interaction; recognize intrinsic value of physical activity.

(b) [Reserved]

(10) BENCHMARK 10: 9-12: Evaluate the importance of physical activity and healthy nutrition as part of one's lifestyle.

(a) PERFORMANCE STANDARD 9-12: Identify key reasons to develop and maintain physical activity and healthy eating habits; recognize the connections with lifestyle choices regarding activity and nutrition and the impact on health.

(b) [Reserved]

(11) BENCHMARK 11: 9-12: Analyze time, cost, and accessibility factors related to regular participation in physical activities.

(a) PERFORMANCE STANDARD 9-12: Identify barriers and enablers to regular physical activity specific to his or her situation; create a time management plan to facilitate regular physical activity participation.

(b) [Reserved]

(12) BENCHMARK 12: 9-12: Recognize the feelings that result from physical activity participation.

(a) PERFORMANCE STANDARD 9-12: Reflect on reasons for choosing to participate in selected physical activity; create self rewards for achieving personal fitness goals; experience the feeling of satisfaction about personal fitness accomplishments; evaluate the physical, social and psychological benefits of a healthy and active lifestyle.

(b) [Reserved]

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End of Adopted Rules Section

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