

How to fill out the NMLEA Administrative Forms



- *Forms for reporting NMLEA Board requirements.*
 - *Registry*
 - *Firearms*
 - *Training*

Why this course?

- Agency turnover of personnel performing packet preparation.
- Frustration with returns (Agencies and NMLEA).
- Lack of clear understanding of the requirements.
- It's better for everyone if it's done right the first time.
- A perception that the rules keep changing.

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The Forms



Agency Reporting Forms

Agency Reporting Forms:

- LEA-82 (Agency Employment Action)
- LEA-83 (Annual Firearms Report)
- LEA-83A (Firearms Scores)
- LEA-84 (Officer Biennium)
- LEA-84A (PST Biennium)
- LEA-90 (Misconduct)

LEA-82 Agency Employment Action

Agency Employment Action

Date of Action: _____

Employment (new hire) **Promotion**

Separation/Other Action:

Resigned Military Retired Deceased Terminated

Decommissioned Only Medical _____

Other _____

Submitted by _____ Signature _____
Chief/Designee

Date _____ Title or Rank _____

Agency _____ Telephone _____

Employee Information

Name _____
First Middle Last Maiden

Address _____

Date of Birth _____ SS# _____ Gender _____

Ethnic Origin _____ Rank or Classification _____

Date of Current Employment _____ Date of Current Commission _____

DPS Certification Number _____ Certification Date _____

Entry Level Firearms Training/Qualification (For new hires without active certification)
ENTRY LEVEL FIREARMS TRAINING/QUALIFICATION (10.29.9.14)

Sixteen (16) hour handgun training: Eight (8) hour shotgun training (if issued):

Day Time Score: Date: _____ Night Time Score: Date: _____

Print Name of DPS Certified Firearms Instructor _____ DPS Certification Number _____
 Instructor Signature _____ Contact # _____

DPS Use Only: Permanent File # _____
 Registry input by: _____ Certification Verified by: _____ Firearms Qual. Processed by: _____

- Any time a law enforcement officer or telecommunicator is **hired, resigns, terminated, retired,** etc., this form must be used to notify DPS of the **Change in Status.** Within 30 days of change in Status.

LEA-83 Annual Firearms Report

ANNUAL AGENCY FIREARM RE-QUALIFICATION REPORT

Date Due: March 1, annually

I, (print or type agency head's name) _____,

(print or type agency name) _____,

(print/type agency location) _____,

(print/type agency contact #) _____,

verify that as of the date of this report **ALL** law enforcement officers of this agency, with the exception of those listed on page 2, have met the mandatory firearm qualifications requirements as set forth in the New Mexico Administrative Code 10.29.9.14 NMAC.

In accordance with NMAC Code 10.29.9.14 (F)(2) **qualification scores** have been previously submitted or are attached for all officers.

Total number of commissioned law enforcement officers in the agency: _____

*I understand that failure to submit this report by **March 1st** of the reporting year may result in the suspension of the law enforcement officer certification of my employees.*

State of New Mexico _____)

County of _____) SS.

I (print or type agency head's name) _____,
being first duly sworn, depose and state (based upon information, belief, and available documentation):

I am the agency head of the (print or type agency name) _____
and the foregoing report is true and correct to the best of my personal knowledge.

(Agency head's signature)

Subscribed and Sworn before me this

_____ day of _____, _____.

Notary Public

My commission expires: _____

Page 1/3

- Must be submitted annually by March 1st along with firearms scores.

Registry Input by:

Instructor Certification Verified by:

Firearms Entry by:

LEA-83 Page 3

Exception Report—Compliance Reporting

Officers achieving compliance with the mandatory firearms qualification requirements:

	Last Name	First Name	Day Score	Night Score
1				
2				
3				
4				
5				

The above listed officers previously reported as out of compliance, have been brought into compliance for the reporting period of _____(year).

Date Submitted: _____

Agency: _____

Address _____

Contact# _____

Submitted by: _____

Contact# _____

Firearms Qualification Data:

DPS Firearms Instructor: _____

Contact # _____

Date Qualification Conducted: _____

Range Location: _____

Signature of DPS Certified Firearms Instructor _____

- Must be submitted when Compliance is achieved.

LEA-84 Officer Biennium 2006-2007

2006-2007 BIENNIUM AGENCY IN-SERVICE TRAINING REPORT

Law Enforcement Officer Date Due: March 1.

I, _____, _____
print or type agency head's name Title

(print or type agency name)

(print/type agency location)

(print/type agency contact phone number)

verify that as of the date of this report **ALL** law enforcement officers of this agency, with the exception of those listed on page 2, have met the following **In-Service Training** requirements:

- Minimum of Four (4) hours-Safe Pursuit Procedures (29-20-3 NMSA 1978).
- Minimum of One (1) hour-Domestic Abuse Incident training(29-7-4.1 NMSA 1978).
- Minimum of Two (2) hours-Detection, Investigation and Reporting of Hate Crimes (31-18B-5 NMSA 1978).
- For all officers who may be involved in the arrest of DWI offenders, Eight (8) hours SFST Update. For SFST instructors, sixteen (16) hours in SFST instructor re-certification.
- With the remaining balance of training hours as set forth in 10.29.7.8 (NMAC); Totaling a minimum of forty (40) hours.
- Training documentation is available for inspection.

Total number of commissioned law enforcement officers in the agency: _____

*I understand that failure to submit this report by **March 1st** of the reporting year (2008) may result in the suspension of the law enforcement officer certification of my employees.*

State of New Mexico)

County of _____) SS.

I (print or type agency head's name) _____,
being first duly sworn, depose and state (based upon information, belief, and available documentation):
I am the agency head of the (print or type agency name) _____
and the foregoing report is true and correct to the best of my personal knowledge.

(Agency head's signature)

Subscribed and Sworn before me this
_____ day of _____, _____.

Notary Public My commission expires: _____

Registry Input by: _____ Skills Manger Input: _____

- Must be submitted at he by March 1st after each biennium period.

LEA-84 Page 3

2006-2007 Exception Report—Compliance Reporting Law Enforcement Officer

Last Name: _____ First Name: _____ Cert. #: _____

Legislative Mandated Training Hours: 10.29.7.8.A (minimum 7 hours)					
Course	Date Attended	Hours Mandated	Hours Taken	Instructor(s)	Location
Domestic Violence		1			
Hate Crimes		2			
Pursuit Policy		4			
TOTAL HOURS:		7			

NMAC Rule 10.29.7.8.A: Maintenance training/education (20 hours minimum)				
Date Attended	Course Title	Course Hours	Location/Agency	Instructor(s)
	DWI/SFST Update/ Instructor Update	8/16		
TOTAL HOURS:				

NMAC Rule 10.29.7.8.B: Advanced and specialized training (20 hours minimum)				
Date Attended	Course Title	Course Hours	Location/Agency	Instructor(s)
TOTAL HOURS:				

(use additional sheets if necessary)

The above listed officer previously reported as out of compliance, have been brought into compliance for the reporting period of _____(year 1) to _____(year 2).

Date Submitted: _____

- Must be submitted with detail entry of how compliance was achieved for **all** training hours.

LEA-84 Page 4

**Exception Report—Compliance Reporting
Law Enforcement Officer**

Officer achieving compliance with the mandatory In-Service Training requirements:

Last Name: _____ First Name: _____ Cert. #: _____

Agency: _____

Address _____

Contact# _____

Submitted by: _____

(print name and title)

Contact# _____

Signature of submitting official: _____

■ Attach to page 3.

Registry Input by:

Skills manager entry by:

LEA-84 Officer Biennium 2008-2009

2008-2009 BIENNIUM AGENCY IN-SERVICE TRAINING REPORT

I, _____, _____
print or type agency head's name Title

(print or type agency name)

(print/type agency location)

(print/type agency contact phone number)

verify that **ALL** law enforcement officers and/or Telecommunicators employed with this agency with the exception of those listed on Page 2, have met the mandatory In-service Training requirements as set forth in the Ne Mexico Administrative Code, 10.29.7.8; 10.29.7.9. The training documentation is available for inspection.:

- Minimum of Four (4) hours-Safe Pursuit Procedures (29-20-3 NMSA 1978).
- Minimum of One (1) hour-Domestic Abuse Incident training(29-7-4.1 NMSA 1978).
- Minimum of Two (2) hours-Detection, Investigation and Reporting of Hate Crimes (31-18B-5 NMSA 1978).
- For all officers who may be involved in the arrest of DWI offenders, Eight (8) hours SFST Update. For SFST instructors, sixteen (16) hours in SFST instructor re-certification.
- Minimum of Two (2) hours-Day-light Firearms training.
- Minimum of Two (2) hours-Low-light Firearms training.
- Minimum of Four (4) hours-in Ensuring Child Safety after Arrest
- With the remaining balance of training hours as set forth in 10.29.7.8 (NMAC); Totaling a minimum of forty (40) hours.
- Training documentation is available for inspection.

State of New Mexico)

County of _____) SS.

I (print or type agency head's name) _____,
being first duly sworn, depose and state (based upon information, belief, and available documentation):
I am the agency head of the (print or type agency name) _____
and the foregoing report is true and correct to the best of my personal knowledge.

Subscribed and Sworn before me this
_____ day of _____, _____.

(Agency head's signature)

Notary Public

My commission expires: _____

- Must be submitted at he by March 1st after each biennium period.

LEA-84 Page 3

2008-2009 Exception Report—Compliance Reporting Law Enforcement Officer

Last Name: _____ First Name: _____ Cert. #: _____

Legislative Mandated Training Hours: 10.29.7.8 (minimum 15 hours)					
Course	Date Attended	Hours Mandated	Hours Taken	Instructor(s)	Location
Domestic Violence		1			
Hate Crimes		2			
Pursuit Policy		4			
Ensuring Child Safety		4			
Firearms 2 day/2-Low lite		4			
TOTAL HOURS:		15			

NMAC Rule 10.29.7.8: Balance Optional training hours. (mandated plus other must total 40 hours minimum)				
Date Attended	Course Title	Course Hours	Location/Agency	Instructor(s)
	DWI/SFST Update/ Instructor Update	8/16		
TOTAL HOURS:				

(use additional sheets if necessary)

The above listed officer previously reported as out of compliance, have been brought into compliance for the reporting period of _____(year 1) to _____(year 2).

Date Submitted: _____

- Must be submitted with detail entry of how compliance was achieved for **all** training hours.

LEA-84 Page 4

**Exception Report—Compliance Reporting
Law Enforcement Officer**

Officer achieving compliance with the mandatory In-Service Training requirements:

Last Name: _____ First Name: _____ Cert. #: _____

Agency: _____

Address _____

Contact# _____

Submitted by: _____

(print name and title)

Contact# _____

Signature of submitting official: _____

■ Attach to page 3.

Registry Input by:

Skills manager entry by:

LEA-84A PST Biennium 2006-2007

New Mexico Department of Public Safety Training Center
 4491 Carrillon Road, Santa Fe, New Mexico 87507
 (505)827-9251—(800)521-9911 (NM Only) — Fax: (505)827-3449— www.dps.nm.org/training

2006-2007 BIENNIUM AGENCY IN-SERVICE TRAINING REPORT

TELECOMMUNICATOR

Date Due: March 1,

I, _____
(print or type agency head's name)

(print or type agency name)

(print type agency location)

(print type agency contact #)

verify that as of the date of this report ALL telecommunicators of this agency, with the exception of those listed on page 2, have met the mandatory IN-SERVICE Training requirements as set forth in the New Mexico Administrative Code 10.29.7.9. Training documentation is available for inspection.

Total number of commissioned telecommunicators in the agency: _____

I understand that failure to submit this report by March 1st of the reporting year(2008) may result in the suspension of the telecommunicator certification of my employees.

State of New Mexico)
 County of _____) SS.

I (print or type agency head's name) _____
 being first duly sworn, depose and state (based upon information, belief, and available documentation):

I am the agency head of the (print or type agency name) _____
 and the foregoing report is true and correct to the best of my personal knowledge.

(Agency head's signature)

Subscribed and Sworn before me this
 _____ day of _____,

 Notary Public

My commission expires: _____

Registry Input by: _____ Skills Manager Input: _____

New Mexico Department of Public Safety Training Center
 4491 Carrillon Road, Santa Fe, New Mexico 87507
 (505)827-9251—(800)521-9911 (NM Only) — Fax: (505)827-3449— www.dps.nm.org/training

2006-2007 Exception Report—In-Service Training Telecommunicator

Telecommunicators NOT meeting the mandatory in-service training requirements:

	SSN	Last Name	First Name	Cert. #
1				
2				
3				
4				
5				

Name: _____ SSN: _____

Explanation: Why is the telecommunicator not in compliance with the In-service Training Requirement?

Remediation: What steps are being taken to bring the telecommunicator into compliance?

Timelines: What are the deadlines that are proposed to bring the telecommunicator into compliance?

Name: _____ SSN: _____

Explanation: Why is the telecommunicator not in compliance with the In-service Training Requirement?

Remediation: What steps are being taken to bring the telecommunicator into compliance ?

Timelines: What are the deadlines that are proposed to bring the telecommunicator into compliance?

(use additional sheets if necessary)

LEA-84A Cont.

New Mexico Department of Public Safety Training Center
 4491 Carrillos Road, Santa Fe, New Mexico 87507
 (505)827-9251—(800)521-9911 (NM Only)—Fax: (505)827-3449—www.dps.nm.org/training

2006-2007 Exception Report—Compliance Reporting Telecommunicator

Last Name: _____ First Name: _____ Cert. #: _____

NMAC Rule 10.19.7.9.A: Maintenance training/education (8 hours)				
Date Attended	Course Title	Course Hours	Location/Agency	Instructor(s)
TOTAL HOURS:				
NMAC Rule 10.19.7.9.B: Advanced and specialized training (8 hours)				
Date Attended	Course Title	Course Hours	Location/Agency	Instructor(s)
TOTAL HOURS:				
NMAC Rule 10.19.7.9.C: Miscellaneous training (4 hours)				
Date Attended	Course Title	Course Hours	Location/Agency	Instructor(s)
TOTAL HOURS:				

(Use additional sheets if necessary)
 The above listed telecommunicator previously reported as out of compliance, has been brought into compliance for the period of _____(year 1) to _____(year 2).

Date Submitted: _____

New Mexico Department of Public Safety Training Center
 4491 Carrillos Road, Santa Fe, New Mexico 87507
 (505)827-9251—(800)521-9911 (NM Only)—Fax: (505)827-3449—www.dps.nm.org/training

2006-2007 Exception Report—Compliance Reporting Telecommunicator

Telecommunicator achieving compliance with the mandatory In-Service Training requirements:

Last Name: _____ First Name: _____ Cert. #: _____

Agency: _____

Address _____

Contact# _____

Submitted by: _____

(print name and title)

Contact# _____

Signature of submitting official: _____

Registry Input by: _____	Skills manager entry by: _____
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Miscellaneous Forms

Miscellaneous Administrative:

- LEA-82A (Change of Address)
- LEA-82B (Change of Name)
- LEA-91 (Facility Reservation)

LEA-91 Facility Reservation



Training Center Facility Reservation Request

New Mexico Department of Public Safety
Training & Recruiting Division
4491 Cerrillos Road, Santa Fe, NM 87507
(505) 827-9251 (800) 521-9911 (NM Only)
Fax: 505-827-3449

Training Course/Conference Title		<input type="checkbox"/> DPS Training Division <input type="checkbox"/> Other DPS Division <input type="checkbox"/> NM State Government <input type="checkbox"/> Other Government Agency <input type="checkbox"/> Private Company <input type="checkbox"/> Private Citizen	
For what purpose will you be using the facility?			
Type of space requested <i>(Some facilities may not be available to all customers.)</i>			
<input type="checkbox"/> Classroom <input type="checkbox"/> Conference Room <input type="checkbox"/> Computer Classroom <input type="checkbox"/> Auditorium			
Date(s) of Course/Meeting		Daily Hours <i>(8:00-5:00, if multiple facilities are requested, identify hours for each.)</i>	
Requesting Organization or Agency			
Name, Address and Telephone Number of Person in Charge			
Anticipated Attendance	Note: Parking is limited and basic academy students are given priority.		
Equipment Needed: <i>(Additional Fee is charged for use of listed items, see fee schedule.)</i>			
<input type="checkbox"/> DVD	<input type="checkbox"/> VCR	<input type="checkbox"/> Computer	
<input type="checkbox"/> Computer Projector	<input type="checkbox"/> Computer Projector	<input type="checkbox"/> Flipchart/Easel	
<input type="checkbox"/> Other			
Are accommodations necessary for persons with disabilities?		Type of accommodation needed:	
<input type="checkbox"/> YES <input type="checkbox"/> NO			
NMLEA Staff Use Only	Room(s) Assigned	By:	Date
	<input type="checkbox"/> Classroom 1 <input type="checkbox"/> Classroom 2 <input type="checkbox"/> Classroom 3 <input type="checkbox"/> Classroom 4 <input type="checkbox"/> Classroom 5 <input type="checkbox"/> Classroom 6A <input type="checkbox"/> Classroom 6B <input type="checkbox"/> Classroom 7 <input type="checkbox"/> Auditorium <input type="checkbox"/> Small Conference Room		
Assigned Fees:	NMLEA Director/designee's Approval:	Date:	
<i>All requestors must complete the following agreement below with the exception of employees of the New Mexico Department of Public Safety requesting facilities for official business or officially sanctioned activities.</i>			
HOLD HARMLESS AGREEMENT			
I, the undersigned, do hereby request to be allowed to use DPS Training Center facilities. I hereby waive any claim I may have and will release, indemnify and defend the Department of Public Safety for any liability for any injury that myself or the participants in my program may sustain from any use of the Training Center facilities, whether or not caused by the negligence of a Department of Public Safety employee or a condition in the Training Center facilities. I will also release, indemnify and defend the Department of Public Safety from any liability or loss, theft or damage to my personal property. I agree that I am responsible for the costs of any damage caused by myself or my participants to Training Center facilities and equipment.			
Signature _____	Printed Name _____	Telephone _____	
		Email _____	

Instructor and Advanced

Instructor and Advanced Levels of Certification:

- LEA-65 (Instructor certification)
- LEA-65A (DWI/SFST Instructor certification)
- LEA-88 (Advanced Certification)

LEA-65A DWI/SFST Instructor Certification

DWI/SFST INSTRUCTOR CERTIFICATION APPLICATION

Please print or type all information.

<input type="checkbox"/> Initial Application		<input type="checkbox"/> Renewal Application	
<p>Qualifications: SFST Instructor certification and performance monitoring, is conducted by the New Mexico DPS SFST Oversight Committee. SFST Instructor application for certification is reviewed by the Instructor Certification Sub-Committee. This sub-committee provides its recommendations to the NM DPS Law Enforcement Training Center for the initial and continued certification of an SFST Instructor, as approved by the Oversight Committee.</p> <p>Initial Application requirements:</p> <p><input type="checkbox"/> Be a certified law enforcement officer with patrol field experience of at least three (3) years utilizing the SFST.</p> <p><input type="checkbox"/> Attach certificate of completion of a NHTSA/IACP approved SFST Instructor/Train-the-trainer course.</p> <p><input type="checkbox"/> Attach certificate of completion of a sixteen (16) hour DWI/SFST Instructor Update Course where the SFST Instructor/Train-the-trainer course was completed more than two years prior to the date of application.</p> <p><input type="checkbox"/> Attach written documentation of the number of DWI arrests and/or convictions for the previous 12 month period.</p> <p>Renewal application requirements</p> <p><input type="checkbox"/> Provide a written recommendation by a lead SFST instructor designated by the State SFST Coordinator, that the applicant has successfully completed two (2) apprentice courses in SFST for first time renewals.</p> <p><input type="checkbox"/> Thereafter, provide documentation of two SFST courses taught within the past two (2) years</p> <p><input type="checkbox"/> Attach certificate of completion of a sixteen hour SFST Instructor Update Course within the last two years.</p>			
Applicant Name			
<i>Last</i>	<i>First</i>	<i>Middle</i>	<i>Maiden</i>
SSN#	DOB:	NMDPS state Certification #:	
Home Mailing Address			
<i>Street or PO Box</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
Agency/Organization (if applicable)		Contact phone Number: _____	
		Email: _____	
<p>I hereby certify the information contained in this application is true and correct. I understand I must follow the rules and regulations established by the Training Center in order to obtain credit for training courses I conduct.</p>			
<i>Printed or Typed Name of Applicant</i>		<i>Applicant Signature</i>	
		<i>Date</i>	
<p>I certify the applicant is responsible for conducting training for my department and recommend that an instructor certificate be issued.</p>			
<i>Sponsoring Agency</i>		<i>Type or Print Name of Agency Head</i>	
		<i>Title</i>	
<i>Agency Mailing Address</i>		<i>City</i>	
		<i>State</i>	
		<i>Zip</i>	
<i>Agency Telephone Number</i>		<i>Agency Head/Designee Signature</i>	
		<i>Date</i>	

MAIL PACKET TO: DPS/TRD
 ATTN: ADVANCED TRAINING BUREAU
 4491 CERRILLOS ROAD, SANTA FE, NM

FOR DPS OVERSIGHT COMMITTEE USE ONLY		
Initial Certification		
2. Written documentation of the number of DWI arrests and/or convictions for the previous 12 month period attached?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Has applicant successfully completed the NHTSA/IACP approved SFST Instructor/Train-the-trainer course? (certificate must be attached) If yes, when:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Has applicant completed a sixteen (16) hour DWI/SFST Instructor Update Course where the SFST Instructor/Train-the-trainer course was completed more than two years prior to the date of this instructor application? (certificate must be attached)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Renewal		
1. Written recommendation by a lead SFST instructor designated by the State SFST Coordinator, that the applicant has successfully completed two (2) apprentice courses in SFST? (must be attached for first time renewals)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. (Subsequent Renewals) Two SFST courses taught within the past two (2) years? (documentation must be attached.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Sixteen hour SFST Instructor Update Course within the last two years? (certificate must be attached.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
COMMITTEE RECOMMENDATION		
<input type="checkbox"/> Request approved by Sub-committee <input type="checkbox"/> Request denied by Sub-committee		
Comments:		
Sub-committee member:	Sub-committee member:	Sub-committee member:
Sub-committee member:	Sub-committee member:	Sub-committee member:
Sub-committee member:	Sub-committee member:	Sub-committee member:
<input type="checkbox"/> Request approved by Committee Chairpersons: (Print Names): _____		
<input type="checkbox"/> Request denied by Committee Chairpersons: Explanation: _____		
TSB DWI/SFST State Coordinator Co-chair:	DPS NMLEA Co-chair:	
_____	_____	
<i>Signature</i>	<i>Signature</i>	
Date forwarded to DPS:		
DPS USE ONLY		
Received/Processed by:	Certificate Issued by:	

Course Accreditation Conference Certification

Course Accreditation Conference Certification and Attendance:

- LEA-62 (Distance and Multi-media Training Roster)
- LEA-86 (Course Accreditation)
- LEA-86A (Conference Certification)
- LEA-86B (Attendance Roster)
- LEA-86C (Sign-in/out roster)
- LEA-87 DWI/SFST Course Accreditation

LEA-86 Course Accreditation

New Mexico Department of Public Safety
 Training Center
 4491 Central Road, Santa Fe, NM 87507
 www.dps.nm.gov/training
 (505) 527-5225 (800) 523-9911 (NM Only)
 Fax: (505) 843-3482

REQUEST FOR COURSE ACCREDITATION

All courses must receive approval prior to instruction

ORIGINAL ACCREDITATION RE-ACCREDITATION

Please type or print all information

Course Title	_____		
Requested By	_____		
	Department or Agency _____		
Mailing Address	_____		
	Street or PO Box _____		
	City _____	State _____	Zip _____
Contact Person	_____	Telephone	_____
Contact Email:	_____		
Instructor Name(s)	_____		
Total Course Hours	_____	Number of Students	_____

For Original Course Accreditation

- Resume of all instructors.** The resume should indicate the specific background and courses taught relating to this specific course of instruction. A current DPS instructor Certificate may be submitted in lieu of the resume as long as the certification is for the subject matter taught.
- Course curriculum** (lesson plan). The complete body of the presentation, and supporting material
- Course Syllabus/Outline of schedule with dates and times of each course/session.
- Instructor and course evaluation instrument. The form or other method the students use to evaluate the course and the instructor.
- Testing Instrument (Only for those courses being taught to qualify an employee for DPS **advanced** certification). How the instructor measures student performance. In most cases, this will be a written test, but in some skills courses, it may be a practical exercise, or both.

For Course Re-Accreditation without Curriculum Changes

- Previous Accreditation Number: _____

For Course Re-Accreditation with Curriculum Changes:

- Course curriculum and syllabus. Previous Accreditation Number: _____
- Class schedule with dates and times. Instructor Presentation Outline.
- Testing Instrument (For those courses being taught to qualify an employee for advanced certification).
- (DPS Use Only) New Accreditation Number Issued: _____

Form LEA-66-A (Course Accreditation Roster) must be submitted to the DPS Training & Recruiting Division within 30 days from the date the course is completed for DPS student course credit.

DPS Training Use Only

Processed By: _____	Course/Conference Accreditation#: _____	Accreditation Expires: _____
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LEA-86A Conference Certification

New Mexico Department of Public Safety
 Training Center
 4491 Cecilia Road, Santa Fe, NM 87507
 www.dps.nm.gov/training
 (505) 827-6251 (9AM-5PM) (NM Only)
 Fax: (505) 843-3442

REQUEST FOR CONFERENCE CERTIFICATION

All courses must receive approval prior to instruction

Please type or print all information

Conference Title	_____		
Location of Conference:	_____		
Requested By	_____		
	Department or Agency		
Mailing Address	_____		
	Street or PO Box		
	City	State	Zip
Contact Person	_____	Telephone	_____
Email:	_____		
Total Conference Hours:	_____	Hours Requested for Certification:	_____

For Conference Certification

- Conference Schedule
 - Individual Course Detail:
 - a. Title of each requested certified course/topic/session.
 - b. Date and Duration (hours) of each certified course/topic/session.
 - c. Resume of all instructors.
 - Instructor and course evaluation instrument. (The form or other method the students use to evaluate the course and the instructor)
 - Conference Dates
- Conference Sponsor/Instructor Lesson Plan Affidavit**
- A notarized affidavit from the conference sponsor, or course instructor, must be submitted attesting that all certified Instructor Lesson Plans and/or Information Materials presented will be made available to the DPS Training & Recruiting Division staff upon request.

Tracking and issuing certificates of attendance is the responsibility of the Conference Sponsor. LEA-86A may be used to track individual course attendance. All DPS certified individuals listed on the submitted LEA-86A will be awarded credit for the training course, otherwise the attendee must submit a conference certificate of attendance to DPS Training and Recruiting Division to receive in-service training course credit. Form LEA-86A must be submitted to the DPS Training & Recruiting Division within 30 days from the date the conference is completed.

DPS Training Use Only

Processed By:	Conference Certification:	Certification Expires:

LEA-86C Sign-in/out roster

New Mexico Department of Public Safety Training Center
 4491 Cerrillos Road, Santa Fe, New Mexico 87507
 (505)827-9251—(800)521-9911 (NM Only)—Fax: (505)-827-3449— www.dps.nm.org/training

DPS COURSE ATTENDANCE SIGN-IN/OUT

Course Title _____
 Instructor _____

Accreditation # _____
 Course Date (s) _____ Course Hours _____

All missed instructional time and appropriate remediation must be documented for excused absences. Course Certificates will not be awarded to students with unexcused absences.

STUDENT NAME (Last, First, MI)	Date	Time Left	Time Returned	Total Time Absent	If excused enter Method of Remediation If unexcused enter UNEXCUSED	Date/Time Of Remediation	Total Hours Re-mediated

Submitted by: _____
Print Name Signature

Date: _____

Page: ____ of ____

LEA-87 DWI/SFST Accreditation

REQUEST FOR DWI/SFST COURSE ACCREDITATION <small>All courses must receive approval <u>prior</u> to instruction</small>	
<input type="checkbox"/> ORIGINAL ACCREDITATION	<input type="checkbox"/> RE-ACCREDITATION
<i>Please type or print all information</i>	
Course Title _____	Requested By _____
Mailing Address _____	Department or Agency _____
City _____ State _____ Zip _____	Street or PO Box _____
Contact Person _____	Telephone _____
Contact Email: _____	Instructor Name(s) _____
Total Course Hours _____	Number of Students _____

Attached the following Documents

Note: Please submit the listed items in hard copy and electronic format.

- Course curriculum (lesson plan). The complete body of the presentation, and supporting material
- Course Syllabus/Outline of schedule with dates and times of each course/session.
- Instructor and course evaluation instrument.
- Testing/Proficiency instrument

MAIL To: DPS Training Center/DWI/SFST Oversight
Attn: Advanced Training Bureau Chief
4491 Cerrillos Road
Santa Fe, NM 87507

(DPS/DWI/SFST Oversight Committee Use Only)

Date Received: _____ Date Committee reviewed: _____

Committee Course/DPS Standards Evaluation:

Course Type: Basic Officer Update Instructor Recertification

A. Curriculum Content:

- Conforms w/DPS Standards Conforms w/NHTSA Standards
- Non-conformance w/DPS Standards Non-conformance w/NHTSA Standards

B. Proficiency/Exam Standard:

- Conforms with DPS Standards Conforms with NHTSA Standards
- Non-conformance w/DPS Standards Non-conformance w/NHTSA Standards

C. Class Size:

- Conforms with DPS Standard Conforms with NHTSA Standards
- Non-conformance w/DPS Standards Non-conformance w/NHTSA Standards

D. Instructor/Student Ratio:

- Conforms with DPS Standard Conforms with NHTSA Standards
- Non-conformance w/DPS Standards Non-conformance w/NHTSA Standards

E. Wet/Dr Labs:

- Conforms with DPS Standard Conforms with NHTSA Standards
- Non-conformance w/DPS Standards Non-conformance w/NHTSA Standards

F. Materials:

- Conforms with DPS Standards Conforms with NHTSA Standards
 - Non-conformance w/DPS Standards Non-conformance w/NHTSA Standards _____
- (Student/Instructor Guide/Videos, etc.)

DWI/SFST Committee Approval

(Print Committee Chairperson name) _____ Chairperson Signature _____
 Date: _____

DWI/SFST Committee Denial

(Print Committee Chairperson name) _____ Chairperson Signature _____
 Date: _____

Forwarded to DPS/TRD Deputy Director

Date: _____

DPS Training Use Only

Processed By/Date:	Course Accreditation#:	Accreditation Expires:
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Individual Training Forms:

- LEA-42 (Training Registration)
- LEA-85 (Cont. of Cert. Firearms)
- LEA-85A 2006-2007 (Cont. of Cert. Officer Training)
- LEA-85A 2008-2009 (Cont. of Cert. Officer Training)
- LEA-85B (Cont. of Cert. PST Training)

LEA-42 Training Registration

TRAINING APPLICATION	
<p>New Mexico Department of Public Safety Training Center 4491 Carrillos Road, Santa Fe, New Mexico 87507 (505) 827-9251 / (800) 521-9911 (NM only) Fax: 505-827-3449 www.dps.nm.org/training/</p>	
<p>This application will not be processed unless signed on the back of this form by the applicant and the Agency Head or Designee</p> <p><i>(Type or Print Only)</i></p>	
<p>Last Name: _____ First Name: _____ Middle Initial: _____ Social Security Number: _____ NMDPS Certification #: _____ Agency Name: _____ Rank/Job Title: _____ Mailing Address: _____ Billing Address: _____ Contact Information: Phone #: _____ Fax #: _____ Email address: _____</p>	
<p><input type="checkbox"/> Advanced Training Course <input type="checkbox"/> Critical Incident Response Course</p> <p>Course Requested: _____ Location of Course: _____ Date(s): _____ Course Cost: _____ Payment: <input type="checkbox"/> Department Check <input type="checkbox"/> Money Order <input type="checkbox"/> Purchase Order <input type="checkbox"/> Personal Check <input type="checkbox"/> Comp</p>	
<p>Jurisdictional Function (Check One Only):</p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Tribal <input type="checkbox"/> Federal</p> <p><input type="checkbox"/> Other _____</p>	
<p>Agency Type (Check One Only):</p> <p><input type="checkbox"/> Law Enforcement <input type="checkbox"/> Fire Department <input type="checkbox"/> Emergency Medical Services <input type="checkbox"/> Emergency Management</p> <p><input type="checkbox"/> Other _____</p>	
<p>NMDPS Training Center Official Use Only</p>	
<p><input type="checkbox"/> Class Cancelled <input type="checkbox"/> Student Withdrawal <input type="checkbox"/> Fail to complete class</p> <p><input type="checkbox"/> Confirmation sent (Date) _____ <input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Agency/Student Invoiced (Date) _____ <input type="checkbox"/> Payment Received (Date) _____</p>	

Revised 02/2007

LEA-42

NMDPS Training Center Policy
<p>DRESS/ATTIRE</p> <p>The Training Center maintains a professional work environment in accordance with NM Department of Public Safety Standards, therefore, uniform or appropriate business dress is required. Casual attire is prohibited unless specifically required by the course activity, as determined by the instructor. Individuals not in compliance will be dismissed or required to change into appropriate attire, and their agency will be notified. Appropriateness of clothing will be determined by the appropriate Training Bureau Chief.</p>
<p>ATTENDANCE AND CONDUCT</p> <p>Courses will generally be conducted between 8:00 a.m. and 5:00 p.m. on the starting date of each course, unless otherwise specified. The Training Bureau will administer registration procedures for programs. Students are expected to adhere to the directives established by the NMDPS Training Center.</p> <p>Following the first day of class, starting times and lunch breaks may be varied by the Instructor or Coordinator to meet special course needs.</p> <p>Students are required to attend 100% of all scheduled training sessions in each course. When attendance conflicts occur, the Instructor will determine the remediation requirements and document all remediation action taken with each student in the course file for submission to DPS.</p> <p>No outside materials unrelated to the course will be allowed. This includes items such as newspapers, magazines, books, radio/CD players, etc. Cell phones and other messaging media will remain off during class, unless otherwise approved by the instructor. Students will have regular breaks during which phone calls, messages, and personal needs may be addressed.</p> <p>Professional conduct of all students is required. Dismissal of students will be determined solely by the course instructor unless the conduct interferes with the operation of the facility, at which point, the appropriate Training Bureau Chief may dismiss the student from the facility.</p>
<p>APPLICANT ACKNOWLEDGEMENT</p> <p>I have read and understand the NMDPS Training Center dress/attire, attendance and conduct policy. I hereby understand that I am applying for the above course and I will be responsible for all charges for this course if my agency does not sponsor my participation.</p> <p>Applicant Name (Printed): _____ Signature: _____ Date: _____</p>
<p>AGENCY APPROVAL</p> <p>I hereby certify that the applicant is a member in good standing with my department. Attendance at the requested training program is authorized and my agency will be responsible for all charges.</p> <p>Agency Head/Designee Name (Printed): _____ Signature: _____</p>

Revised 02/2007

LEA-43

LEA-85 Cont. of Cert. Firearms

New Mexico Department of Public Safety Training Center
 4491 Cerrillos Road, Santa Fe, New Mexico 87507
 (505)827-9251 — (800)521-9911 (NM Only) — Fax: (505)827-3449 — www.dps.nm.gov/training

CONTINUATION OF CERTIFICATION ANNUAL FIREARMS TRAINING REPORT

Pursuant to DPS LEA Rule 10.29.9.14, the listed individual has met the firearms re-qualification requirements as noted:

Name _____
 Last First Middle

Date of Birth _____ SSN _____ Gender _____

NM State Law Enforcement Certification #: _____

Home Address: _____

City _____ State _____ Zip _____

Contact Number: _____ - _____ Email: _____

Official State of NM DPS Qualification Course Scores:

Date	Day Time Score	Night Time Score	Make	Model	Serial Number

Range facility (Agency/Location): _____

DPS Instructor (Print or Type) _____ DPS Firearm Instructor Certification Number _____

I hereby certify that I am a certified NM Department of Public Safety Firearm Instructor and the above firearms qualification scores are true and correct.

Instructor Signature _____ Date _____

Contact Number: _____ - _____ Email _____

Registry Input by: _____	Instructor Certification Verified by: _____	Firearms Qual. Processed by: _____
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LEA-85A Cont. of Cert. Officer Training 2006-2007

New Mexico Department of Public Safety Training Center
 4491 Carrillon Road, Santa Fe, New Mexico 87507
 (505)827-9251—(800)521-9911 (NM Only) — Fax: (505)827-3449— www.dps.nm.org/training

Law Enforcement Officer

Continuation Of Certification Annual In-Service Training Report

Page: 1/2

Reporting Period: Year 1(Biennium Period): 20____
 Year 2(Biennium Period): 20____

Pursuant to DPS LEA Rule 10.29.7.8, the listed courses are submitted in fulfillment of the TWENTY (20) hour annual in-service training requirements.

Name _____
 Last First Middle
 Date of Birth SSN Gender

NM State Law Enforcement Certification #: _____

Home Address: _____ City _____ State _____

Zip _____ Contact Number _____ - _____

Email: _____

Training Certification

I _____ hereby certify that the attached (page2)
 (Certified Officer/Individual requesting continuation of certification)

information is true and correct and I have completed the listed courses and I have attached as proof of attendance all training certificate(s) or proof of course attendance .
 OR

a memorandum of completed training, from the Sponsoring Agency/Training Director/Instructor as proof of completion of training.

Signature _____ Date _____
 (Submitting Officer)

New Mexico Department of Public Safety Training Center
 4491 Carrillon Road, Santa Fe, New Mexico 87507
 (505)827-9251—(800)521-9911 (NM Only) — Fax: (505)827-3449— www.dps.nm.org/training

Page: 2/2

2006-2007 BIENNIUM AGENCY IN-SERVICE TRAINING REPORT

Last Name: _____ First Name: _____ Cert. #: _____

Legislative Mandated Training Hours: 10.29.7.8.A (minimum 7 hours)					
Course	Date Attended	Hours Mandated	Hours Taken	Instructor(s)	Location
Domestic Violence		1			
Hate Crime		2			
Persuit Policy		4			
TOTAL HOURS:		7			

NMAC Rule 10.29.7.8.A: Maintenance training/education (20 hour: minimum)				
Date Attended	Course Title	Course Hours	Location/Agency	Instructor(s)
	DWI/SFST Update/ Instructor Update	8/16		
TOTAL HOURS:				

NMAC Rule 10.29.7.8.B: Advanced and specialized training (20 hour: minimum)				
Date Attended	Course Title	Course Hours	Location/Agency	Instructor(s)
TOTAL HOURS:				

(use additional sheets if necessary)

Date Submitted: _____

Registry Input by: _____ Certificate/Hours Verified by: _____ Biennium Training Processed by: _____

LEA-85A Cont. of Cert. Officer Training 2008-2009

Page 1/2

Law Enforcement Officer

Continuation Of Certification - Annual In-Service Training Report

Reporting Period: Year 1 (Biennium Period) 2008
 Year 2 (Biennium Period) 2009

Pursuant to DPS LEA Rule 10.29.7.8, the listed courses are submitted in fulfillment of the **TWENTY (20) hour annual** in-service training requirements.

Name _____
 Last _____ First _____ Middle _____
 Date of Birth _____ SSN _____ Gender _____
 NM State Law Enforcement Certification #: _____
 Home Address: _____ City _____ State _____
 Zip _____ Contact Number _____ - _____
 Email: _____

Training Certification

I _____ hereby certify that the attached (page2)
 (Certified Officer/Individual requesting continuation of certification)

information is true and correct and I have completed the listed courses and I have attached as proof of attendance all training certificate(s) or proof of course attendance ,
OR

a memorandum of completed training, from the Sponsoring Agency/Training Director/Instructor as proof of completion of training.

Signature _____ Date _____
 (Submitting Officer)

Revised 10/2007

LEA-85A

Registry Input by:

Certificate/Hours Verified by:

Biennium Training Processed by:

Page 2/2

2008-2009 BIENNIUM AGENCY IN-SERVICE TRAINING REPORT

Last Name: _____ First Name: _____ Cert. #: _____

Mandated Training Hours: 10.29.7.8.A (minimum 15 hours)					
Date Attended	Course	Hours Mandated	Hours Taken	Instructor(s)	Location
	Domestic Violence	1			
	Hate Crimes	2			
	Pursuit Policy	4			
	Children upon Arrest	4			
	Firearms Day	2			
	Firearms Night	2			
SUB-TOTAL HOURS:		15			

NMAC Rule 10.29.7.8 Non-mandated training hours				
Date Attended	Course Title	Course Hours	Location/Agency	Instructor(s)
	DWI/SFST Update (optional)	8		
SUB-TOTAL HOURS:				
Grand Total (Minimum 20/year)				

Use additional sheets as necessary.

Note: Must be submitted annually

LEA-85B Cont. of Cert. PST Training

New Mexico Department of Public Safety Training Center
 4491 Carrillon Road, Santa Fe, New Mexico 87507
 (505)827-9251—(800)521-9911 (NM Only)—Fax: (505)827-3449—www.dps.nm.gov/training

Telecommunicator
 Continuation of Certification — Annual In-Service Training Report

Reporting Period: Year 1(Biennium Period): 20____ Year 2(Biennium Period): 20____

Pursuant to DPS LEA Rule 10.29.7.9, the listed courses are submitted in fulfillment of the TEN (10) hour annual in-service training requirements. (Due no later than January 15 of each year.)

Name _____
 Last First Middle
 Date of Birth SSN Gender _____
 NM State Law Enforcement Certification #: _____
 Home Address: _____ City _____ State _____
 Zip _____ Contact Number _____ - _____

Training Hours: 10.29.7.9.A (Maintenance education - Minimum 3 hours).

Course	Date Attended	Hours Mandated	Hours Taken	Instructor(s)	Location
TOTAL HOURS:					

(attach all certificates)

Training Hours: NMAC Rule 10.29.7.9.B (Advanced and Specialized training/education - Minimum 3 hours).

Date Attended	Course Title	Course Hours	Location/Agency	Instructor(s)
TOTAL HOURS:				

(attach all certificates)

New Mexico Department of Public Safety Training Center
 4491 Carrillon Road, Santa Fe, New Mexico 87507
 (505)827-9251—(800)521-9911 (NM Only)—Fax: (505)827-3449—www.dps.nm.gov/training

Training Hours: NMAC Rule 10.29.7.9.C (Miscellaneous - Minimum 4 hours - see rule)

Date Attended	Course Title	Course Hours	Location/Agency	Instructor(s)
TOTAL HOURS:				

I _____ hereby certify that the above information is true and (Certified Telecommunicator/individual requesting continuation of certification) correct and I have completed the listed courses AND attached as proof of attendance my training certificate(s), or a memorandum of training, from the Sponsoring Agency/Training Director/Instructor as proof of completion of training.

Signature _____ Date _____
 (Submitting Telecommunicator)

Registry Input by:	Certificate/Hours Verified by:	Biennium Training Processed by:
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How to get the forms

- 2007 DPS Training Reference Guide 6th Revision
- Available at the DPS Training Center.
- DPS Training website:
www.dps.nm.org/training/foindex.htm
(Adobe Acrobat required)

Final Comments?

Good Luck!

Hopefully, no more of
this.....

