

INSTRUCTOR CERTIFICATION APPLICATION

Please print or type all information. If you are applying for more than one category of instructor certification, include all areas on one application.

<input type="checkbox"/> Initial Application <input type="checkbox"/> Renewal Application	<p style="text-align: center;">Specialized:</p> <input type="checkbox"/> Specialized High Risk <input type="checkbox"/> Specialized Technical <small>**</small> <input type="checkbox"/> Professional Lecturer <input type="checkbox"/> Master Instructor	
<input type="checkbox"/> General Instructor (Only DPS certified law enforcement officer or telecommunicator)		
<p>I apply to be certified as: Fill in the specialized subject category below. Use additional sheets if necessary.</p> <p>_____</p> <p>_____</p>		
<p>Qualifications: To determine qualifications for the different Instructor Certification levels, please consult the New Mexico Law Enforcement Academy Board Rules (10.29.4 NMAC). These rules can be found using the printed NMDPS Training & Recruiting Division Reference Guide that is provided to all law enforcement agencies or online at http://www.dps.nm.org/training/. In addition, if the applicant has questions about which level of Instructor Certification applies, they are encouraged to contact the DPS Training staff.</p>		
<p>Applicant Name</p> <p style="text-align: center;"><i>Last</i> <i>First</i> <i>Middle</i> <i>Maiden</i></p>		
SSN/DPS Cert#	<input type="checkbox"/> NMDPS Certified Law Enforcement Officer	<input type="checkbox"/> NMDPS Certified Telecommunicator
<p>Home Mailing Address</p> <p><i>Street or PO Box</i> <i>City</i> <i>State</i> <i>Zip</i></p>		
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>		
<p>_____</p> <p><i>Printed or Typed Name of Applicant</i> <i>Applicant Signature</i> <i>Date</i></p>		
<p>I certify the applicant is responsible for conducting training for my department and recommend that an instructor certificate be issued.</p>		
<p>_____</p> <p><i>Sponsoring Agency</i> <i>Type or Print Name of Agency Head</i> <i>Title</i></p>		
<p>_____</p> <p><i>Agency Mailing Address</i> <i>City</i> <i>State</i> <i>Zip</i></p>		
<p>_____</p> <p><i>Agency Telephone Number</i> <i>Agency Head/Designee Signature</i> <i>Date</i></p>		

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EDUCATION		List all specialized training received in support of this application. Copies of all certificates must be attached.						
DATE (Mo/Year)		School Attended and Mailing Address (use additional sheets if necessary).						
TRAINING CONDUCTED		Use additional sheets if necessary						
Date(s)		Course Title and Location						
SPECIALIZED ASSIGNMENTS		Use additional sheets if necessary			ACADEMY EXPERIENCE		Use additional sheets if necessary	
Speciality		Years Experience	Total Cases Successfully Worked	Court Established Expert (Yes or No)	Basic Academy Instructor in Specialty Class #	Date(s)	Site/Location	Subject
example Burglary		2.5	131	Yes	NMLEA #125	10/92	Santa Fe	Burglary