

## **NEW MEXICO LAW ENFORCEMENT ACADEMY FORMS**

- LEA-BPOT Police Officer Training Paperwork CHECKLIST
- LEA-PST Public Safety Telecommunicator Training Paperwork CHECKLIST
- LEA-CBW Police Certification by Waiver Training Paperwork (Part I and Part II) CHECKLIST
- LEA-CSNB Continuation of Service Reactivation of NM Certification Paperwork CHECKLIST
- LEA-1 Basic Training and Re-certification Request
- LEA-2 Police Officer Employment Verification
- LEA-3 Medical Report (17 pages)
  - LEA-EV - Vision Accommodation Request
  - LEA-CV - Color Vision Accommodation Request
  - LEA-EH - Hearing Accommodation Request
- LEA-3A Telecommunicator Audiology Compliance Form
- LEA-4 Psychological Examination
- LEA-5 Fingerprint Affidavit
- LEA-6 Applicant Affidavit
- LEA-7 Police Radio Dispatcher Mental, Physical, Emotional Certification
- LEA-8 Waiver of Liability
- LEA-9 Release of Information
- LEA-10 Police Radio Dispatcher Employment Verification
- LEA-11 Employment History (2 pages)
- LEA-11A Continuation of Service Employment History (2 pages)
- LEA-12 Applicant Affidavit of United States Citizenship
- LEA-13 Status Verification Form (Certification by Waiver of Previous Training)
- LEA-13A Status Verification Form (Continuation of Certification)
- LEA-14 Police Physical Fitness/Wellness Verification
- LEA-15 Training Certification for First Aid and CPR
- LEA-42 Advanced Training and Critical Incident Response Training Application (2 pages)
- LEA-62 Distance Learning and Multi-media Training Roster
- LEA-65 Instructor Certification Application (2 pages)
- LEA-65A DWI/SFST Instructor Certification Application (2 pages)

## **NEW MEXICO LAW ENFORCEMENT ACADEMY FORMS**

- LEA-82 Agency Employment Action
- LEA-82A Change of Mailing Address Request
- LEA-82B Change of Name Request
- LEA-83 Annual Agency Firearm Re-Qualifications Report (3 pages)
- LEA-83A Agency Firearms Scores Report Form
- LEA-84 2010-2011 Agency LEO Biennium In-Service Training Report (4 pages)
- LEA-84A 2010-2011 Agency PST Biennium In-Service Training Report (4 pages)
- LEA-85 Continuation of Certification – Annual Firearm Training Report
- LEA-85A 2010-2011 Continuation of Service LEO In-service Training Report (2 pages)
- LEA-85B 2010-2011 Continuation of Service PST In-service Training Report (2 pages)
- LEA-86 Request for Course Accreditation
- LEA-86A Request for Conference Certification
- LEA-86B Course Attendance Roster
- LEA-86C Course Attendance Sign-in/Out Tracking Roster
- LEA-87 Request for DWI/SFST Course Accreditation (2 pages)
- LEA-88 Advanced Certification Application (2 pages)
- LEA-90 Officer Misconduct Report (2 pages)
- LEA-91 Facility Reservation Request

## POLICE OFFICER TRAINING PAPERWORK CHECKLIST

The following documents must be submitted for enrollment in the New Mexico Department of Public Safety Training Center's Basic Police Officer Training Program, or New Mexico Regional Academy Program. **Incomplete applications will be returned.**

### ITEMS REQUIRED BY ALL APPLICANTS

- Form No. LEA-1** – Application for Admission/Certification.
- Form No. LEA-2** – Employment Verification. Form must have original signatures.
- Form No. LEA-3** – Medical Examination Procedures, Medical History Statement and Medical Selection Guidelines. Examination must be dated within one year prior to admission to applicable program. Must have original signatures. (pages 1-17).
- Form No. LEA-4** – Current Psychological Examination. Form must have original signatures. Examination must include psychologist's narrative and be dated within one year prior to admission to applicable programs.
- Form No. LEA-5** – Fingerprint Affidavit. Form must have original signatures. . **Submit only after FBI and DPS clearances have been received.**
- Form No. LEA-6** – Applicant Affidavit. Form must have original signatures.
- Form No. LEA-8** – Waiver of Liability. Form must have original signatures.
- Form No. LEA-9** – Release of Information. Form must have original signatures.
- Notarized** copy of high school diploma, G.E.D. certificate or college diploma.
- Form No. LEA-12** – Applicant Affidavit of United States Citizenship **or** proof of U.S. citizenship issued by an official government agency. **Hospital birth records and baptismal records are not acceptable. Photocopies of birth certificates and Naturalization papers are not legal under New Mexico Law.**
- Form No. LEA-14** – Physical Fitness Verification. Form must have original signatures.
- Form No. LEA-15** Training Certification for FIRST AID & CPR
- Form No. LEA-82** - Agency Employment Action. Form must have been previously submitted by employing agency or attached to this application.
- Notarized** copy of current valid driver's license.
- Notarized** copy of DD214 form (if applicant has had military service) must have character of service.

Mail Entire Packet to:

New Mexico Department of Public Safety  
Training Center, DPS/TRD, ATTN: BASIC  
4491 Cerrillos Road, Santa Fe, NM 87507

#### DPS Use Only: DPS Use Only:

- Basic Bureau Review by: \_\_\_\_\_ Date \_\_\_\_\_
- Regional Academy Review by: \_\_\_\_\_ Date \_\_\_\_\_
- Incomplete - Returned to agency/academy Date returned: \_\_\_\_\_
- Approved by Deputy Director \_\_\_\_\_ Date approved: \_\_\_\_\_
- Date Permanent file created: \_\_\_\_\_ File number \_\_\_\_\_

Skills manger profile created by \_\_\_\_\_ Date \_\_\_\_\_

Profile creation pending. Reason: \_\_\_\_\_

Academy Location: \_\_\_\_\_

Academy Dates \_\_\_\_\_

## PUBLIC SAFETY TELECOMMUNICATOR TRAINING PAPERWORK CHECKLIST

The following documents must be submitted for enrollment in the New Mexico Department of Public Safety Training Center's Basic Public Safety Telecommunicator Training Program, OR New Mexico Regional Academy Public Safety Telecommunicator Graduate Program. **Incomplete applications will be returned.**

### ITEMS REQUIRED BY ALL APPLICANTS

- Form No. LEA-1** - Application for Admission/Certification.
- Form No. LEA-3A** - PST Audiology Compliance Form.
- Form No. LEA-5** - Fingerprint Affidavit. Form must have original signatures. *Submit only after FBI and DPS clearances have been received.*
- Form No. LEA-6** - Applicant Affidavit. Form must have original signatures.
- Form No. LEA-7** - Mental, Physical, Emotional Certification by department head. Form must have original signatures.
- Form No. LEA-8** - Waiver of Liability. Form must have original signatures.
- Form No. LEA-9** - Release of Information. Form must have original signatures.
- Form No. LEA-10** - Employment Verification. Form must have original signatures.
- Form No. LEA -12**- Applicant Affidavit of United States citizenship or legal residency or proof U.S. citizenship issued by an official government agency. **Hospital birth records and baptismal records are not acceptable. Photocopies of birth certificates and naturalization papers are not legal under New Mexico Law.**
- Form No. LEA-82** - Agency Employment Action. Form must have been previously submitted or attached to this application.
- Notarized** copy of high school diploma, G.E.D. certificate or college diploma, or official/certified transcripts.
- Notarized** copy of DD214 form (**if applicant has had military service**) must have character of service.

- Purchase Order** for tuition.
- Notarized** copy of Handicap Statement.

Mail Entire Packet to:  
 New Mexico Department of Public Safety  
 Training Center, DPS/TRD, ATTN: CIRT  
 4491 Cerrillos Road, Santa Fe, NM 87507

Academy Location: _____
Academy Dates _____

**DPS Use Only: DPS Use Only:**

- Basic Bureau Review by: \_\_\_\_\_ Date \_\_\_\_\_
- Regional Academy Review by: \_\_\_\_\_ Date \_\_\_\_\_
- Incomplete - Returned to agency/academy Date returned: \_\_\_\_\_
- Approved by Deputy Director Date approved: \_\_\_\_\_
- Date Permanent file created: \_\_\_\_\_ File number \_\_\_\_\_

- Skills manger profile created by \_\_\_\_\_ Date \_\_\_\_\_
- Profile creation pending. Reason: \_\_\_\_\_

**CERTIFICATION BY WAIVER OF PREVIOUS TRAINING – PART I  
 VERIFICATION OF ELIGIBILITY CHECKLIST**

The following documents must be submitted for approval and verification of eligibility to attend the Certification by Waiver of Previous Training Program. **Incomplete applications will be returned. *Once eligibility is verified applicant must complete and submit the CBW Part II Application Packet***

**ITEMS REQUIRED BY ALL APPLICANTS**

- Letter** addressed to the Director requesting approval to attend the Certification by Waiver (CBW) program.
- Form No. LEA-11** – Employment History Form.
- Form No. LEA-13** – Training Status Verification Form
- Notarized proof** of completion of a basic law enforcement academy from a recognized law enforcement academy.
- Notarized certificate** from a law enforcement Spanish class. Individuals without a certificate must successfully pass the NMLEA Spanish challenge exam during training.
- Documentation** of the basic police academy course curriculum that was completed for basic law enforcement certification with beginning and ending dates of the basic training program including total number of basic academy training hours completed.
- Copy** of P.O.S.T. certified training transcript. (if available)
- Copy** of all advanced training certificates and in-service training certificates completed. Credit will only be given to training certificates that indicate the specific number of hours of training completed. No credit will be given for certificates that do not indicate hours of training.
- Proof of Retirement** from law enforcement (if applicable).

Mail Completed Packet to:  
 New Mexico Department of Public Safety  
 Training Center, ATTN: Advanced Training Bureau  
 4491 Cerrillos Road, Santa Fe, NM 87507

DPS use only: CBW Location: _____ CBW Dates: _____
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**DPS Use Only:**

- Advanced Bureau CBW Review by: \_\_\_\_\_ Date: \_\_\_\_\_
- Regional CBW Academy Review by: \_\_\_\_\_ Date: \_\_\_\_\_

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- Incomplete - Returned to applicant      Date returned: \_\_\_\_\_
  - Complete - Forwarded to Deputy Director      Date forwarded: \_\_\_\_\_

Final Computation of Training Hours:  
 Basic Academy Hrs: \_\_\_\_\_      Advanced/In-service Hours: \_\_\_\_\_      Experience: \_\_\_\_\_  
 CBW Hrs: \_\_\_\_\_      **Total Hours:** \_\_\_\_\_

**DPS Use Only**

- Deputy Director Reviewed      By: \_\_\_\_\_      Date Approved: \_\_\_\_\_
  - Director Rejected      By: \_\_\_\_\_      Date Rejected: \_\_\_\_\_
- Date notification sent to applicant: \_\_\_\_\_

## CERTIFICATION BY WAIVER OF PREVIOUS TRAINING – PART II APPLICATION PAPERWORK CHECKLIST

The following documents must be submitted for enrollment in the New Mexico Department of Public Safety Training Center’s Certification by Waiver of Previous Training Program, or New Mexico Regional CBW Program. **Incomplete applications will be returned.**

### ITEMS REQUIRED BY ALL APPLICANTS

- Form No. LEA-1** – Application for Admission/Certification.
- Form No. LEA-2** – Employment Verification. Form must have original signatures.
- Form No. LEA-3** – Medical Examination Procedures, Medical History Statement and Medical Selection Guidelines. Examination must be dated within one year prior to admission to applicable program. Must have original signatures. (pages 1-17).
- Form No. LEA-4** – Current Psychological Examination. Form must have original signatures. Examination must include psychologist’s narrative and be dated within one year prior to admission to applicable programs.
- Form No. LEA-5** – Fingerprint Affidavit. Form must have original signatures. . *Submit only after FBI and DPS clearances have been received.*
- Form No. LEA-6** – Applicant Affidavit. Form must have original signatures.
- Form No. LEA-8** – Waiver of Liability. Form must have original signatures.
- Form No. LEA-9** – Release of Information. Form must have original signatures.
- Notarized** copy of high school diploma, G.E.D. certificate or college diploma.
- Form No. LEA-12** – Applicant Affidavit of United States Citizenship **or** proof of U.S. citizenship issued by an official government agency. **Hospital birth records and baptismal records are not acceptable. Photocopies of birth certificates and Naturalization papers are not legal under New Mexico Law.**
- Form No. LEA-14** – Physical Fitness Verification. Form must have original signatures.
- Form No. LEA-82** - Agency Employment Action. Form must have been previously submitted by employing agency or attached to this application.
- Notarized** copy of current valid driver’s license.
- Notarized** copy of DD214 form (if applicant has had military service) must have character of service.

Mail Entire Packet to:  
 New Mexico Department of Public Safety  
 Training Center, ATTN: Advanced Training Bureau  
 4491 Cerrillos Road, Santa Fe, NM 87507

DPS USE ONLY
CBW Location: _____
CBW Dates _____

**DPS Use Only:**

- Part I** Approved by Deputy Director: \_\_\_\_\_ Date: \_\_\_\_\_
- Advanced Training Bureau Review by: \_\_\_\_\_ Date: \_\_\_\_\_
- Regional CBW Academy Review by: \_\_\_\_\_ Date : \_\_\_\_\_ (If Applicable)
- Incomplete - Returned to agency/academy Date returned: \_\_\_\_\_
- Part II** Approved by Deputy Director: \_\_\_\_\_ Date: \_\_\_\_\_
- Date Permanent file created: \_\_\_\_\_ File number \_\_\_\_\_ (If Applicable)
  
- Skills Manger profile created by \_\_\_\_\_ Date \_\_\_\_\_
- Out of State Certification entered into profile by: \_\_\_\_\_ Date: \_\_\_\_\_ (If Applicable)
- Profile creation pending. Reason: \_\_\_\_\_

**CONTINUATION OF SERVICE  
 REACTIVATION OF NM CERTIFICATION  
 PAPERWORK CHECKLIST**

The following documents must be submitted for approval and verification of eligibility to be recognized as not having a break in service and re-activation of your NM Law Enforcement Certification. **Incomplete applications will be returned.**

**ITEMS REQUIRED BY ALL APPLICANTS**

- Letter** addressed to the Director requesting approval of recognition of no break in law enforcement service and re-activation of NM Certification.
- Form No. LEA-6** – Criminal History Affidavit.
- Form No. LEA-11A** – Employment History Form.
- Form No. LEA-13A** – Training Status Verification Form (One per employing agency must be submitted).
- Copy** of any P.O.S.T. or Federal certified training transcript. (if available)
- Copy** of all advanced training certificates and in-service training certificates completed.

Mail Entire Packet to:  
 New Mexico Department of Public Safety  
 Training Center, DPS/TRD  
 4491 Cerrillos Road, Santa Fe, NM 87507

**DPS Use Only:**

Review by: \_\_\_\_\_ Date \_\_\_\_\_

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Incomplete - Returned to applicant      Date returned: \_\_\_\_\_

Complete - Forwarded to Deputy Director      Date forwarded: \_\_\_\_\_

**Computation of Training Hours:**

Basic Academy Hrs \_\_\_\_\_ Advanced/In-service Hours \_\_\_\_\_ Experience: \_\_\_\_\_

Total Hours: \_\_\_\_\_

Director Approval    By: \_\_\_\_\_ Date Approved \_\_\_\_\_

Director Rejected    By: \_\_\_\_\_ Date Rejected \_\_\_\_\_

Date notification sent to applicant: \_\_\_\_\_

## BASIC TRAINING AND RE-CERTIFICATION REQUEST

CHECK APPROPRIATE CATEGORY	
Law Enforcement Officer	Public Safety Telecommunicator
<input type="checkbox"/> NMDPS Basic Training <input type="checkbox"/> Certification by Waiver of Previous Training <input type="checkbox"/> Previously New Mexico Certified <input type="checkbox"/> Previously Certified in another State <input type="checkbox"/> NM Regional/Satellite Academy	<input type="checkbox"/> NMDPS Basic Public Safety Telecommunicator Training <input type="checkbox"/> Certification by Waiver of Previous Training <input type="checkbox"/> NM Regional/Satellite Academy

*Please type or print all information. Incomplete applications will be returned.*

<b>Name:</b>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border-bottom: 1px solid black;">Last</td> <td style="width: 25%; border-bottom: 1px solid black;">First</td> <td style="width: 25%; border-bottom: 1px solid black;">Middle</td> <td style="width: 25%; border-bottom: 1px solid black;">Maiden</td> </tr> </table>				Last	First	Middle	Maiden
Last	First	Middle	Maiden					
Date of Birth:	Place of Birth:	Social Security Number:	Race:					
Applicant Mailing Address:		Street or P.O. Box						
(Applicant Telephone Number) (    )	City	State	Zip					
<b>AGENCY NAME:</b>								
Agency Contact Person:	Name/Title:	Telephone Number						
Agency Mailing Address:		Street or P.O. Box						
		City	State	Zip				
Date of Employment:	Date of L.E. Commission:	Job Title:						
I certify that the foregoing information supplied by me is true and correct.								
_____			_____					
<b>Applicant Signature</b>			<b>Date</b>					
<b>DPS Use Only</b>		<b>DPS Use Only</b>						
<input type="checkbox"/> Registry Input Processed By _____		<input type="checkbox"/> Training Processed By _____						
<input type="checkbox"/> Certification #: _____		<input type="checkbox"/> Permanent File#: _____						
<b>Retired Law Enforcement Officer:</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No						



## **MEDICAL EXAMINATION PROCEDURE**

Prior to admission to a Basic Police Officer Training (BPOT) or Certification by Waiver of Previous Training (CBW) program at the Academy or an accredited regional/satellite academy, all applicants must undergo a medical examination conducted by a licensed physician. This examination must be conducted in accordance with the Medical Selection Guidelines. The examination is considered valid for 1 year. The Academy will provide standard medical examination forms to be completed by the examining physician.

The following are the minimum requirements for the medical examination:

### **Medical History**

The applicant must complete, sign and date the Medical History Statement.

### **Physician's Examination**

The examining physician will review the applicant's Medical History Statement and the Medical Selection Guidelines (Subsection G of 10.29.9.17 NMAC - Tab 2 of Reference Guide) prior to completing, signing, and dating the Medical Examination Report.

### **Laboratory Tests**

The following laboratory tests are required:

**(Test results outside of established norms must be recorded and explained on page 17 of this section.)**

1. Blood Chemistry (Chem 20 or equivalent)
2. Complete Blood Count (CBC)
3. Complete Urinalysis (not Dipstick)
4. Serology (RPR or equivalent)
5. Tuberculosis (Mantoux)
6. Electrocardiogram (ECG) (Resting)
7. Chest X-ray (CXR) **Only required if #5 is positive.**
8. Drug Screen (THC, Cocaine, Amphetamines, Opiates, Barbiturates, Methadone, Methaqualone, Phencyclidine, Propoxyphene, Benzodiazepines, Alcohol, Anabolic Steroids)

### **Potentially Excludable Conditions**

The term "Potentially Excludable Condition," as used in the Medical Selection Guidelines, means conditions and/or laboratory results outside of the established standard or generally accepted medical norms. Any potentially excludable condition must be identified and explained by the examining physician on a separate form.

### **Fitness Screening Standards**

All BPOT applicants must demonstrate a minimum fitness level as measured by five tests that identify specific areas of physical fitness. These tests are measured at the 40<sup>th</sup> percentile and based upon standards established by the Institute for Aerobics Research. BPOT applicants must meet or exceed the passing score for each test to be enrolled in the Academy or an accredited regional/satellite academy. Fitness screening standards are listed in the Physical Performance Information Section. BPOT applicants are required to complete the 1.5 mile run and 300 meter run at the 60<sup>th</sup> percentile and the two agility courses prior to certification. CBW applicants are required to complete the 1.5 mile run and 300 meter run at the 50<sup>th</sup> percentile and the two agility courses prior to certification.

### **Review Physical Conditioning Program**

The physical conditioning program involves exercise that focuses on cardio-respiratory endurance (aerobics), strength, power, speed, and neuromuscular coordination (agility, balance, etc.). Exercise sessions are both high intensity and high impact. Specific information on the Physical Conditioning Program is detailed in the Physical Performance Information Section.

### **Review Job Description, Essential Job Tasks, and Academy Related Physical Stresses**

The examining physician will review the police officer description as well as the essential job tasks found behind Tab 3 of the Reference Guide.

### **Physician's Certification**

The examining physician must consider the following for each applicant:

- Medical History Statement
- Physical Examination
- Laboratory Results
- Potentially Excludable Conditions
- Fitness Screening Standards
- Essential Job Tasks
- Job Description
- Academy Related Physical Stresses

Subsequent to the review of the above, the physician will indicate one of the following:

1. The applicant **has passed** the minimum medical standards as established by the New Mexico Law Enforcement Academy Board without exclusions, or;
2. The applicant **has one or more potentially excludable conditions** from the minimum medical standards as established by the New Mexico Law Enforcement Academy Board, but **can perform the functions** of a law enforcement officer with accommodations (explanation attached), or;
3. The applicant **has one or more potentially excludable conditions** from the minimum medical standards as established by the New Mexico Law Enforcement Academy Board, and **cannot perform the functions** of a law enforcement officer (explanation attached).

### **Non-Conformance**

If an applicant is found to possess:

1. A laboratory result or results outside of normal reference ranges, and/or;
2. Any "potentially excludable condition(s)" which has been identified on the appropriate form, examining physician will note the condition(s) and/or result(s) on the Medical Examination Report and indicate what accommodations, if any, can be provided to the applicant.

Applicants who are found to be in non-conformance will have their application reviewed by the physician and the employer. The employer will make a decision as to whether any particular proposed accommodation is acceptable and reasonable.

### **Academy Review**

The Academy reserves the right to determine if the applicant has any condition(s) which may pose a direct threat to the applicant's safety and/or the safety of others in attending and participating in all aspects of the training program. Applicants who come to the Academy, either with or without accommodation(s), can be determined by the Director to possess a physical/medical condition that presents a threat to the applicant's safety and/or that of others. Admission to the Academy may be denied, provided no reasonable accommodations can be found.

### **Appeal**

If an applicant considers him/herself protected by the Americans with Disabilities Act, and is rejected by the Employer, he/she may pursue recourse through the courts.

If an applicant is rejected due to a medical condition of particular severity, he/she can appeal to the Medical Review Board - which is a subcommittee of the New Mexico Law Enforcement Academy Board.

If the Academy Director has rejected the applicant, he/she may appeal to the Medical Review Board. In this instance, the Director, who is a member of the Medical Review Board, shall excuse him/herself from the appeal.

Refer to 10.29.9.17 NMAC for additional information concerning Medical Review Procedures.

## **PHYSICAL PERFORMANCE INFORMATION**

The applicant being examined must obtain a medical clearance to participate in the Basic Police Officer Training (BPOT) or Certification by Waiver of Previous Training (CBW) program at the Academy or at an accredited regional/satellite academy. Both programs require a certain level of physical activity as follows:

- (1) Fitness Standards, screening for BPOT and certification for BPOT and CBW
- (2) Agility Courses
- (3) Academy Related Stressors:
  - (a) Physical Conditioning Program
  - (b) Defensive Tactics Training
  - (c) Firearms Training
  - (d) Academic Requirements

### **1. Fitness Standards**

Prior to entering a BPOT the applicant is screened for a minimum fitness level as measured by a battery of five tests with two potential alternates. These tests are based upon the 40th percentile as established by the Institute for Aerobics Research. Applicants must meet the minimum standard or they will be dismissed from the BPOT program. BPOT applicants are required to complete the 1.5 mile run and 300 meter run at the 60<sup>th</sup> percentile and the two agility courses prior to certification. CBW applicants are required to complete the 1.5 mile run and 300 meter run at the 50<sup>th</sup> percentile and the two agility courses prior to certification. See pages 4 and 6.

### **2. Agility Courses**

The applicant must perform simulated job tasks while wearing a ten (10) lb. weight, which represents standard duty equipment. **Agility Course 1 - Pursuit:** must be completed in 3 minutes and 5 seconds. **Agility Course 2 - Rescue:** must be completed in 42 seconds. See page 5.

### **3. Academy-Related Physical Stressors:**

#### **3a. Physical Conditioning Program**

The BPOT fitness program involves a minimum of 1 hour per day, 3 days a week. The program focuses on cardio-respiratory endurance (aerobics), strength, muscular endurance, speed, agility and balance. Exercise routines may consist of sprinting, long-distance runs of 3 to 5 miles, circuit training calisthenics, a circuit containing agility exercises, a circuit containing power exercises, lifting free weights, floor aerobics and step aerobics. Exercise sessions are both high intensity and high impact.

#### **3b. Defensive Tactics Training**

This training will include mat impacts from takedown techniques, aerobic body activity, joint stretching and full range of motion movement. Leg stress may result from kneeling, twisting, turning, standing up and standing for long periods of time. Body stress may result from trunk twisting, bending, hand and grip strength, finger/hand dexterity and eye/hand coordination exercises.

#### **3c. Firearms Training**

Applicant needs the ability to maintain continuous good balance, stand for long periods of time, hold a three pound object in an extended arm position long periods, moderate to strong gripping ability, good finger and hand dexterity. Applicant will also need average or above average eye and hand coordination, kneeling ability, and possess uncorrected or corrected visual acuity of 20/30 in both eyes combined.

#### **3d. Academic Requirements**

Applicant will sit for long periods of time and maintain a forward leaning position at a table or desk and must possess normal hearing ability, normal writing dexterity and writing ability.

## ENTRY FITNESS STANDARDS - 40th PERCENTILE

### #1 Upper Body Strength

1 minute maximum number of push-ups

Age	Male	Female <i>Modified</i>	Female <i>Full Body</i>
20-29	29	23	15
30-39	24	19	11
40-49	18	13	9
50-59	13	12	9
60+	10	5	9

### #2 Muscular Endurance

1 minute maximum number of sit-ups

Age	Male	Female
< 20	41	32
20-29	38	32
30-39	35	25
40-49	29	20
50-59	24	14
60+	19	6

### #5 Flexibility

sit and reach -inches

Age	Male	Female
< 20	16.5	20.5
20-29	16.5	19.3
30-39	15.5	18.3
40-49	14.3	17.3
50-59	13.3	16.8
60+	12.5	15.5

### #3 Aerobic Power

1 ½ mile run

Age	Male	Female
< 20	12:29	15:05
20-29	12:29	15:05
30-39	12:53	15:56
40-49	13:50	17:11
50-59	15:14	19:10
60+	17:19	20:55

### **Altitude Adjustments for 1 ½ Mile Run**

Under 5000 ft. No adjustment  
 5000-5999 ft. add 30 seconds  
 6000-6999 ft. add 40 seconds  
 7000-8000 ft. add 50 seconds  
 Above 8000 ft. add 60 seconds

### #4 Anaerobic Power

300 meter run

Age	Male	Female
< 20	59.0	71.0
20-29	59.0	71.0
30-39	58.9	79.0
40-49	72.0	94.0
50-59	83.2	94.0
60+	83.2	94.0

## **EXIT PHYSICAL AGILITY STANDARDS**

### **Course #1 - Pursuit and Control**

Officer is seated in his/her vehicle with seatbelt in use and wearing a 10-pound weight belt around waist to simulate gunbelt.

As the timed exercise begins the officer will:

**A** - Undo seatbelt and open the vehicle door.

**B** - Run 30 feet and open building door.

**C** - Cross threshold (4 feet) and run up two flights of stairs and pause for 60 seconds.

Rise & Run of 7"x11" is standard, 8"x10" or 6"x12" are acceptable variations. Standard floor landings are 10' high. It is appropriate, if only one floor is available, to run up, run down, run up and pause for 60 seconds. There is no restriction on how the officer negotiates the stairs. Run down the stairs and out the door.

**D** - Run 100 feet from door to a 5-foot high platform, run up steps to the top of the 5-foot platform and jump down. A ladder or ramps are acceptable variations to getting on top of the platform.

**E** - Run 37.5 feet, turn & reverse, run 37.5 feet, turn & reverse, run 25 feet to a 6 foot high wall and scale it. The wall is constructed of cinder block, unpainted with a smooth top. If the applicant chooses, he or she may drag a rigid aid or object 10 feet from the side of the wall and use it as a platform to scale the wall. The rigid aid or object will have handles, a flat top, weigh 50 lbs. and be 25" tall.

**F** - After scaling the wall, run 50 feet to a handcuff/arrest simulator, pull arms down, touch ends and hold for 60 seconds. Arrest simulator is 5' high with 60-lbs. resistance in right arm and 40 lbs. in left arm. End of exercise.

Time - 3 min. 5 sec.

### **Course #2 - Rescue**

Officer is standing at starting point wearing a 10-pound weight belt around waist to simulate gunbelt.

On signal the officer will:

**A** - Run 30 feet straight ahead and jump across a 4-foot wide barrier. The barrier is low to the ground, e.g. ditch, highway divider, etc.

**B** - Run 12.5 feet and climb, jump or hurdle over a 3-foot high barrier. The barrier is to resemble a fence or low wall, no more than 4" wide and at least 8' long made of metal or wood.

**C** - Run 12.5 feet to the back of vehicle equivalent to a full-sized police vehicle and push it 30 feet on a flat surface in the direction of a clear area where a victim extraction will take place. The car is occupied by a dummy (victim) wearing a seatbelt and weighing 190 lbs.

+ or - 10 lbs. The dummy **must** meet standards established by the NMLEA.

**D** - Approach victim's door, open the door, undo seatbelt, pull victim out of the vehicle and drag them 20 feet perpendicular to the direction of the vehicle. End of exercise.

Time - 42 sec.

## **EXIT FITNESS STANDARDS - 60<sup>TH</sup> PERCENTILE**

### **Aerobic Power**

1.5 mile run (in minutes/seconds)

Age	Male	Female
<20	11:27	13:25
20-29	11:27	13:25
30-39	11:49	14:33
40-49	12:25	15:17
50-59	13:53	17:19
60+	15:20	18:52

### **Anaerobic Power**

300 Meter Run (in seconds)

Age	Male	Female
<20	54.0	61.0
20-29	54.0	61.0
30-39	55.0	71.0
40-49	64.0	79.0
50-59	74.0	79.0
60+	74.0	79.0

## **EXIT FITNESS STANDARDS - 50<sup>TH</sup> PERCENTILE**

### **Aerobic Power**

1.5 mile run (in minutes/seconds)

Age	Male	Female
<20	11:58	14:15
20-29	11:58	14:15
30-39	12:25	15:14
40-49	13:05	16:13
50-59	14:33	18:05
60+	16:19	20:08

### **Anaerobic Power**

300 Meter Run (in seconds)

Age	Male	Female
<20	56.0	64.0
20-29	56.0	64.0
30-39	57.0	74.0
40-49	67.6	86.0
50-59	80.0	86.0
60+	80.0	86.0



### MEDICAL HISTORY STATEMENT

1. Have you been medically examined for employment in this agency before? <input type="checkbox"/> Yes <input type="checkbox"/> No If " Yes," your name at the time? _____									
2. Please list all medications you regularly use, including vitamins, birth control pills, laxatives, aspirins, antihistamines, tranquilizers, and weight reducing aids.									
3. Please list any medicines you have taken in the last two months ( <i>prescription and non- prescription</i> ).									
4. Name any drugs to which you may have ever had an allergic reaction.									
5. Please list any other substance to which you are allergic, including food, insect stings, etc.									
6. Please list your last three hospitalizations, beginning with most recent ( <i>excluding routine childbirth</i> ).									
Reason	Hospital/City	Month	Year						
Reason	Hospital/City	Month	Year						
Reason	Hospital/City	Month	Year						
7. Please list any operations you may have had which are not listed above.									
8. If a parent, grandparent, brother or sister has had any of the following diseases, please check the correct spaces.									
<table border="1" style="margin: auto;"> <tr> <td style="width: 30px; height: 30px; text-align: center; vertical-align: middle;">Mother</td> <td style="width: 30px; height: 30px; text-align: center; vertical-align: middle;">Father</td> <td style="width: 30px; height: 30px; text-align: center; vertical-align: middle;">Other</td> </tr> </table>			Mother	Father	Other	<table border="1" style="margin: auto;"> <tr> <td style="width: 30px; height: 30px; text-align: center; vertical-align: middle;">Mother</td> <td style="width: 30px; height: 30px; text-align: center; vertical-align: middle;">Father</td> <td style="width: 30px; height: 30px; text-align: center; vertical-align: middle;">Other</td> </tr> </table>	Mother	Father	Other
Mother	Father	Other							
Mother	Father	Other							
<b><u>DISEASE</u></b>		<b><u>DISEASE</u></b>							
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Cancer/Tumor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
<b>Have you ever been exposed to any of the following, whether at home, work, or in any other setting?</b>									
	<b>Yes</b>	<b>No</b>							
9.	<input type="checkbox"/>	<input type="checkbox"/>	Prolonged loud noises?						
10.	<input type="checkbox"/>	<input type="checkbox"/>	Substances which irritated your skin or eyes?						
11.	<input type="checkbox"/>	<input type="checkbox"/>	Sprays or powders for insects or plants?						
12.	<input type="checkbox"/>	<input type="checkbox"/>	Prolonged X-rays or other radiations?						
13.	<input type="checkbox"/>	<input type="checkbox"/>	Dusty conditions such as sandblasting, grinding or drilling of rock, coal, silica, asbestos, or asbestos products?						
<b>Have a bad reaction to:</b>									
14.	<input type="checkbox"/>	<input type="checkbox"/>	High environmental temperatures?						
15.	<input type="checkbox"/>	<input type="checkbox"/>	Low environmental temperature?						

### MEDICAL HISTORY STATEMENT

	<b>Yes</b>	<b>No</b>	
16.	<input type="checkbox"/>	<input type="checkbox"/>	Have you been rejected by the military for health reasons?
17.	<input type="checkbox"/>	<input type="checkbox"/>	Were you ever in the Armed Services? If "Yes", please enter the following:
18.	<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a medical discharge?
<b>Have you ever had a claim for the following:</b>			
19.	<input type="checkbox"/>	<input type="checkbox"/>	An occupational disease?
20.	<input type="checkbox"/>	<input type="checkbox"/>	An industrial accident?
21.	<input type="checkbox"/>	<input type="checkbox"/>	Have you any claim now pending for the above?
<b>If you have ever had or now have any of the following, please check the appropriate spaces.</b>			
			<b>Yes</b> <b>No</b>
22.	<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis
23.	<input type="checkbox"/>	<input type="checkbox"/>	Pneumonia
24.	<input type="checkbox"/>	<input type="checkbox"/>	Bronchitis
25.	<input type="checkbox"/>	<input type="checkbox"/>	Emphysema
26.	<input type="checkbox"/>	<input type="checkbox"/>	Asthma
27.	<input type="checkbox"/>	<input type="checkbox"/>	High Blood Pressure
28.	<input type="checkbox"/>	<input type="checkbox"/>	Heart Murmur, Heart Disease
29.	<input type="checkbox"/>	<input type="checkbox"/>	Rheumatic Fever
30.	<input type="checkbox"/>	<input type="checkbox"/>	Encephalitis, Meningitis
31.	<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy, Convulsions
32.	<input type="checkbox"/>	<input type="checkbox"/>	Glaucoma
33.	<input type="checkbox"/>	<input type="checkbox"/>	Duodenal or Stomach Ulcer
34.	<input type="checkbox"/>	<input type="checkbox"/>	Gall Bladder Trouble
35.	<input type="checkbox"/>	<input type="checkbox"/>	Liver Trouble or Hepatitis
36.	<input type="checkbox"/>	<input type="checkbox"/>	Hiatal or Diaphragmatic Hernia
37.	<input type="checkbox"/>	<input type="checkbox"/>	Sickle Cell Disease
38.	<input type="checkbox"/>	<input type="checkbox"/>	Anemia
39.	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes (Sugar Disease)
40.	<input type="checkbox"/>	<input type="checkbox"/>	Kidney Disease
41.	<input type="checkbox"/>	<input type="checkbox"/>	Rheumatism
42.	<input type="checkbox"/>	<input type="checkbox"/>	Varicose Veins
43.	<input type="checkbox"/>	<input type="checkbox"/>	Phlebitis
44.	<input type="checkbox"/>	<input type="checkbox"/>	Hay Fever
45.	<input type="checkbox"/>	<input type="checkbox"/>	Typhoid Fever
46.	<input type="checkbox"/>	<input type="checkbox"/>	Scarlet Fever
47.	<input type="checkbox"/>	<input type="checkbox"/>	Valley Fever (Coccidioidomycosis)
48.	<input type="checkbox"/>	<input type="checkbox"/>	Histoplasmosis
49.	<input type="checkbox"/>	<input type="checkbox"/>	Venereal Disease (VD, Syphilis, Gonorrhea)
50.	<input type="checkbox"/>	<input type="checkbox"/>	Cancer
51.	<input type="checkbox"/>	<input type="checkbox"/>	Hyperthyroidism
52.	<input type="checkbox"/>	<input type="checkbox"/>	Hypothyroidism
53.	<input type="checkbox"/>	<input type="checkbox"/>	Allergic Rhinitis
54.	<input type="checkbox"/>	<input type="checkbox"/>	Other (Explain Below)
			_____
			_____
			_____
55.	<input type="checkbox"/>	<input type="checkbox"/>	Have you gained or lost more than 10 pounds in past two years without trying to do so?
56.	<input type="checkbox"/>	<input type="checkbox"/>	Have you had any changes in your appetite in the past six months?
57.	<input type="checkbox"/>	<input type="checkbox"/>	Have you noticed unusual fatigue or weakness recently?
58.	<input type="checkbox"/>	<input type="checkbox"/>	Have you been told by a doctor that you had trouble with your thyroid gland?
59.	<input type="checkbox"/>	<input type="checkbox"/>	Have you noticed changes in your hair or skin color or texture?
60.	<input type="checkbox"/>	<input type="checkbox"/>	Have you had changes in the size or color of a mole (dark growth) or wart in past year?
61.	<input type="checkbox"/>	<input type="checkbox"/>	Do you have a skin rash, burning, itching or other skin sensitivity?
62.	<input type="checkbox"/>	<input type="checkbox"/>	Have you had any skin cancers removed?
63.	<input type="checkbox"/>	<input type="checkbox"/>	Have you had bleeding gums in the past year?
64.	<input type="checkbox"/>	<input type="checkbox"/>	Do you have frequent nosebleeds for no apparent reason?
65.	<input type="checkbox"/>	<input type="checkbox"/>	Do you frequently have sinus trouble?
66.	<input type="checkbox"/>	<input type="checkbox"/>	Do you have colds more than twice a month?
67.	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever coughed up blood?

### MEDICAL HISTORY STATEMENT

	Yes	No	
68.	<input type="checkbox"/>	<input type="checkbox"/>	Have you had a chest X-ray in the past two years?
69.	<input type="checkbox"/>	<input type="checkbox"/>	Do you often cough up a large amount of mucus?
70.	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever had a positive TB (Tuberculosis) skin test?
71.	<input type="checkbox"/>	<input type="checkbox"/>	Do you have unusual shortness of breath?
72.	<input type="checkbox"/>	<input type="checkbox"/>	Do your ankles or feet often swell?
73.	<input type="checkbox"/>	<input type="checkbox"/>	Have you had a feeling of pressure or tightness in your chest in the past year?
74.	<input type="checkbox"/>	<input type="checkbox"/>	Have you had a pain in your chest in the past year?
75.	<input type="checkbox"/>	<input type="checkbox"/>	Do you sometimes wake up at night short of breath?
76.	<input type="checkbox"/>	<input type="checkbox"/>	Do you get pains or cramps in the back of your legs while walking?
77.	<input type="checkbox"/>	<input type="checkbox"/>	Do you get pains or cramps in your legs at night?
78.	<input type="checkbox"/>	<input type="checkbox"/>	Do you smoke cigarettes? How many per day _____?
79.	<input type="checkbox"/>	<input type="checkbox"/>	Do you use any forms of tobacco?
80.	<input type="checkbox"/>	<input type="checkbox"/>	Do you sometimes have severe soaking sweats at night?
81.	<input type="checkbox"/>	<input type="checkbox"/>	Have you had an electrocardiogram (ECG,EKG) in the past two years?
82.	<input type="checkbox"/>	<input type="checkbox"/>	Do you suffer from indigestion or heartburn?
83.	<input type="checkbox"/>	<input type="checkbox"/>	Is swallowing painful or difficult for you?
84.	<input type="checkbox"/>	<input type="checkbox"/>	Do you frequently have pain in your stomach or abdomen?
85.	<input type="checkbox"/>	<input type="checkbox"/>	Do you frequently take antacid medications, such as Tums or Alka Seltzers?
86.	<input type="checkbox"/>	<input type="checkbox"/>	Have you vomited blood or coffee ground-like materials?
87.	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever had jaundice?
88.	<input type="checkbox"/>	<input type="checkbox"/>	Are your bowel movements ever black or bloody?
89.	<input type="checkbox"/>	<input type="checkbox"/>	Are your bowel movements ever painful?
90.	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever had hemorrhoids?
91.	<input type="checkbox"/>	<input type="checkbox"/>	Do you frequently get up at night to urinate (pass water)?
92.	<input type="checkbox"/>	<input type="checkbox"/>	Do you ever have difficulty stopping or starting urination?
93.	<input type="checkbox"/>	<input type="checkbox"/>	Have you had pain or burning with urination?
94.	<input type="checkbox"/>	<input type="checkbox"/>	Has your urine ever been red, black, brown, or bloody?
95.	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been told by a doctor that you had sugar or pus in your urine?
96.	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever had a bladder or kidney infection?
97.	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever passed kidney stones or gravel?
98.	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever had a hernia (rupture)? If "Yes", was it surgically repaired?_____
99.	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever had a minor back sprain? If "Yes," please answer the following: How many times have you had an attack of this condition?____ How many days were you unable to work because of this condition?____
100.	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever had a severe back injury or episode of severe back pain? If "Yes," please answer the following: How many times have you had an attack of this condition?____ How many days were you unable to work because of this condition?____
101.	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever had problems with low back pain?
102.	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever had a problem with any bones or joints, including fractures, dislocations, limitation of movement, stiffness, or pain? If "Yes," please describe the problems: _____
103.	<input type="checkbox"/>	<input type="checkbox"/>	Have you had any fainting spells or seizures?
104.	<input type="checkbox"/>	<input type="checkbox"/>	Have you had a skull fracture or a head injury which made you unconscious?
105.	<input type="checkbox"/>	<input type="checkbox"/>	Do you suffer from migraine headaches or other bad headaches?
106.	<input type="checkbox"/>	<input type="checkbox"/>	When you have a headache is it relieved by aspirin?

### MEDICAL HISTORY STATEMENT

107.   Do you have earaches or ear infections often?  
108.   Do you have ringing or buzzing noises in your ear?  
109.   Do you sometimes have difficulty hearing what is said to you?  
110.   Have you had any serious eye infection or injury?  
111.   Does your eye sight ever blur?  
112.   Have you had any sudden loss in your vision?

**MEN ONLY** \_\_\_\_\_

113.   Have you ever been told by a doctor that you had prostate trouble?  
114.   Have you ever had an infection in your prostate gland?  
115.   Have you ever had swelling or pain in your scrotum or testicles?

**WOMEN ONLY** \_\_\_\_\_

116.   Do you have monthly menstrual periods?  
117.   What was the date of your last period? \_\_\_\_\_  
  
118.   Are your menstrual periods painful?  
119.   When was your last pap smear? \_\_\_\_\_  
  
120.   Have you ever noticed any unusual lumps in your breasts?  
121.   Have you ever noticed a discharge from your nipples when you were neither pregnant nor nursing?  
  
122.   How many times have you been pregnant? \_\_\_\_\_  
123.   Have you ever had complications during pregnancy or following the delivery of a child?

- 
124. Describe anything else which you feel may be important in your medical history, including any conditions not specifically referred to in the preceding questions.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify that all statements in this Medical History Statement are true and complete, and I understand that any misstatements of material facts may subject me to disqualification or dismissal.

\_\_\_\_\_  
Signature in Full

\_\_\_\_\_  
Date Statement Completed



**Do not leave any space blank, if not applicable enter "N/A".**

Applicant Name ( Last, First, Middle)

**SECTION TWO Ears and Hearing**

**Minimum Hearing Standards for Police Officers**

The **average** hearing level (HL) at the test frequencies, 500, 1000, and 2000 Hz **will not exceed 25dB** in either ear, and **no single hearing level will exceed 30 dB** at any of these test frequencies in either ear.

Hearing loss at 3000 Hz will **not exceed 40 dB HL** in either ear.

**2.1 Hearing Acuity ( Audiogram Required)**

**Record the values at each Hz level**

Right (Decibels)	Left (Decibels)
(Hertz) 500 _____	(Hertz) 500 _____
1000 _____	1000 _____
2000 _____	2000 _____
3000 _____	3000 _____

*If the hearing examination has been completed by a person other than the physician signing on Page 17, please indicate below:*

\_\_\_\_\_  
Name of Examiner (Please Print)      NM Lic. #

\_\_\_\_\_  
Signature       Audiologist  
 Other \_\_\_\_\_

*1 or more Potentially Excludable Condition(s)*

**2.2 Acute Otitis Media, Otitis Externa, and Mastoiditis** \_\_\_\_\_ *(Note any abnormality)*

**2.3 Inner/Middle/Outer Ear Disorder Affecting Equilibrium** \_\_\_\_\_ ← *Enter n/a on lines to the left if not applicable*

**The conditions listed in Section Three through Section Thirteen are not meant to be exclusive. If the examining physician feels (an) other unstated condition(s) may adversely impact the ability of the candidate to perform the essential tasks of the job, it (they) should be noted for further evaluation.**

**PHYSICIAN - please mark box if condition exists. Also, initial sections indicating examinations performed.**

**SECTION THREE Nose, Throat and Mouth**

3.1 Loss of Sense of Smell \_\_\_\_\_ *(Note any abnormality)*

3.2 Aphonia, Speech Loss or Speech Defects \_\_\_\_\_ ← *Enter n/a on lines to the*

3.3 Deformities Interfering with the Proper Fitting of a Gas Mask \_\_\_\_\_ *to the left if not applicable*

Initials: \_\_\_\_\_

3.4 **Head** (Note any defect, disease or injury involving eyes, ears, nose, throat or mouth) \_\_\_\_\_

**Dentistry Recommended**

**Yes**

**No**

3.5 **Lungs** \_\_\_\_\_

**Date Chest X-rays Taken** \_\_\_\_\_

**Chest X-rays Normal**

**Yes**

**No** (report may be attached)

*(Note any abnormality) Enter n/a on line if not applicable*

*(Note any abnormality) Enter n/a on line if not applicable*

**PHYSICIAN - please mark box if condition exists. Also, initial sections indicating examinations performed. Do not leave any spaces blank.**

Applicant Name (Last, First, Middle)					
<b>SECTION FOUR                      Peripheral Vascular System</b>					
<input type="checkbox"/> 4.1 Hypertension <input type="checkbox"/> 4.2 Varicose Veins <input type="checkbox"/> 4.3 Venous Insufficiency <input type="checkbox"/> 4.4 Peripheral Vascular Diseases <input type="checkbox"/> 4.5 Thrombophlebitis					
				Initials: _____	
<b>SECTION FIVE                      Heart and Cardiovascular System</b>					
<b>Type of Action (Active)</b>		<u>Blood Pressure</u>	<u>Pulse Rate</u>	<u>Sounds</u>	<u>Rhythm</u>
<input type="checkbox"/> Running in Place <input type="checkbox"/> Other		/			
Type of Action (At Rest)		/			
Pulses (record strength)	R	L	Note any Abnormality	R	L
<b>femoral</b>					
<b>popliteal</b>					
<b>dorsal pedes</b>					
<input type="checkbox"/> 5.1 Congenital Heart Disease <input type="checkbox"/> 5.2 Valvular Heart Disease <input type="checkbox"/> 5.3 Coronary Artery Disease <input type="checkbox"/> 5.4 ECG Abnormalities (if associated with organic heart disease) - See Medical Selection Guidelines for specific abnormalities. <input type="checkbox"/> 5.5 Angina <input type="checkbox"/> 5.6 Congestive Heart Failure <input type="checkbox"/> 5.7 Cardiomyopathy <input type="checkbox"/> 5.8 Active Pericarditis, Endocarditis, and Myocarditis					
				Initials: _____	
<b>SECTION SIX                      Respiratory System</b>					
<input type="checkbox"/> 6.1 Active Pulmonary Tuberculosis <input type="checkbox"/> 6.2 Chronic Bronchitis <input type="checkbox"/> 6.3 Active Asthma <input type="checkbox"/> 6.4 Chronic Obstructive Pulmonary Disease <input type="checkbox"/> 6.5 Bronchiectasis and Pneumothorax <input type="checkbox"/> 6.6 Pneumonectomy <input type="checkbox"/> 6.7 Acute/Chronic Mycotic Diseases					
				Initials: _____	
<b>SECTION SEVEN                      Gastrointestinal System</b>					
<input type="checkbox"/> 7.1 Colitis <input type="checkbox"/> 7.2 Esophageal Disorders <input type="checkbox"/> 7.3 Hemorrhoids <input type="checkbox"/> 7.4 Pancreatitis <input type="checkbox"/> 7.5 Gall Bladder Disorders <input type="checkbox"/> 7.6 Active Peptic Ulcer Disease <input type="checkbox"/> 7.7 Symptomatic Inguinal, Umbilical, Ventral, Femoral or Incisional Hernias <input type="checkbox"/> 7.8 Malignant Disease of the Liver, Gall Bladder, Pancreas, Esophagus, Stomach, Small / Large Bowel, Rectum or Anus <input type="checkbox"/> 7.9 Gastrointestinal Bleeding <input type="checkbox"/> 7.10 Active or Chronic Hepatitis <input type="checkbox"/> 7.11 Cirrhosis of the Liver					
				Initials: _____	

**PHYSICIAN - please mark box if condition exists. Also, initial sections indicating examinations performed.**  
**Do not leave any spaces blank.**

Applicant Name (Last, First, Middle)

**People with communicable diseases must be evaluated relevant to their ability to train for and perform essential tasks without posing a direct threat to the health and safety to themselves and others.**

**SECTION EIGHT Genitourinary System**

- 8.1 Pregnancy
- 8.2 Nephrectomy
- 8.3 Acute Nephritis
- 8.4 Nephrotic Syndrome
- 8.5 Acute Renal/ Urinary Calculi
- 8.6 Renal Transplant
- 8.7 Renal Failure
- 8.8 Hydrocele and Varicocele (symptomatic)
- 8.9 Malignant Diseases of Bladder, Kidney, Ureter, Cervix, Ovaries, Breast, Prostate, etc.  
- List specific disease(s) \_\_\_\_\_
- 8.10 Active Venereal Diseases
- 8.11 Urinary Tract Infection
- 8.12 Polycystic Kidney Disease
- 8.13 Pelvic Inflammatory Disease
- 8.14 Cervicitis
- 8.15 Endometriosis
- 8.16 Bartholin Gland Abscess
- 8.17 Vaginitis
- 8.18 Inflammatory Disorders
- 8.19 Presence of Illicit Drugs

Initials: \_\_\_\_\_

**SECTION NINE Endocrine and Metabolic Systems**

- 9.1 Untreated Thyroid Disease
- 9.2 Diabetes Mellitus
- 9.3 Adrenal Dysfunctions
- 9.4 Hypoglycemia
- 9.5 Pituitary Dysfunction
- 9.6 Thyroid Tumor

Initials: \_\_\_\_\_

**SECTION TEN Skin and Collagen Diseases**

- 10.1 Serious Dermatological Disorders
- 10.2 Lupus Erythematosus
- 10.3 Contact Allergies (of a serious or relevant nature)

Initials: \_\_\_\_\_

**SECTION ELEVEN Musculoskeletal System**

- 11.1 Disorders that Limit Motor Performance
- 11.2 Cervical Spine or Lumbosacral Fusion
- 11.3 Degenerative Cervical or Lumbar Disc Disease (if symptomatic)
- 11.4 Extremity Amputation
- 11.5 Osteomyelitis
- 11.6 Muscular Dystrophy
- 11.7 Loss in Motor Ability from Tendon or Nerve Injury/Surgery
- 11.8 Arthritis

Initials: \_\_\_\_\_

**Do not leave any space blank, if not applicable enter "N/A".**

Applicant Name (Last, First, Middle)			
<b><u>SECTION ELEVEN Musculoskeletal System</u></b> (Continued)			
<input type="checkbox"/> 11.9 Joint Conditions <input type="checkbox"/> 11.10 Coordinated Balance <input type="checkbox"/> 11.11 Herniated Disc (symptomatic) <input type="checkbox"/> 11.12 Spinal Deviations <input type="checkbox"/> 11.13 Fracture Deformities (symptomatic)			Initials: _____
Musculo-Skeletal (Test flexibility by bending, stooping, squatting, and by head, arm, leg and finger motions.)			
Spine	Toe Touch (distance from floor)	Symmetry	Posture X-rays Recommended <input type="checkbox"/> Yes <input type="checkbox"/> No
Upper Extremities	Limited Function		Missing Parts
Lower Extremities	Limited Function		Missing Parts
Skin (scars, varicosities, disease, abnormalities - nature and severity)			
<b><u>SECTION TWELVE Hematopoietic and Lymphatic Systems</u></b>			
<input type="checkbox"/> 12.1 Anemia (all) <input type="checkbox"/> 12.2 Polycythemia <input type="checkbox"/> 12.3 Sickle Cell Trait <input type="checkbox"/> 12.4 Sickle Cell Disease <input type="checkbox"/> 12.5 Hematopoietic Disorders (including malignancies) <input type="checkbox"/> 12.6 Hemophilia			Initials: _____
<b><u>SECTION THIRTEEN Nervous System</u></b>			
<input type="checkbox"/> 13.1 Epilepsy <input type="checkbox"/> 13.2 Cerebral Palsy <input type="checkbox"/> 13.3 Movement Disorders <input type="checkbox"/> 13.4 Cerebral Aneurysms <input type="checkbox"/> 13.5 Syncope <input type="checkbox"/> 13.6 Progressive Neurological Diseases <input type="checkbox"/> 13.7 Peripheral Nerve Disorder <input type="checkbox"/> 13.8 Narcolepsy <input type="checkbox"/> 13.9 Cerebral Vascular Accident <input type="checkbox"/> 13.10 Central Nervous System Infections			Initials: _____
Nervous System (Describe any pathology or abnormal reflexes.)			

Applicant Name (Last, First, Middle) \_\_\_\_\_

**Please indicate the following lab tests were administered to the applicant and were within normal limits.**  
 (Please explain any test results outside of normal limits below). **It is not necessary to submit the actual lab paperwork to DPS.**

<b>Yes</b>	<b>No</b>	
<input type="checkbox"/>	<input type="checkbox"/>	1. Blood Chemistry (Chem 20 or equivalent)
<input type="checkbox"/>	<input type="checkbox"/>	2. Complete Blood Count
<input type="checkbox"/>	<input type="checkbox"/>	3. Complete Urinalysis (not Dipstick)
<input type="checkbox"/>	<input type="checkbox"/>	4. Serology (RPR or equivalent)
<input type="checkbox"/>	<input type="checkbox"/>	5. Tuberculosis (Mantoux)
<input type="checkbox"/>	<input type="checkbox"/>	6. Electrocardiogram (ECG) (Resting)
<input type="checkbox"/>	<input type="checkbox"/>	7. Chest X-ray (CXR) <b><u>ONLY REQUIRED IF #5 IS POSITIVE</u></b>
<input type="checkbox"/>	<input type="checkbox"/>	8. Drug Screen (THC, Cocaine, Amphetamines, Opiates, Barbiturates, Methadone, Methaqualone, Phencyclidine, Propoxyphene, Benzodiazepines, Alcohol, Anabolic Steriods)

**STATEMENT OF CONDITION**

**I have personally examined the applicant:**

The applicant **has passed** the minimum medical standards as established by the New Mexico Law Enforcement Academy Board without exclusions.

The applicant **has one or more potentially excludable conditions** from the minimum medical standards as established by the New Mexico Law Enforcement Academy Board, but **can perform the functions** of a law enforcement officer with accommodations. (Please explain below.)

The applicant **has one or more potentially excludable conditions** from the minimum medical standards as established by the New Mexico Law Enforcement Academy Board, and **cannot perform the functions** of a law enforcement officer. (Please explain below.)

Section Item #	Explanation (attach additional sheets if necessary)

*New Mexico Law (NMSA 1978, §29-7-6 A (5)), requires that a candidate for law enforcement officer only be examined by a licensed physician.*

Licensed Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_  M.D.  D.O.

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ NM Medical License # \_\_\_\_\_

Other State \_\_\_\_\_ Medical License # \_\_\_\_\_

***Print or type contact information, or attach a business card. Missing or illegible entries will be returned.***

## COLOR VISION ACCOMODATION FIELD EXAM

1. Applicant Name (Last, First, Middle)	2. Birth Date (Mo./ Day/Year)
---	-------------------------------

3. Department

**Color Vision Accommodation Field Exam**

**This applicant** failed to meet the minimum standards for color vision as tested on Section 1.3, page 12, section 1.3 of Medical form LEA-3. Applicants that fail the Ishihara (24 Plate Edition) have recourse of taking the Farnsworth-Munsell 100-hue Test. If this test is also failed the field test may be administered and the employing agency must attest below to the administration and successful completion of the field accommodation exam. Both field tests must be passed at 100%.

**FIRST TEST:** With five vehicles parked next to each other, applicant correctly identifies the color of five vehicles. **100% accuracy is required.**

- Red vehicle correctly identified**
- Blue vehicle correctly identified**
- Green vehicle correctly identified**
- Brown vehicle correctly identified**
- Gray vehicle correctly identified**

**Applicant failed to correctly identify all vehicles correctly (100%).**

**SECOND TEST:** With five individuals gathered in the same room, all wearing similar clothing, i.e. hat, shirt, pants; applicant will correctly identify the individual suspect wearing the Red baseball style cap, Brown shirt, and Blue pants.:

- Suspect #1: Green baseball style cap, Blue shirt, and Blue pants.
- Suspect #2: Red baseball style cap, Green shirt, and Brown pants.
- Suspect #3: Blue baseball style cap, Red shirt, and Blue pants.
- Suspect #4: Red baseball style cap, Brown shirt, and Blue pants.**
- Suspect #5: Brown baseball style cap, Green shirt, and Blue pants.

- Suspect correctly identified**
- Applicant failed to correctly identify correct suspect.**

I, \_\_\_\_\_ certify that the listed field exam for color vision was  
Please type or print Department Head  
 conducted on \_\_\_\_\_ by \_\_\_\_\_ on  
Applicant Officer/Department representative  
 (date) \_\_\_\_\_ and the results listed are correct.

Department Head Signature \_\_\_\_\_

**State of New Mexico**                    }  
**County of** \_\_\_\_\_}SS

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me personally appeared  
 \_\_\_\_\_ known to me to be the person whose name is subscribed

**Department Head**  
 to the above instrument and acknowledged the same to be his/her own free act and deed.  
 Notary Public \_\_\_\_\_ My commission expires: \_\_\_\_\_

**(SEAL)**

## **EARS/HEARING ACCOMODATION FIELD EXAM**

1. Applicant Name (Last, First, Middle)	2. Birth Date (Mo./ Day/Year)
---	-------------------------------

3. Department \_\_\_\_\_

**Ears and Hearing Accommodation Field Exam**

**This applicant** failed to meet the one or more of the parameters for hearing in Section 2.1. This field test simulation must first be administered to an individual with acceptable hearing and then to the applicant that is hearing impaired. The purpose of the field test is to determine if the applicant can hear words or sounds that are safety sensitive to him or another. If the applicant has hearing loss at a significant level in both ears, it does not matter which direction the projected sound comes from. If the applicant has hearing loss at a significant level in one ear, or one ear worse than the other, then the projected sound must come from the direction of the affected ear. The field test consists of the following. Both field tests must be passed at 100%.

**FIRST TEST:** The **first test** consists of three parts and simulates an officer contact with an individual on a busy street, highway, or interstate located within the agency jurisdiction.

**Part 1:** Officer approaches an accident scene with a victim trapped inside the vehicle. The victim tells the officer that their leg is trapped under the steering column. Victim will speak in a normal voice.

- Officer correctly hears victim's words.**
 **Officer failed to correctly hear victim's words.**

**Part 2:** Officer approaches a traffic violator and is speaking with the driver when his partner back at the patrol car calls out, from 30 feet away, that the man in the back seat has a gun. Partner officer will speak in an excited voice and louder than normal volume.

- Officer correctly hears partner's words.**
 **Officer failed to correctly hear partner's words.**

**Part 3:** Officer is conducting a field interview of an individual when a second individual approaches from behind and says in a normal voice, from 10 feet away, "I am going to kill you."

- Officer correctly hears individual's words.**
 **Officer failed to correctly hear individual's words.**

**SECOND TEST:** consists of three parts and simulates an officer in a building conducting a search in a dark and silent room, aside from normal HVAC operations.

**Part 1:** Officer will listen to directions whispered by partner officer in same area, 15 feet away.

- Officer correctly hears partner's directions**
 **Officer failed to correctly hear partner's directions.**

**Part 2:** Officer will hear a suspect breathing normally from 10 feet away around a corner.

- Officer correctly hears suspect breathing.**
 **Officer failed to hear suspect's breathing.**

**Part 3:** Officer will hear a trigger being cocked/or slide being manipulated, from 15 feet away in the same room.

- Officer correctly hears weapon.**
 **Officer failed to correctly hear weapon.**

- Applicant passed all six tests.**
 **Applicant failed one or more tests.**

I, \_\_\_\_\_ certify that the listed field exam for hearing was

Please type or print **Department Head**

conducted on \_\_\_\_\_ by \_\_\_\_\_ on

Applicant

Officer/Department representative

(date) \_\_\_\_\_ and the results listed are correct.

Department Head Signature \_\_\_\_\_

State of New Mexico                    }  
 County of \_\_\_\_\_ }SS

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me personally appeared \_\_\_\_\_ known to me to be the person whose name is subscribed

**Department Head**

to the above instrument and acknowledged the same to be his/her own free act and deed.

Notary Public \_\_\_\_\_ My commission expires: \_\_\_\_\_

**(SEAL)**





**PSYCHOLOGICAL EXAMINATION** (refer to 10.29.9.12 NMAC)

The testing and interviewing performed to determine and applicant's suitability to serve as a law enforcement officer in New Mexico will be designed, administered, and scored in such a manner that it insures that no applicant is discriminated against for reasons of age, sex, race, or cultural heritage.

1. Psychological testing shall include:
  - a. A measure of reading ability.
  - b. A measure of psychopathology
  - c. A measure of normal personality functioning.
2. A face to face interview with the applicant.
3. Submittal of a detailed written narrative report and this form (LEA-4), with the completed application, will be mailed to the Department of Public Safety at the above address.
4. If the applicant is **not recommended** for certification, the examining psychologist is directed to submit LEA-4 and the Narrative Report to the Department of Public Safety **within thirty (30) days of the determination. In addition, the applicant must be informed of their right to appeal under 10.29.9.12 (C) NMAC (copy on reverse side of form).**

**Psychological Statement of Applicant**

The following statements are being made for the purpose of obtaining a psychological evaluation. I understand that the information submitted is for evaluation purposes and I also understand that answering any of the questions in the affirmative will not disqualify me from admission or certification. **(Applicant must check a response for each question.)**

	Yes	No
1. Have you ever been hospitalized or committed, either voluntarily or involuntarily, to any institution for the treatment of any mental or emotional disorder?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever received treatment for any substance abuse related disorder?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever been treated by any physician, psychologist, psychiatrist, or counselor for any mental or emotional disorder?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever been the subject of a psychological or psychiatric examination ordered by the court or Employer? <b>THIS INCLUDES PRE-EMPLOYMENT EXAMINATIONS.</b>	<input type="checkbox"/>	<input type="checkbox"/>
5. <b>Have you ever received a psychological evaluation of "Applicant is not Recommended for employment as a law enforcement officer at this time"? If yes when _____.</b>	<input type="checkbox"/>	<input type="checkbox"/>
6. I have been advised of my <b>APPEAL RIGHTS</b> under 10.20.9.12 NMAC.		

I HEREBY AUTHORIZE RELEASE OF THIS REPORT TO MY EMPLOYING AGENCY AND NM THE DEPARTMENT OF PUBLIC SAFETY TRAINING CENTER.

Name of Applicant \_\_\_\_\_ Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_  
Print or Type

**Mental Examination Certificate**

I am a licensed/certified psychologist in the State of \_\_\_\_\_. I have reviewed the New Mexico law enforcement officer job description. I have reviewed the test data and conducted a face-to-face the interview of the above named individual in order to screen for any apparent indicators of psychopathology, or significant mental or emotional difficulties which could reasonably be predicted to interfere with the applicants's intended duties as a law enforcement officer.

I conclude the following:

- Applicant **IS RECOMMENDED WITHOUT RESERVATION** for certification pending the successful completion of a NMDPS approved training academy.
- Applicant **IS NOT RECOMMENDED** for employment as a law enforcement officer at this time.

**Please print or type**

Name of Evaluator \_\_\_\_\_ License/Certification# \_\_\_\_\_  
 State of issue \_\_\_\_\_ Contact/Office Telephone No. \_\_\_\_\_  
 Office Mailing Address \_\_\_\_\_  
Street or P.O. Box City State Zip

Email address: \_\_\_\_\_

- Reading ability test performed:       WRAT               Nelson-Denny               Other \_\_\_\_\_
- Psychopathology test performed:       MMPI-2               PAI               Million-3       Other \_\_\_\_\_
- Normal personality test:               16 PF               Leader               IPI               Other \_\_\_\_\_

Evaluator Signature \_\_\_\_\_ Date \_\_\_\_\_

## FINGERPRINT AFFIDAVIT

(refer to 10.29.9.13 NMAC)

I certify that two sets of fingerprint cards of \_\_\_\_\_ were

Please Type or Print **Applicant Name**

submitted to New Mexico Department of Public Safety Records Section at 4491 Cerrillos Road, Santa Fe, NM 87507, for both the Federal Bureau of Investigation and the New Mexico Department of Public Safety records check.

It was determined that the applicant has not been:

- Convicted of or pled guilty to, or entered a plea of nolo contendere to any felony charge **or**, within the three-year period immediately preceding their application, to any violation of any federal or state law or local ordinance relating to:
- Aggravated assault, theft,
- Driving while intoxicated,
- Controlled substances or
- Other crime involving moral turpitude and
- Has not been released or discharged under dishonorable conditions from any of the armed forces of the United States.

I also certify that:

**NMDPS Records Section Clearance** has been received and a copy is attached.

**FBI Records Clearance** has been received and a copy is attached.

**NCIC TRIPLE I Clearance** has been received and a copy is attached.

Note: Do not send this form (LEA-5) to the New Mexico Law Enforcement Academy until you have received both clearances.

\_\_\_\_\_  
Please Type or Print **Department**

Department Head Name: \_\_\_\_\_

Department Head Signature: \_\_\_\_\_

**State of New Mexico**            }  
**County of** \_\_\_\_\_}SS

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me personally

appeared \_\_\_\_\_ known to me to be the person

whose name is subscribed to the above instrument and acknowledged the same to be

his/her own free act and deed.

Notary Public \_\_\_\_\_ My commission expires: \_\_\_\_\_

(SEAL)

**Note**-The applicant will not receive state certification until this form is received.

## APPLICANT AFFIDAVIT CRIMINAL HISTORY

Have you ever been **arrested**? (Include juvenile offenses) (Attach separate pages if necessary.)

Yes  No If yes, explain charge, circumstance and date of occurrence along with **attaching offense/incident reports and court record of final disposition**:

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Have you ever been **convicted** of any crime? (Attach separate pages if necessary.)

Yes  No If yes, explain charge, circumstance and date of occurrence along with **attaching offense/incident reports and court record of final disposition**.

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Have you ever been **pardoned**, entered into a **pre-prosecution diversion** program, or received a **suspended** or **deferred** sentence for any crime?

Yes  No If yes, explain charge, circumstance and date of occurrence along with **attaching offense/incident reports and court record of final disposition**.

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Have you ever been the **subject** of an **administrative investigation** for law enforcement officer, or telecommunicator misconduct, or received any administrative discipline as a law enforcement officer? (Attach separate pages if necessary.)

Yes  No If yes, explain charge, circumstance and date of occurrence:

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Have you ever served in the armed forces of the United States?

Yes  No If yes, attach a notarized copy of DD214 with character of service.

**I certify the above is true and correct to the best of my knowledge.**

**Applicant Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_  
(Print name)

**Applicant Signature** \_\_\_\_\_

**State of New Mexico** }  
**County of** \_\_\_\_\_}SS

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me personally appeared

\_\_\_\_\_ known to me to be the person whose name is subscribed to  
(Applicant)

the above instrument and acknowledged the same to be his/her own free act and deed.

Notary Public \_\_\_\_\_ My commission expires: \_\_\_\_\_  
(SEAL)

**TELECOMMUNICATOR MENTAL, PHYSICAL, EMOTIONAL  
CERTIFICATION**

I, \_\_\_\_\_ certify that to the best of my knowledge  
Please type or print **Department Head**

\_\_\_\_\_ is free of any mental, physical, or  
**Applicant**  
emotional condition which might adversely affect his/her performance as a  
telecommunicator.

Department Head Signature \_\_\_\_\_

**State of New Mexico**            }  
**County of** \_\_\_\_\_}SS

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me personally  
appeared \_\_\_\_\_ known to me to be the person  
**Department Head**  
whose name is subscribed to the above instrument and acknowledged the same to be  
his/her own free act and deed.

Notary Public \_\_\_\_\_ My commission expires: \_\_\_\_\_

**(SEAL)**





**TELECOMMUNICATOR EMPLOYMENT VERIFICATION**

I, \_\_\_\_\_ certify that  
Please type or print **Department Head Name**  
\_\_\_\_\_ was  
**Applicant Name**  
employed as a Telecommunicator with my agency on \_\_\_\_\_ and  
**Month Day Year**  
is responsible for emergency telecommunicator duties.

Department Head Signature \_\_\_\_\_

**State of New Mexico** }  
**County of** \_\_\_\_\_ }SS

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me personally  
Appeared \_\_\_\_\_ known to me to be the person  
**Department Head**  
whose name is subscribed to the above instrument and acknowledged the same to be  
his/her own free act and deed.

Notary Public \_\_\_\_\_ My commission expires: \_\_\_\_\_

**(SEAL)**

## EMPLOYMENT HISTORY

\_\_\_\_\_  
 Print Applicant's Name

\_\_\_\_\_  
 Applicant's Address

\_\_\_\_\_  
 City

\_\_\_\_\_  
 State

\_\_\_\_\_  
 Zip

\_\_\_\_\_  
 Contact Phone Number

\_\_\_\_\_  
 Contact email

1. *Please print or type all employment for the past five years.*
2. *Please print all law enforcement experience regardless of dates.*
3. *Use additional sheets if necessary.*

<b>Beginning Employment Date:</b>			<b>Ending Employment Date:</b>		
	Month	Year		Month	Year
Name of Employer: _____					
Address: _____					
Duties: _____					
<b>Beginning Employment Date:</b>			<b>Ending Employment Date:</b>		
	Month	Year		Month	Year
Name of Employer: _____					
Mailing Address: _____					
Duties: _____					
<b>Beginning Employment Date:</b>			<b>Ending Employment Date:</b>		
	Month	Year		Month	Year
Name of Employer: _____					
Mailing Address: _____					
Duties: _____					

<b>Beginning Employment Date:</b>	<input style="width: 20px; height: 20px;" type="text"/> <small>Month</small>	<input style="width: 20px; height: 20px;" type="text"/> <small>Year</small>	<b>Ending Employment Date:</b>	<input style="width: 20px; height: 20px;" type="text"/> <small>Month</small>	<input style="width: 20px; height: 20px;" type="text"/> <small>Year</small>
Name of Employer: _____					
Address: _____					
Duties: _____					
<b>Beginning Employment Date:</b>	<input style="width: 20px; height: 20px;" type="text"/> <small>Month</small>	<input style="width: 20px; height: 20px;" type="text"/> <small>Year</small>	<b>Ending Employment Date:</b>	<input style="width: 20px; height: 20px;" type="text"/> <small>Month</small>	<input style="width: 20px; height: 20px;" type="text"/> <small>Year</small>
Name of Employer: _____					
Mailing Address: _____					
Duties: _____					
<b>Beginning Employment Date:</b>	<input style="width: 20px; height: 20px;" type="text"/> <small>Month</small>	<input style="width: 20px; height: 20px;" type="text"/> <small>Year</small>	<b>Ending Employment Date:</b>	<input style="width: 20px; height: 20px;" type="text"/> <small>Month</small>	<input style="width: 20px; height: 20px;" type="text"/> <small>Year</small>
Name of Employer: _____					
Mailing Address: _____					
Duties: _____					
<b>Beginning Employment Date:</b>			<b>Ending Employment Date:</b>		
Name of Employer: _____					
Mailing Address: _____					
Duties: _____					
<b>Beginning Employment Date:</b>	<input style="width: 20px; height: 20px;" type="text"/> <small>Month</small>	<input style="width: 20px; height: 20px;" type="text"/> <small>Year</small>	<b>Ending Employment Date:</b>	<input style="width: 20px; height: 20px;" type="text"/> <small>Month</small>	<input style="width: 20px; height: 20px;" type="text"/> <small>Year</small>
Name of Employer: _____					
Address: _____					
Duties: _____					

**CONTINUATION OF LAW ENFORCEMENT SERVICE  
 EMPLOYMENT HISTORY**

\_\_\_\_\_  
 Print Applicant's Name

\_\_\_\_\_  
 Applicant's Address

\_\_\_\_\_  
 City

\_\_\_\_\_  
 State

\_\_\_\_\_  
 Zip

\_\_\_\_\_  
 Contact Phone Number

\_\_\_\_\_  
 Contact email

1. *Please print or type all employment since leaving New Mexico State, County, Or Local agency.*
2. *Use additional sheets if necessary.*

<b>Beginning Employment Date:</b>			<b>Ending Employment Date:</b>		
	Month Year			Month Year	
Name of Employer: _____					
Address: _____					
Duties: _____					
<b>Beginning Employment Date:</b>			<b>Ending Employment Date:</b>		
	Month Year			Month Year	
Name of Employer: _____					
Mailing Address: _____					
Duties: _____					
<b>Beginning Employment Date:</b>			<b>Ending Employment Date:</b>		
	Month Year			Month Year	
Name of Employer: _____					
Mailing Address: _____					
Duties: _____					

<b>Beginning Employment Date:</b>	<input style="width: 20px; height: 20px;" type="text"/> <small>Month</small>	<input style="width: 20px; height: 20px;" type="text"/> <small>Year</small>	<b>Ending Employment Date:</b>	<input style="width: 20px; height: 20px;" type="text"/> <small>Month</small>	<input style="width: 20px; height: 20px;" type="text"/> <small>Year</small>
Name of Employer: _____					
Address: _____					
Duties: _____					
<b>Beginning Employment Date:</b>	<input style="width: 20px; height: 20px;" type="text"/> <small>Month</small>	<input style="width: 20px; height: 20px;" type="text"/> <small>Year</small>	<b>Ending Employment Date:</b>	<input style="width: 20px; height: 20px;" type="text"/> <small>Month</small>	<input style="width: 20px; height: 20px;" type="text"/> <small>Year</small>
Name of Employer: _____					
Mailing Address: _____					
Duties: _____					
<b>Beginning Employment Date:</b>	<input style="width: 20px; height: 20px;" type="text"/> <small>Month</small>	<input style="width: 20px; height: 20px;" type="text"/> <small>Year</small>	<b>Ending Employment Date:</b>	<input style="width: 20px; height: 20px;" type="text"/> <small>Month</small>	<input style="width: 20px; height: 20px;" type="text"/> <small>Year</small>
Name of Employer: _____					
Mailing Address: _____					
Duties: _____					
<b>Beginning Employment Date:</b>			<b>Ending Employment Date:</b>		
Name of Employer: _____					
Mailing Address: _____					
Duties: _____					
<b>Beginning Employment Date:</b>	<input style="width: 20px; height: 20px;" type="text"/> <small>Month</small>	<input style="width: 20px; height: 20px;" type="text"/> <small>Year</small>	<b>Ending Employment Date:</b>	<input style="width: 20px; height: 20px;" type="text"/> <small>Month</small>	<input style="width: 20px; height: 20px;" type="text"/> <small>Year</small>
Name of Employer: _____					
Address: _____					
Duties: _____					





# Status Verification Form Certification by Waiver of Previous Training

State of New Mexico  
**Department of Public Safety**  
Training & Recruiting Division  
4491 Cerrillos Road  
Santa Fe NM 87507  
(505) 827-9251

### ↓ Applicant Section

**APPLICANT: Please write legibly or type the information in this section**

I, \_\_\_\_\_, do hereby authorize any and all persons, organizations and agencies to release, furnish and exchange any and all information relating to me for the purpose of determining my eligibility and suitability to be certified as a law enforcement officer in the State of New Mexico. This authorizes release to the New Mexico DPS Training and Recruiting Division and \_\_\_\_\_. I do hereby release from any and all liability all persons or entities disclosing information pursuant to this release.

Name (Last, First, MI)	Social Security Number	Date of Birth (Month, Day, Year)
Previous State or Federal Agency Certification	Certification/License #	Type of Certification
		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-time <input type="checkbox"/> Reserve <input type="checkbox"/> Other:
Last Employing Agency	Date of Separation	Reason for Separation
		<input type="checkbox"/> Retired <input type="checkbox"/> Resigned <input type="checkbox"/> Terminated (Explain on separate sheet)
I certify that under the penalty of perjury that the above information is true. I understand that any falsification of the above information is grounds for denial or revocation of my New Mexico Law Enforcement Officer certification.		Subscribed and sworn before me this _____ day of _____, _____.  By _____ (Attach Seal Here)  Signature _____  Notary Public for the State of _____  And the County of _____  My Commission Expires: _____
Signature of Applicant _____	Date _____	

### ↓ Previous Law Enforcement Certifying State or Federal Agency Section

**State/Federal Official: Please verify the information above, and provide the information below**

(Please indicate all records of this applicant, most recent full-time employment first)

Agency	City, State	Rank/Position	Month	Day	Year
			Date Began		
			Date Separated		
			Date Began		
			Date Separated		
			Date Began		
			Date Separated		
			Date Began		
			Date Separated		

### Training History

(Please indicate all basic/entry level law enforcement training of this applicant that is mandated by your agency or state)

Course Name/Type	Location	Length (hours)	Month	Day	Year
			Date Began		
			Date Completed		
			Date Began		
			Date Completed		

### Status

Type of Certification	Level of Certification	Status of Certification	In Compliance With Mandated Continuing Ed. Requirements?
<input type="checkbox"/> Law Enforcement Officer <input type="checkbox"/> Limited Authority <input type="checkbox"/> Other:	<input type="checkbox"/> Basic <input type="checkbox"/> Supervisory <input type="checkbox"/> Intermediate <input type="checkbox"/> Mid-Mgt <input type="checkbox"/> Advanced <input type="checkbox"/> Executive	<input type="checkbox"/> Current <input type="checkbox"/> Expired <input type="checkbox"/> Decertified/Revoked <input type="checkbox"/> Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NVA no requirement <input type="checkbox"/> NVA Other:

A disciplinary/misconduct record exists for this applicant  Yes  No      Date certification will expire: \_\_\_\_\_

The information provided by the applicant is:       Correct                       Incorrect (Explain on separate sheet)

Signature of Authorized Federal/State Official \_\_\_\_\_ Date \_\_\_\_\_ Agency \_\_\_\_\_

Please return completed form to NMDPS Training & Recruiting Division, 4491 Cerrillos Road, Santa Fe NM 87507    ATTN: Certification by Waiver



**POLICE PHYSICAL FITNESS/WELLNESS VERIFICATION**

Please Print or Type

I, \_\_\_\_\_ certify that  
 \_\_\_\_\_  
**Academy Director/Designee**  
 pursuant to DPS LEA Rule 10.29.5.9.F and 10.29.9.9.C.1

\_\_\_\_\_ was assessed on the  
 \_\_\_\_\_  
**Applicant Name**  
 five (5) fitness/wellness evaluations on \_\_\_\_\_ and has scored  
 \_\_\_\_\_  
**Month Day Year**  
 in the 40<sup>th</sup> percentile or better, in each of the five (5) designated fitness/wellness evaluations  
 and is eligible for entry into the New Mexico State-certified law enforcement basic training  
 academy.

Academy Director \_\_\_\_\_ Date \_\_\_\_\_

**Official Scores (40<sup>th</sup> percentile or better):**

<b>Age</b>	<b>Gender</b>	<b>Push-ups</b>	<b>Sit-ups</b>	<b>Flexibility</b>	<b>300 Meter Run</b>	<b>1.5 Mile Run</b>

**State of New Mexico** \_\_\_\_\_ }  
**County of** \_\_\_\_\_ }SS

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me personally  
 appeared \_\_\_\_\_ known to me to be the person  
 \_\_\_\_\_  
 Department Head  
 whose name is subscribed to the above instrument and acknowledged the same to be his/her  
 own free act and deed.

Notary Public \_\_\_\_\_ My commission expires: \_\_\_\_\_

**(SEAL)**



# TRAINING APPLICATION

## New Mexico Department of Public Safety Training Center

4491 Cerrillos Road, Santa Fe, New Mexico 87507

(505) 827-9251 / (877) 237-7532 (NM only)

Fax: (505) 827-3449 [www.dps.nm.org/training/](http://www.dps.nm.org/training/)



**This application will not be processed unless signed on the back of this form by the applicant and the Agency Head or Designee**

*(Type or Print Only)*

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: \_\_\_\_\_

Advanced Training Course       Critical Incident Response Course/Public Safety Telecom.

Course Requested: \_\_\_\_\_

Location of Course: \_\_\_\_\_ Date(s): \_\_\_\_\_

Course Cost: \_\_\_\_\_

Payment:  Department Check    Money Order    Purchase Order    Personal Check    Comp

**Jurisdictional Function (Check One Only):**

City       County       State       Tribal       Federal

Other \_\_\_\_\_

**Agency Type (Check One Only):**

Law Enforcement    Fire Department    Emergency Medical Services    Emergency Management

Other \_\_\_\_\_

### NMDPS Training Center Official Use Only

Class Cancelled       Student Withdrawal       Fail to complete class

Confirmation sent (Date) \_\_\_\_\_  Other \_\_\_\_\_

Agency/Student Invoiced (Date) \_\_\_\_\_  Payment Received (Date) \_\_\_\_\_

## **NMDPS Training Center Policy**

### **DRESS/ATTIRE**

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.

### **ATTENDANCE AND CONDUCT**

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.

Following the first day of class, starting times and lunch breaks may be varied by the Instructor or Coordinator to meet special course needs.

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. 100% of course content must be delivered to the student.

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.

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.

### **APPLICANT ACKNOWLEDGEMENT**

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.

Applicant Name (Printed): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **AGENCY APPROVAL**

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.

Agency Head/Designee Name (Printed): \_\_\_\_\_ Signature: \_\_\_\_\_

New Mexico Department of Public Safety Training Center  
4491 Cerrillos Road, Santa Fe, New Mexico 87507  
(505) 827-9251—(877) 237-7532 (NM Only) —Fax: (505) 827-3449— [www.dps.nm.org/training](http://www.dps.nm.org/training)

## Distance Learning/Multi-Media Training Roster

Title of Course: \_\_\_\_\_

NMDPS Course Accreditation Number: \_\_\_\_\_

Agency: \_\_\_\_\_ Address: \_\_\_\_\_ Contact #: \_\_\_\_\_

Date of Training \_\_\_\_\_ Hours \_\_\_\_\_ Location \_\_\_\_\_

Training Facilitator: \_\_\_\_\_ Contact # \_\_\_\_\_

Signature: \_\_\_\_\_ Date Submitted \_\_\_\_\_

STUDENT NAME	SSN# Or DPS Cert#	DEPARTMENT	Pre-Test	Post Test

## 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"/> <b>Initial Application</b> <input type="checkbox"/> <b>Renewal Application</b>	<p style="text-align: center;"><b>Specialized:</b></p> <input type="checkbox"/> Specialized High Risk <input type="checkbox"/> Specialized Technical ** <input type="checkbox"/> Professional Lecturer <input type="checkbox"/> Master Instructor									
<input type="checkbox"/> <b>General Instructor</b> (Only DPS certified law enforcement officer or telecommunicator)										
<p><b>I apply to be certified as:</b></p> Fill in the specialized subject category below. Use additional sheets if necessary.  _____ _____ _____										
<p><b>Qualifications:</b></p> 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 <a href="http://www.dps.nm.org/training/">http://www.dps.nm.org/training/</a> . In addition, if the applicant has questions about which level of Instructor Certification applies, they are encouraged to contact the DPS Training staff.										
<p><b>Applicant Name</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 25%; text-align: center;"><i>Last</i></td> <td style="width: 25%; text-align: center;"><i>First</i></td> <td style="width: 25%; text-align: center;"><i>Middle</i></td> <td style="width: 25%; text-align: center;"><i>Maiden</i></td> </tr> </table>		<i>Last</i>	<i>First</i>	<i>Middle</i>	<i>Maiden</i>					
<i>Last</i>	<i>First</i>	<i>Middle</i>	<i>Maiden</i>							
SSN/DPS Cert#	<input type="checkbox"/> NMDPS Certified Law Enforcement Officer <input type="checkbox"/> NMDPS Certified Telecommunicator									
<p><b>Home Mailing Address</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 40%;"><i>Street or PO Box</i></td> <td style="width: 20%;"><i>City</i></td> <td style="width: 20%;"><i>State</i></td> <td style="width: 20%;"><i>Zip</i></td> </tr> </table>		<i>Street or PO Box</i>	<i>City</i>	<i>State</i>	<i>Zip</i>					
<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> <table style="width: 100%; border: none;"> <tr> <td style="width: 35%;"><i>Printed or Typed Name of Applicant</i></td> <td style="width: 35%;"><i>Applicant Signature</i></td> <td style="width: 30%;"><i>Date</i></td> </tr> </table>		<i>Printed or Typed Name of Applicant</i>	<i>Applicant Signature</i>	<i>Date</i>						
<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> <table style="width: 100%; border: none;"> <tr> <td style="width: 40%;"><i>Sponsoring Agency</i></td> <td style="width: 30%;"><i>Type or Print Name of Agency Head</i></td> <td style="width: 30%;"><i>Title</i></td> </tr> <tr> <td><i>Agency Mailing Address</i></td> <td><i>City</i></td> <td><i>State</i></td> </tr> <tr> <td><i>Agency Telephone Number</i></td> <td><i>Agency Head/Designee Signature</i></td> <td><i>Date</i></td> </tr> </table>		<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>Agency Telephone Number</i>	<i>Agency Head/Designee Signature</i>	<i>Date</i>
<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>Agency Telephone Number</i>	<i>Agency Head/Designee Signature</i>	<i>Date</i>								

INSTRUCTOR CERTIFICATION APPLICATION (page 2/2)

<b>EDUCATION</b>	List all specialized training received in support of this application. <b>Copies of all certificates must be attached.</b>						
DATE (Mo/Year)	<b>School Attended and Mailing Address</b> (use additional sheets if necessary).						
<b>TRAINING CONDUCTED</b>	Use additional sheets if necessary						
Date(s)	<b>Course Title and Location</b>						
<b>SPECIALIZED ASSIGNMENTS</b>	Use additional sheets if necessary			<b>ACADEMY EXPERIENCE</b>		Use additional sheets if necessary	
<b>Speciality</b>	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

## DWI/SFST INSTRUCTOR CERTIFICATION APPLICATION

Please print or type all information.

<input type="checkbox"/> <b>Initial Application</b>	<input type="checkbox"/> <b>Renewal Application</b>		
<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><b>Initial Application requirements:</b></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 eight (8) 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><b>Renewal application requirements</b></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 certificates of completion of two eight hour SFST Instructor Update Courses within the last two years.</p>			
<b>Applicant Name</b>			
<i>Last</i>	<i>First</i>	<i>Middle</i>	<i>Maiden</i>
SSN#	DOB:	NMDPS state Certification #:	
<b>Home Mailing Address</b>			
<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>Agency Telephone Number</i>		_____ <i>Agency Head/Designee Signature</i>	_____ <i>Date</i>

Mail Packet To: NMDPS Training & Recruiting Division  
 ATTN: Advanced Training Bureau  
 4491 Cerrillos Road, Santa Fe, NM 87507

FOR DPS OVERSIGHT COMMITTEE USE ONLY		
Initial Certification		
1. Is applicant a certified law enforcement officer with patrol field experience of at least three (3) years utilizing the SFST?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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 eight (8) 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. Two (2) Eight (8) hour SFST Instructor Update Courses within the last two years? (certificates 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:  _____ Signature	DPS NMLEA Co-chair:  _____ Signature	
Date forwarded to DPS:		
DPS USE ONLY		
Received/Processed by:	Certificate Issued by:	

## Agency Employment Action

Date of Action: \_\_\_\_\_

**Employment** (new hire)

**Promotion**

**Separation/Other Action:** (\*if resigned or terminated due to misconduct submit LEA-90 form)

Deceased  Military  Retired  Resigned\*  Terminated\*  Misconduct\*

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: \_\_\_\_\_





## 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 1<sup>st</sup>** 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

Registry Input by:

Instructor Certification Verified by:

Firearms Entry by:

## Exception Report—Annual Qualifications Report

Officers **NOT** meeting the mandatory firearms qualification requirements:

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

**#**      **Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

**Explanation:** Why is the officer not in compliance with the Firearms Qualification Requirement

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

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

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**#**      **Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

**Explanation:** Why is the officer not in compliance with the Firearms Qualification Requirement?

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

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

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(use additional sheets if necessary)

### 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 \_\_\_\_\_

Registry Input by:	Instructor Certification Verified by:	Firearms Entry by:
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## FIREARMS SCORES REPORTING FORM

PLEASE TYPE OR PRINT

Reporting Department \_\_\_\_\_ Range Location \_\_\_\_\_

Submitted by: \_\_\_\_\_ Date of Qualification \_\_\_\_\_

Student Name - Last, First, Middle	SSN# or DPS Cert.#	Daytime Score	Night time Score	Model	Serial Number

I hereby certify that I possess a **valid and current** NM Department of Public Safety, Firearms Instructor Certificate and the above information is true and correct.

**Firearms Instructor Name (print)** \_\_\_\_\_ **Agency:** \_\_\_\_\_ **Contact#:** \_\_\_\_\_

**Firearms Instructor Signature** \_\_\_\_\_ **Instructor Certification No.** \_\_\_\_\_

=====

DPS Official Use:  **Data Entry Input Processed by:** \_\_\_\_\_ **Date Completed:** \_\_\_\_\_

## 2010-2011 BIENNIUM AGENCY IN-SERVICE TRAINING REPORT LAW ENFORCEMENT OFFICER

I, \_\_\_\_\_, \_\_\_\_\_  
(print or type agency head's name) Title

\_\_\_\_\_  
(print or type agency name)

\_\_\_\_\_  
(print or type agency location)

\_\_\_\_\_  
(print or type agency contact phone number)

verify that as of \_\_\_\_\_  
(enter date of report)

**ALL** law enforcement officers 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 New Mexico Administrative Code, 10.29.7.8. 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).
- Minimum of Two (2) hours - Daylight Firearms training.
- Minimum of Two (2) hours - Lowlight Firearms training.
- Minimum of One (1) hour - in Ensuring Child Safety after Arrest training.
- For all officers who may be involved in the arrest of DWI offenders, Four (4) hours SFST Update.
- For all officers who may be involved in the enforcement of OHV statutes, Three (3) hours training.
- 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 certified Law Enforcement Officers in the agency: \_\_\_\_\_

*I understand that failure to submit this report by **March 1<sup>st</sup>** of the reporting year (2011) 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  
Revised 01/2010

My commission expires: \_\_\_\_\_

## 2010-2011 Exception Report—In-Service Training Law Enforcement Officer

Officers **NOT** meeting the mandatory in-service training requirements:

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

**#**      **Name:** \_\_\_\_\_ **Cert#/SSN:** \_\_\_\_\_

**Explanation:** Why is the officer not in compliance with the In-service Training Requirement

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

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

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**#**      **Name:** \_\_\_\_\_ **Cert#/SSN:** \_\_\_\_\_

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

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

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

---



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(use additional sheets if necessary)

## 2010-2011 Exception Report—Compliance Reporting Law Enforcement Officer

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Cert. #:** \_\_\_\_\_

<b>Legislative Mandated Training Hours: 10.29.7.8 (minimum 12 hours)</b>					
Course	Date Attended	Hours Mandated	Hours Taken	Instructor(s)	Location/Agency
Domestic Violence		1			
Hate Crimes		2			
Pursuit Policy		4			
Ensuring Child Safety		1			
Firearms 2 day/2 night		4			
<b>HOURS:</b>		<b>12</b>			

<b>NMAC Rule 10.29.7.8: Balance Optional training hours. (mandated plus other must total 40 hours minimum)</b>					
Course	Date Attended	Course Hours	Hours Taken	Instructor(s)	Location/Agency
SFST Update (Optional)		4			
OHV (Optional)		3			
<b>TOTAL HOURS:</b>					

(use additional sheets if necessary)

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

Date Submitted: \_\_\_\_\_

## 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: \_\_\_\_\_

Registry Input by: _____	Skills manager entry by: _____
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## 2010-2011 BIENNIUM AGENCY IN-SERVICE TRAINING REPORT PUBLIC SAFETY TELECOMMUNICATOR

I, \_\_\_\_\_, \_\_\_\_\_  
(print or type agency head's name Title  
\_\_\_\_\_  
(print or type agency name)  
\_\_\_\_\_  
(print or type agency location)  
\_\_\_\_\_  
(print or type agency contact phone number)

verify that as of \_\_\_\_\_  
(enter date of report)

**ALL** public safety 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.:

- Minimum of twenty (20) hours as set forth in 10.29.7.9 (NMAC)
- Training documentation is available for inspection.

Total number of certified public safety telecommunicators in the agency: \_\_\_\_\_

*I understand that failure to submit this report by **March 1<sup>st</sup>** of the reporting year (2011) may result in the suspension of the public safety 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: \_\_\_\_\_

## 2010-2011 Exception Report—In-Service Training Public Safety Telecommunicator

Telecommunicators **NOT** meeting the mandatory in-service training requirements:

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

#      **Name:** \_\_\_\_\_ **SSN/Cert#:** \_\_\_\_\_

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

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

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

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#      **Name:** \_\_\_\_\_ **SSN/Cert#:** \_\_\_\_\_

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

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

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

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(use additional sheets if necessary)



## 2010-2011 Exception Report—Compliance Reporting Public Safety Telecommunicator

Public Safety 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:



**Law Enforcement Officer**

**Continuation Of Certification - Annual In-Service Training Report**

**Reporting Period:**  **Year 1**(Biennium Period): **2010**  
 **Year 2**(Biennium Period): **2011**

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. (Due no later than January 15<sup>th</sup> of each year.)

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)

## 2010-2011 BIENNIUM AGENCY IN-SERVICE TRAINING REPORT

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Cert. #:** \_\_\_\_\_

Mandated Training Hours: 10.29.7.8.A (minimum 12 hours)					
Date Attended	Course	Hours Mandated	Hours Taken	Instructor(s)	Location
	Domestic Violence	1			
	Hate Crimes	2			
	Pursuit Policy	4			
	Ensuring Child	1			
	Firearms	2 Day 2 Night			
<b>SUB-TOTAL HOURS:</b>		<b>12</b>			

NMAC Rule 10.29.7.8 Non-mandated training hours				
Date Attended	Course Title	Course Hours	Location/Agency	Instructor(s)
	DWI/SFST Update (optional)	4		
	OHV (optional)	3		
<b>SUB-TOTAL HOURS:</b>				
<b>Grand Total (Minimum 20/year)</b>				
Use additional sheets as necessary.				

Note: Must be submitted annually. Attach copies of all certificates.

Registry Input by:	Certificate/Hours Verified by:	Biennium Training Processed by:
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**Public Safety Telecommunicator**

**Continuation Of Certification—Annual In-Service Training Report**

**Reporting Period:**  **Year 1**(Biennium Period): **2010**  
 **Year 2**(Biennium Period): **2011**

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 15th of each year.)

Name \_\_\_\_\_  
Last First Middle  
Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_ Gender \_\_\_\_\_

NM State Public Safety Telecommunicator Certification #: \_\_\_\_\_

Home Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Contact Number \_\_\_\_\_ - \_\_\_\_\_

**Training Certification**

I \_\_\_\_\_ hereby certify that the attached (page 2)  
(Certified Public Safety Telecommunicator/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 my training certificate(s),

**OR**

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

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
(Submitting Public Safety Telecommunicator)



**REQUEST FOR COURSE ACCREDITATION**  
*All courses must receive approval prior to instruction*

**Note: All courses must be renewed every 2 years**

*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 \_\_\_\_\_

- 1. 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.
- 2. Course curriculum (lesson plan). The complete body of the presentation, and supporting material
- 3. Course Syllabus/Outline of schedule with dates and times of each course/session.
- 4. Instructor and course evaluation instrument. The form or other method the students use to evaluate the course and the instructor.
- 5. Testing instrument (If any). 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, demonstration of proficiency, or both.

Note: Effective 1/1/2009, course accreditation numbers will not be re-issued, even if the course content has not changed. To facilitate the tracking and archiving of courses, effective 2009, course accreditation numbers will use a year designator and all new and any re-accreditation requests must be submitted with all the listed materials attached (#1-5).

Form LEA-86-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.

<b>DPS Training Use Only</b>		
Processed By:	Course Accreditation#:  Previous Course Accreditation Number (if any):	Accreditation Dates: ____/____/____ to  ____/____/____.

New Mexico Department of Public Safety  
 Training Center  
 4491 Cerrillos Road, Santa Fe, NM 87507  
 www.dps.nm.org/training  
 (505) 827-9251 (877) 237-7532 (NM Only)  
 Fax: (505-827-3449)

## 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:



New Mexico Department of Public Safety Training Center  
 4491 Cerrillos Road, Santa Fe, New Mexico 87507  
 (505) 827-9251—(877) 237-7532 (NM Only) —Fax: (505) 827-3449— [www.dps.nm.org/training](http://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 \_\_\_\_\_

## REQUEST FOR DWI/SFST 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	_____

*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

\_\_\_\_\_ Chairperson Signature  
 (Print Committee Chairperson name)  
 Date: \_\_\_\_\_

DWI/SFST Committee Denial

\_\_\_\_\_ Chairperson Signature  
 (Print Committee Chairperson name)  
 Date: \_\_\_\_\_

Forwarded to DPS/TRD Deputy Director

Date: \_\_\_\_\_

**DPS Training Use Only**

Processed By/Date:	Course Accreditation#:	Accreditation Expires:

### ADVANCED CERTIFICATION APPLICATION

<input type="checkbox"/> <b>INITIAL APPLICATION</b> <i>(have never received an Advanced Certification)</i>	<input type="checkbox"/> <b>SUPPLEMENTAL APPLICATION</b> <i>(have previously received Advanced Certification)</i>
<b>CERTIFICATION LEVEL REQUESTED:</b>	
<input type="checkbox"/> <b>Intermediate</b> <input type="checkbox"/> <b>Advanced</b> <input type="checkbox"/> <b>First-Line Supervisor</b>	<input type="checkbox"/> <b>Command</b> <input type="checkbox"/> <b>Executive</b>

Certification Fee for each certificate requested (\$25.00 – Intermediate, \$35.00 – Advanced, \$50.00 – First-Line Supervisor, \$100.00 – Command, and \$100.00 – Executive)  
 Payment must be in the form of Purchase Order, Money Order, or Agency Check.      \$ \_\_\_\_\_  
**Certificates will not be issued without payment.**

<i>Please type or print all information.</i>			
NAME _____			
Last	First	Middle	Maiden
Date of Birth (mm-dd-yyyy)		Social Security Number or Certification Number:	
Applicant Address:		Personal Contact information:	
(street)		Phone #: ( _____ ) _____ - _____	
(city) (state)		Email: _____	
(zip code)			
Date of New Mexico Law Enforcement Certification	Rank:	Date Acquired	
Employing Agency: _____			
<i>Please type or print</i>			
Agency Address: _____			
Street or PO Box	City	State	Zip
Agency Contact: _____ Phone #: ( _____ ) _____ - _____			

- ✓ A complete application packet containing copies of all training certificates and other supporting documentation must be submitted.
- ✓ Only advanced training certificates attached to an application for a specific advanced level certificate will be processed. Maintenance training hours will not be applied.
- ✓ **The number of training hours must be indicated on each certificate.**
- ✓ College credit will not be counted without an original official transcript. A maximum of 400 training hrs. may be applied to Advanced and above certificates at a ratio of 15 training hours to 1 college credit hour.
- ✓ Application packets which do not meet these requirements will not be processed and will be returned to the applicant.

ADVANCED CERTIFICATION WORKSHEET

Page \_\_\_\_ of \_\_\_\_

APPLICANT NAME		DEPARTMENT					
RANK:	DATE RANK ACQUIRED:	Date of Application					
<b>LEVEL REQUESTED:</b>							
<input type="checkbox"/> Intermediate I		<input type="checkbox"/> Advanced		<input type="checkbox"/> First-Line Supervisor		<input type="checkbox"/> Command	<input type="checkbox"/> Executive
COURSE TITLE	Dates of Attendance		COURSE SPONSOR/INSTRUCTOR	Course Hours <small>College Credit Hours</small> CEUs	Hours Credit  15:1 10:1	Certificate Attached  Y/N	Reject Code
	From	To					

Rejection Codes: **M** – Maintenance **B** – Basic Academy **H** – Hours not listed on Certificate **C** – College Credit, Transcript not Submitted **N** – Not LE Related **O** – Other

TOTAL HOURS THIS PAGE

<b>DPS USE ONLY</b>	GRAND TOTAL HOURS
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**DPS MISCONDUCT REPORT**

<b>Submitting Agency:</b> _____		
<b>Date Submitted:</b> _____		
<b>Submitted by:</b> _____		
<b>Print Name</b>	<b>Title</b>	
<b>Address:</b> _____		
<b>City</b>	<b>State</b>	<b>Zip code</b>
<b>Contact Phone Number:</b> _____		
<b>Additional Contact Information:</b> _____		
<input type="checkbox"/> <b>OFFICER INFORMATION</b>	<input type="checkbox"/> <b>TELECOMMUNICATOR INFORMATION</b>	
Name of Officer/Telecommunicator: _____	SS#: _____	DOB: _____
DPS Certification Number: _____	Certification Date: _____	
Home Address: _____	Home Telephone No: _____	
	Cell Telephone No: _____	
Is this officer/telecommunicator still employed by the agency? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Can this officer/telecommunicator be contacted at the agency? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, current assignment and contact phone number: _____		
<b>COMPLAINT INFORMATION</b>		
Date of Complaint _____	Agency Investigation completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Agency Primary Investigator: _____		
Print Name/title		
Contact information(Phone Number/email/business address) _____ _____		
Witness Information attached: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Supporting Complaint Documentation/Investigation attached: <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>SUMMARY OR NARRATIVE OF COMPLAINT/REPORT</b>		
(Attach additional sheets if necessary)		
<b>MAIL TO: DPS Training Center</b>		
<b>Attn: Director</b>		
<b>4491 Cerrillos Road</b>		
<b>Santa Fe, NM 87507</b>		

<b>DPS/TRD STAFF USE ONLY</b>	
Date of misconduct:	Date report received:
Allegation/Offense:	Case Number:
Date notified employer misconduct report received:	
Date Referred to Attorney General's Office:	
Referred by:	
Date NCA mailed:	Date NCA served:
Date NFD mailed:	Date NFD served:
Date of Informal hearing:	
Date of Formal Hearing:	
Date of NMLEA Board Action:	
Final Action:	
Date notified employer of final action:	
Dates of database entry:	



# Training Center Facility Reservation Request

New Mexico Department of Public Safety  
Training & Recruiting Division  
4491 Cerrillos Road, Santa Fe, NM 87507  
(505) 827-9251 (877) 237-7532 (NM Only)  
Fax: 505-827-3449

<b>Training Course/Conference Title</b>		<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	
<b>For what purpose will you be using the facility?</b>			
<b>Type of space requested</b> <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			
<b>Date(s) of Course/Meeting</b>		<b>Daily Hours</b> <i>(8:00-5:00, If multiple facilities are requested, identify hours for each.)</i>	
<b>Requesting Organization or Agency</b>			
<b>Name, Address and Telephone Number of Person in Charge</b>			
<b>Anticipated Attendance</b>		Note: Parking is limited and basic academy students are given priority.	
<b>Equipment Needed:</b> <i>(Additional Fee is charged for use of listed items, see fee schedule.)</i>			
<input type="checkbox"/> DVD	<input type="checkbox"/> VCR / Document Reader	<input type="checkbox"/> Simulator (Driving / Firearms)	
<input type="checkbox"/> Computer	<input type="checkbox"/> LCD Projector	<input type="checkbox"/> Flipchart/Easel	
<input type="checkbox"/> Other			
<b>Are accommodations necessary for persons with disabilities?</b>		<b>Type of accommodation needed:</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>NMLEA Staff Use Only</b>	<b>Room(s) Assigned</b>		<b>By:</b>
	<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 <input type="checkbox"/> Firearms Range <input type="checkbox"/> Simulator Room <input type="checkbox"/> Driving Track Driving MILO <input type="checkbox"/> Gym		
<b>Assigned Fees:</b>	<b>NMLEA Director/designee's Approval:</b>		<b>Date:</b>

*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.*

### 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 \_\_\_\_\_