



SOUTHEASTERN NEW MEXICO LAW ENFORCEMENT ACADEMY
 #1 Thunderbird Circle
 Hobbs, NM 88240
 www.nmjc.edu/dps



Public Safety Telecommunicator Class 18-13

REGISTRATION FORM

DATES:

Apr 09—Apr 27, 2018

TIME:

0800 —1700 hours, M-F

LOCATION

NMJC, Bob Moran. Rm 161

COST:

Course Fee: \$548.00

**Includes all materials and testing*

LODGING: \$15.00 / night for dorms

Yes No

Male Female

Total # of Nights _____

APCO Certified

(Provide Score) _____

ICS 100, 200, 700, and 800 Completed

(Provide Copies of Certificate)

Completed packets must be received in our office no later than March 19, 2018.

A COMPLETE application packet MUST be received and reviewed by the Director prior to the start of the Academy class. If an application packet has not been received and determined to be complete on/by the deadline, then the applicant will be scheduled for the next available academy class.

Full Name: _____

Date of Birth: _____ SS# or NMJC A#: _____

Home Mailing Address: _____

City: _____ State: _____ Zip: _____ Telephone: (_____) _____

E-Mail : _____

Agency _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Telephone: (_____) _____

Contact Person: _____ E-Mail Address: _____

Payment Methods: Credit Card, Check or Money Order made payable to **New Mexico Junior College/SNMLEA**

Invoice PO # _____

Check / Money Order # _____

Credit Card: Visa Mastercard

Card #

Expiration Date: _____/_____/_____

CCV #

Please mail, email, or fax completed registration form with payment to:

Print Cardholder Name: _____ Signature: _____

Billing Address: _____

City _____ State _____ Zip _____

New Mexico Junior College / SNMLEA
 Division of Public Safety
 Attention: Angela Boyd
 #1 Thunderbird Circle
 Bob Moran Hall
 Hobbs, NM 88240
 aboyd@nmjc.edu
 Fax: (575) 492-2712

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, ATTN: Basic Bureau
 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: _____

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.

Name:	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border-bottom: none;"></td> <td style="width: 25%; border-bottom: none;"></td> <td style="width: 25%; border-bottom: none;"></td> <td style="width: 25%; border-bottom: none;"></td> </tr> <tr> <td style="text-align: center; border-top: none;">Last</td> <td style="text-align: center; border-top: none;">First</td> <td style="text-align: center; border-top: none;">Middle</td> <td style="text-align: center; border-top: none;">Maiden</td> </tr> </table>								Last	First	Middle	Maiden
Last	First	Middle	Maiden									
Date of Birth:	Place of Birth:	Social Security Number:	Race: Sex:									
Applicant Mailing Address:	Street or P.O. Box											
(Applicant Telephone Number) ()	City	State	Zip									
AGENCY NAME:												
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.												
_____ Applicant Signature			_____ Date									
DPS Use Only		DPS Use Only										
<input type="checkbox"/> Registry Input Processed By _____		<input type="checkbox"/> Training Processed By _____										
<input type="checkbox"/> Certification #: _____		<input type="checkbox"/> Permanent File#: _____										
Retired Law Enforcement Officer:		<input type="checkbox"/> Yes <input type="checkbox"/> No										

PUBLIC SAFETY TELECOMMUNICATOR
AUDIOLOGY COMPLIANCE FORM

Applicant Name (Last, First, Middle)		
<u>SECTION ONE Ears and Hearing</u>		
Minimum Hearing Standards for Public Safety Telecommunicator No Uncorrected hearing loss in either ear greater than 25db at the test frequencies, 500, 1000, and 2000 Hz, and No more than a 20db loss in the better ear by audiometry, using ANSI(1969) standards.		
Hearing Acuity (Audiogram Required) Right (Decibels) Left (Decibels) (Hertz) 500 _____ (Hertz) 500 _____ 1000 _____ 1000 _____ 2000 _____ 2000 _____	Record the values at each Hz level	<i>Excludable Condition</i> <div style="text-align: center;"><input type="checkbox"/></div>
Acute Otitis Media, Otitis Externa, and Mastoiditis		<i>Excludable Condition</i> <div style="text-align: center;"><input type="checkbox"/></div>
Statement of Condition		
<input type="checkbox"/> The applicant has passed the minimum standards as established by the New Mexico Law Enforcement Academy Board without exclusions.		
<input type="checkbox"/> The applicant has one or more potentially excludable conditions from the listed minimum medical standards as established by the New Mexico Law Enforcement Academy Board, but can perform the functions of a telecommunicator with accommodations. (Please explain below.)		
<input type="checkbox"/> The applicant has one or more potentially excludable conditions from the listed minimum medical standards as established by the New Mexico Law Enforcement Academy Board, and cannot perform the functions of a telecommunicator. (Please explain below.)		
I have personally examined the applicant and the listed results are correct.		
<input type="checkbox"/> Audiologist <input type="checkbox"/> Physician <input type="checkbox"/> Other _____		
_____	_____	_____
Name of Examiner (Please Print)	NM Lic. #	
_____	_____	_____
Signature	Date	
Comments: _____		

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 certify that:

NMDPS Records Section Clearance has been received and reviewed for compliance.

FBI Records Clearance has been received and reviewed for compliance.

NCIC TRIPLE I Clearance has been received and reviewed for compliance.

Do not send printouts or copies of printouts with this form.

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: _____

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

(SEAL)

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**:

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**.

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**.

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:

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)

WAIVER OF LIABILITY

Applicant Name (Please Print) _____
Home Address _____
Home Telephone No. _____
Next of Kin _____ Relationship _____

I, the undersigned, hereby waive any claim for any injury against the New Mexico Department of Public Safety Training Center, any member of the staff, any of its employees or any trainee, which I may either directly or indirectly sustain as a result of my participation in any part or phase of the training and instruction I will receive at the Training center or other locations selected for the giving of training or supervision. This agreement shall be binding upon the undersigned, his heirs, and assignees.

Signature of Applicant _____

State of New Mexico }
County of _____}SS

On this _____ day of _____, _____, before me personally
Appeared _____ known to me to be the person

Applicant

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)

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: _____