



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



## Public Safety Telecommunicator Class 19-16

### REGISTRATION FORM

**DATES:**

Nov 4, 2019 – Nov 22

**TIME:**

0800 —1700 hours, M-F

**LOCATION**

NMJC, Bob Moran. Rm 153

**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 September 30, 2019.**

If a packet has not been determined to be COMPLETE on/by the deadline, then the applicant will be scheduled for the next available academy class. *Applicants must resolve any outstanding debts that are owed to N.M.J.C. prior to acceptance into the academy.*

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: Lupe Madrid  
 #1 Thunderbird Circle  
 Bob Moran Hall  
 Hobbs, NM 88240  
 lmadrid@nmjc.edu  
 Fax: (575) 492-2720

**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**

<b>CHECK APPROPRIATE CATEGORY</b>	
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>				
	Last	First	Middle	Maiden
<b>Date of Birth:</b>	Place of Birth:	Social Security Number:	Race:	
			Sex:	
<b>Applicant Mailing Address:</b>	Street or P.O. Box			
	(Applicant Telephone Number) ( )	City	State	Zip
<b>AGENCY NAME:</b>				
<b>Agency Contact Person:</b>	Name/Title:		Telephone Number	
<b>Agency Mailing Address:</b>	Street or P.O. Box			
	City	State	Zip	
<b>Date of Employment:</b>	<b>Date of L.E. Commission:</b>		<b>Job Title:</b>	
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		

**PUBLIC SAFETY TELECOMMUNICATOR**  
**AUDIOLOGY COMPLIANCE FORM**

Applicant Name ( Last, First, Middle)																						
<b>SECTION ONE      <u>Ears and Hearing</u></b>																						
<b>Minimum Hearing Standards for Public Safety Telecommunicator</b> 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.																						
<table style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 5px;"><b>Hearing Acuity ( Audiogram Required)</b></td> <td style="padding: 5px;"><b>Record the values at each Hz level</b></td> <td style="padding: 5px; text-align: right;"><i>Excludable Condition</i></td> </tr> <tr> <td style="padding: 5px;">Right (Decibels)</td> <td style="padding: 5px;">Left (Decibels)</td> <td></td> <td style="padding: 5px; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">(Hertz) 500 _____</td> <td style="padding: 5px;">(Hertz) 500 _____</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">1000 _____</td> <td style="padding: 5px;">1000 _____</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">2000 _____</td> <td style="padding: 5px;">2000 _____</td> <td></td> <td></td> </tr> </table>	<b>Hearing Acuity ( Audiogram Required)</b>		<b>Record the values at each Hz level</b>	<i>Excludable Condition</i>	Right (Decibels)	Left (Decibels)		<input type="checkbox"/>	(Hertz) 500 _____	(Hertz) 500 _____			1000 _____	1000 _____			2000 _____	2000 _____			<b>Acute Otitis Media, Otitis Externa, and Mastoiditis</b> <div style="text-align: right;"><i>Excludable Condition</i></div> <div style="text-align: center;"><input type="checkbox"/></div>	
<b>Hearing Acuity ( Audiogram Required)</b>		<b>Record the values at each Hz level</b>	<i>Excludable Condition</i>																			
Right (Decibels)	Left (Decibels)		<input type="checkbox"/>																			
(Hertz) 500 _____	(Hertz) 500 _____																					
1000 _____	1000 _____																					
2000 _____	2000 _____																					
<b>Statement of Condition</b>																						
<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																				
<b>Comments:</b> _____																						
_____																						
_____																						
_____																						

**FINGERPRINT AFFIDAVIT**

*(refer to 10.29.9.13 or 10.29.10.11 NMAC)*

I certify that fingerprint cards for \_\_\_\_\_ were

Please Type or Print Applicant Name

submitted to New Mexico Applicant Processing Services  
([https://www.cogentid.com/nm/index\\_NM.htm](https://www.cogentid.com/nm/index_NM.htm)) either electronically or by mail, 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
- Has not been released or discharged under dishonorable conditions from any of the armed forces of the United States.

I certify that on this date \_\_\_\_\_ a finger print check through **NMDPS Records, FBI Records** and a **NCIC TRIPLE I Clearance** has been received and reviewed for compliance. **Records are valid for one year from the date of initial clearance.**

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

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)

**RELEASE OF INFORMATION**

To Whom It May Concern:

Having made application with New Mexico Department of Public Safety Training Center, it is my understanding that a comprehensive investigation of my background may be conducted in connection with this application.

I do hereby give the officials of the Training Center the authority to conduct such an investigation and do hereby authorize the release of any and all information requested by the Training Center pertaining to my work history, any arrest information, and other general qualifications for fitness.

Applicant Name \_\_\_\_\_  
Please Print

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)





### 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: _____