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

Public Safety Telecommunicator Class P-20-16

REGISTRATION FORM

DATES:	TIME:	LOCATION:	COST:
October 5-23, 2020	0800 —1700 hours, M-F	NMJC, Bob Moran. Rm 146	Course Fee: $548.00
			*Includes all materials and testing

LODGING: $15.00 per night for 15 nights ($225.00)

Yes ☐ No ☐
Male ☐ Female ☐

MEAL PLAN (optional): $280.00 *(3 week training)*
☐ Yes ☐ No

☐ ICS 100, 200, 700, and 800 Completed
(Pre-Requisite-Must provide Copies of Certificate)

Completed packets must be received in our office no later than September 1, 2020.
If a packet has not been determined to be COMPLETE on/by the deadline, then the applicant will be scheduled for the next available PST 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# _____

Mailing Address: _____

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

E-Mail Address: _____

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#

Billing will occur after acceptance and class begins.

Credit Card: ☐ Visa ☐ Mastercard Card # ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Expiration Date: _____/_____ CCV # ☐☐☐

Print Cardholder Name: _____

Signature: _____

Billing Address: _____

City _____ State _____ Zip _____

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

New Mexico Junior College / SNMLEA
Division of Public Safety
Attention: Lupe Madrid
#1 Thunderbird Circle
Bob Moran Hall Hobbs,
NM 88240
lmadrid@nmjc.edu
Phone: (575) 492-2720
Fax: (575) 492-2712

For more information, please contact Antonio De La Fuente at (575) 492-2715, adelafuente@nmjc.edu or Lupe Madrid at (575) 492-2720, lmadrid@nmjc.edu

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— http://nmlea.dps.state.nm.us/

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: _____

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BASIC TRAINING AND RE-CERTIFICATION REQUEST

CHECK APPROPRIATE CATEGORY	
Law Enforcement Officer	Public Safety Telecommunicator
☐ NMDPS Basic Training ☐ Certification by Waiver of Previous Training ☐ Previously New Mexico Certified ☐ Previously Certified in another State ☐ NM Regional/Satellite Academy	☐ NMDPS Basic Public Safety Telecommunicator Training ☐ Certification by Waiver of Previous Training ☐ NM Regional/Satellite Academy

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

Name:				
	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 ☐ **Registry Input Processed By**_____ ☐ **Certification #:**_____	**DPS Use Only** ☐ **Training Processed By** _____) ☐ **Permanent File#:**_____)
Retired Law Enforcement Officer:	☐ Yes ☐ No

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PUBLIC SAFETY TELECOMMUNICATOR AUDIOLOGY COMPLIANCE FORM

Applicant Name (Last, First, Middle)

SECTION ONE Ears and Hearing

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) **Record the values at each Hz level**	*Excludable Condition*
Right (Decibels) Left (Decibels) (Hertz) 500 _____ (Hertz) 500 _____ 1000 _____ 1000 _____ 2000 _____ 2000 _____	☐
Acute Otitis Media, Otitis Externa, and Mastoiditis	*Excludable Condition* ☐

Statement of Condition

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

☐ 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.)

☐ 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.

☐ Audiologist ☐ Physician ☐ Other_____

_____ _____
Name of Examiner (Please Print) NM Lic. #

_____ _____
Signature Date

Comments:_____

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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)

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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)

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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)

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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)

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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)

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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)

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APPLICANT AFFIDAVIT
of
UNITED STATES CITIZENSHIP (Law Enforcement Officers) or LEGAL RESIDENCY (Telecommunicators only)

APPLICANT

I certify that I am a citizen of the United States of America or a legal resident. Official documentation of my citizenship or legal residency has been presented to the witness, who is the agency head or designee.

Applicant Name:_____
Please print or type.

Applicant Signature:_____

WITNESS (Agency head or designee)

I certify that I have reviewed official documentation indicating the above applicant is a citizen of the United States of America or legal resident.

Witness Name:_____
Please print or type.

Witness Signature:_____

Type of documentation:

☐ Birth Certificate (Must be issued by a government agency)
Issued by:_____ Document #_____

☐ Passport
Issued by:_____ Document #_____

☐ Naturalization Papers
Issued by:_____ Document #_____

☐ Resident card or Paperwork (***for telecommunicators only***)
Issued by:_____ Document #_____

State of New Mexico }
County of_____}SS

On this _____ day of _____,_____, before me personally appeared

_____ and _____ known to me to
Applicant **Witness**

be the persons whose names are subscribed to the above instrument and acknowledged the same to be his/her own free act and deed.

Notary Public:_____ My commission expires:_____
(SEAL)

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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 Orgin _____ 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:

_____ _____ _____