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/

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

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POLICE OFFICER EMPLOYMENT VERIFICATION

Please Print or Type

I, _____ certify that
Department Head Name

_____ was
Applicant Name

employed as a Law Enforcement Officer with my agency on _____ and
Month Day Year

is responsible for the prevention and detection of crime and the enforcement of penal, traffic or highway laws of this State.

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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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 **10.29.9.17 NMAC MEDICAL REVIEW PROCEDURES**. The examination is considered valid for 1 year from date of examining physician's signature. The Academy will provide standard medical examination forms to be completed by the examining physician (pages 14-19 of this document).

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 (10.29.9.17 NMAC) prior to completing, signing, and dating the Medical Examination Report.

Laboratory Tests
The following laboratory tests are mandatory:
(Test results outside of established norms must be recorded and explained on page 19 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 40th 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 60th 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 50th 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.

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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.

GENERAL STATEMENT OF DUTIES:
Under regular supervision, perform police services in accordance with the mission, goals, and objectives of the employing department and in compliance with governing state and local laws.

PRIMARY AND ESSENTIAL TASKS:

Crime Scene Response
Collect evidence and property from crime scenes; document chain of custody of evidence; locate witnesses to a crime; package evidence; secure crime scene; locate and protect latent evidence; establish security perimeter at major crimes, etc.
Respond and conduct preliminary investigation of events related to homicide, rape, robbery, fatal traffic accident, and death/bodies found.

Emergency Assistance
Administer cardio-pulmonary resuscitation (CPR) and mouth to mouth resuscitation; apply basic first aid to unresponsive/unconscious persons; and administer first aid to control bleeding and to treat for avulsions (loss of a limb by accident), fire or chemical burns, convulsions, diabetic reaction, electric shock, gunshot wounds, heart attack, overdose, poisoning and stab wounds.
Evacuate areas endangered by explosive or toxic gases, liquids, or other spilled materials, and evacuate buildings, vehicles and surrounding areas in response to bomb threats.
Mediate domestic disputes, and talk with persons attempting to commit suicide to get them to delay or stop their attempt.
Use protective gear to prevent contact with infectious diseases.

Emergency Vehicle Operation
Engage in high speed pursuit or response driving in congested areas, off road, and on open road. Operate vehicle in driving rain, on dirt-covered road, ice-covered road, or snow-covered road and transport prisoners.

Use of Force/Use of Deadly Force (Respond to calls and promptly analyze situations and apply the proper amount of force needed to effectively perform the job.)
Clean and inspect weapons; participate in firearms training; discharge firearm at person; draw weapon to protect self from third party; fire weapon in nighttime combat (not including training); and fire weapon in daytime combat (not including training).

Criminal Investigation
Interrogate suspects; interview complainants, witnesses, etc; summarize in writing the statements of witnesses and complainants; and participate in raids and searches.

Powers of Arrest and Control
Inspect patrol vehicle for weapons and contraband (e.g., after prisoner transport).
Execute arrest warrants; advise persons of constitutional rights; apprehend and place juvenile offenders in custody; arrest persons with or without a warrant; conduct field searches of arrested persons; conduct frisk and pat down; handcuff suspects or prisoners; search automobile incident to arrest, seize contraband, weapons and stolen property from suspects; break up fights between two or more persons; subdue physically attacking persons or persons resisting arrest; disarm violent armed suspect; and pull person out of vehicle who is resisting arrest.

Traffic Control
Administer field sobriety test; complete DUI/DWI arrest reports; execute stop of motor vehicle and approach and talk to operator and passengers; observe occupants of stopped vehicles to identify unusual or suspicious actions; execute felony motor vehicle stop; and stop vehicles to investigate, warn or arrest occupants.

Administrative
Write in-depth narrative reports containing complete sentences and paragraphs (e.g., investigative reports, supplemental/follow-up reports). Read and comprehend department policies and procedures and apply same to police practices.

Essential Physical Activities

1. Use body pressure points to control person.
2. Bend over/kneel to search under vehicle seat, etc.
3. Grip person tightly with one hand to prevent escape.
4. Disarm violent armed suspect.
5. Climb fire escapes.
6. Use body language to project control and influence situation.
7. Climb stairs in multiple story building.
8. Use voice commands to project control and direct actions.
9. Fire a weapon in dark environment with flashlight in one hand.
10. Search for a person in a darkened building or environment.
11. Hold a flashlight while performing various police duties.
12. Strike a person with side-handled baton.
13. Strike a person with a straight baton.
14. Extend arm to reach and search tight spaces.
15. Use hammer lock to hold person.
16. Use submission holds to control person.
17. Use hands to direct movement of multiple lanes of traffic.
18. Twist at waist to direct traffic.
19. Hold and swing battering ram to break door.
20. Hold person upright to prevent their falling, e.g., drunk.
21. Crawl on back to search under car/residence, etc.
22. Support person while walking to prevent their falling.
23. Bend/kneel to apply shackles, cuff, etc.

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.

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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.

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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 in the Law Enforcement Fitness Norms as published by the Cooper Institute. Applicants must meet the minimum standard or they will be dismissed from the BPOT program. BPOT applicants are required to complete the fitness standards at the 60th percentile and the two agility courses prior to certification. See pages 6 and 8.

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 7.

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.

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ENTRY FITNESS STANDARDS - 40th PERCENTILE

#1 Upper Body Strength

1 minute maximum number of push-ups

29 repetitions

#2 Muscular Endurance

1 minute maximum number of sit-ups

31 repetitions

#3 Aerobic Power

1 ½ mile run

15:20 (minutes:seconds)

#4 Anaerobic Power

300 meter run

65.4 (seconds)

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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.

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EXIT FITNESS STANDARDS - 60th PERCENTILE

#1 Upper Body Strength

1 minute maximum number of push-ups

37 repetitions

#2 Muscular Endurance

1 minute maximum number of sit-ups

35 repetitions

#3 Aerobic Power

1 ½ mile run

13:58 (minutes:seconds)

#4 Anaerobic Power

300 meter run

58.9 (seconds)

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MEDICAL HISTORY STATEMENT

The New Mexico Statute 29-7-6 requires that law enforcement officer applicants be examined by a licensed physician to ensure that the applicant is free of any physical defect or medical conditions which might adversely affect job performance or the applicant's ability to successfully complete a prescribed basic law enforcement course.

The information you provide in this statement is extremely important. This statement will be reviewed by the examining physician prior to evaluating your qualifications for the position of law enforcement officer. Therefore, please fill out the questionnaire completely and accurately. **Do not leave any space blank, if it is not applicable, Please Enter "N/A".** Please note that: (a) all statements are subject to verification, and (b) deliberate inaccuracies or incomplete statements may bar or remove you from employment.

This Statement was designed to explore those areas that bear directly upon the physical demands of the position for which you are applying. A thorough and accurate evaluation of this information will contribute to sound employment decisions benefiting both you and your potential employer.

This Statement is confidential. If hired, the information you provide will be a part of your medical records. When answering "Yes/No" questions, place an "X" in the appropriate box. If you are unable to answer a question for any reason, place a **"?"** in the "Yes" box and discuss with the examining physician.

Name	**Date of Birth**	**Social Security No.**
_____ Last First Middle	____/____/____ Month Day Year	In accordance with the Federal Privacy Act of 1974, disclosure is voluntary. The SSN will be used for identification purposes to ensure that proper records are maintained. _____-____-_____
Address _____ Street or P.O. Box _____ City State Zip		**Work** ( ) _____-_____ **Home** ( ) _____-_____

I, the undersigned, do hereby consent to undergo a medical examination, including blood specimens, X-rays, skin tests, immunizations, drug/anabolic steroid screening and other examinations which the examiners may consider necessary to complete the medical evaluation.

Signature in Full:_____ **Date Completed:**_____

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MEDICAL HISTORY STATEMENT

1. Have you been medically examined for employment in this agency before? ☐ Yes ☐ 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 *(prescription and non- prescription).*

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 *(excluding routine childbirth).*

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.

DISEASE	Mother	Father	Other
Diabetes	☐	☐	☐
Cancer/Tumor	☐	☐	☐
High Blood Pressure	☐	☐	☐
☐ All not applicable			

DISEASE	Mother	Father	Other
Tuberculosis	☐	☐	☐
Heart Disease	☐	☐	☐
Hereditary or Familial Disease	☐	☐	☐
☐ All not applicable			

Have you ever been exposed to any of the following, whether at home, work, or in any other setting?

	Yes	No	
9.	☐	☐	Prolonged loud noises?
10.	☐	☐	Substances which irritated your skin or eyes?
11.	☐	☐	Sprays or powders for insects or plants?
12.	☐	☐	Prolonged X-rays or other radiations?
13.	☐	☐	Dusty conditions such as sandblasting, grinding or drilling of rock, coal, silica, asbestos, or asbestos products?

Have a bad reaction to:

14.	☐	☐	High environmental temperatures?
15.	☐	☐	Low environmental temperature?

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MEDICAL HISTORY STATEMENT

	Yes	No	
16.	☐	☐	Have you been rejected by the military for health reasons?
17.	☐	☐	Were you ever in the Armed Services? If "Yes", please enter the following:
18.	☐	☐	Did you receive a medical discharge?

Have you ever had a claim for the following:

19.	☐	☐	An occupational disease?
20.	☐	☐	An industrial accident?
21.	☐	☐	Have you any claim now pending for the above?

If you have ever had or now have any of the following, please check the appropriate spaces.

	Yes	No			Yes	No	
22.	☐	☐	Tuberculosis	40.	☐	☐	Kidney Disease
23.	☐	☐	Pneumonia	41.	☐	☐	Rheumatism
24.	☐	☐	Bronchitis	42.	☐	☐	Varicose Veins
25.	☐	☐	Emphysema	43.	☐	☐	Phlebitis
26.	☐	☐	Asthma	44.	☐	☐	Hay Fever
27.	☐	☐	High Blood Pressure	45.	☐	☐	Typhoid Fever
28.	☐	☐	Heart Murmur, Heart Disease	46.	☐	☐	Scarlet Fever
29.	☐	☐	Rheumatic Fever	47.	☐	☐	Valley Fever (Coccidioidomycosis)
30.	☐	☐	Encephalitis, Meningitis	48.	☐	☐	Histoplasmosis
31.	☐	☐	Epilepsy, Convulsions	49.	☐	☐	Venereal Disease (VD, Syphilis, Gonorrhea)
32.	☐	☐	Glaucoma	50.	☐	☐	Cancer
33.	☐	☐	Duodenal or Stomach Ulcer	51.	☐	☐	Hyperthyroidism
34.	☐	☐	Gall Bladder Trouble	52.	☐	☐	Hypothyroidism
35.	☐	☐	Liver Trouble or Hepatitis	53.	☐	☐	Allergic Rhinitis
36.	☐	☐	Hiatal or Diaphragmatic Hernia	54.	☐	☐	Other (Explain Below)
37.	☐	☐	Sickle Cell Disease				_____
38.	☐	☐	Anemia				_____
39.	☐	☐	Diabetes (Sugar Disease)				_____

55.	☐	☐	Have you gained or lost more than 10 pounds in past two years without trying to do so?
56.	☐	☐	Have you had any changes in your appetite in the past six months?
57.	☐	☐	Have you noticed unusual fatigue or weakness recently?
58.	☐	☐	Have you been told by a doctor that you had trouble with your thyroid gland?
59.	☐	☐	Have you noticed changes in your hair or skin color or texture?
60.	☐	☐	Have you had changes in the size or color of a mole (dark growth) or wart in past year?
61.	☐	☐	Do you have a skin rash, burning, itching or other skin sensitivity?
62.	☐	☐	Have you had any skin cancers removed?

63.	☐	☐	Have you had bleeding gums in the past year?
64.	☐	☐	Do you have frequent nosebleeds for no apparent reason?
65.	☐	☐	Do you frequently have sinus trouble?
66.	☐	☐	Do you have colds more than twice a month?
67.	☐	☐	Have you ever coughed up blood?

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MEDICAL HISTORY STATEMENT

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

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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

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PHYSICIAN'S MEDICAL EXAMINATION REPORT

EXAMINING PHYSICIAN: Please review the **10.29.9.17 NMAC Medical Review Procedures** before examining the candidate. For each condition listed, check box if it represents a **Potentially Excludable Condition.**

PHYSICIAN - please mark box if condition exists. Also, initial sections indicating examinations performed. Do not leave any spaces blank, if not applicable enter "N/A".

1. Applicant Name (Last, First, Middle)		2. Birth Date (Mo./ Day/Year)	
3. Height (without shoes)	4. Weight (without shoes & coat)	5. Chest Girth (Expiration)	6. Abdomen Girth
7. Department			

SECTION ONE — Eye and Vision

Minimum Vision Standards for Police Officers Applicant must meet or exceed minimum standards for normal color discrimination, normal binocular coordination, and normal peripheral vision. See **10.29.9.17 G.(1) NMAC MEDICAL REVIEW PROCEDURES** for specific measurements. If applicant wears corrective lenses, test and record acuity with and without correction. **Agency must submit the LEA-EV form if uncorrected exceeds 20/100.**

Potentially Excludable Condition

1.1 **Distant Vision** Minimum Standard: ***Snellen binocular uncorrected <= 20/100, corrected <= 20/30*** ☐

Without correction R20/____ L20/____ B20/____ ☐

With correction R20/____ L20/____ B20/____

Method of Correction:
☐ None
☐ Glasses
☐ Soft Contact Lenses
☐ Hard Contact Lenses
☐ Other _____

1.2 **Near Vision** Minimum Standard: ***Snellen binocular corrected <= 20/40***

Without correction R20/____ L20/____ B20/____ ☐

With correction R20/____ L20/____ B20/____ ☐

Pupils: Equal _____ Reaction _____ ☐

Eye Grounds: _____ ☐

1.3 **Color Vision** ____ of ____ Plates **Minimum Standard:** ***Correct reading of at least 9 or more of the first 13 plates of the 24-plate Ishihara Test*** ☐

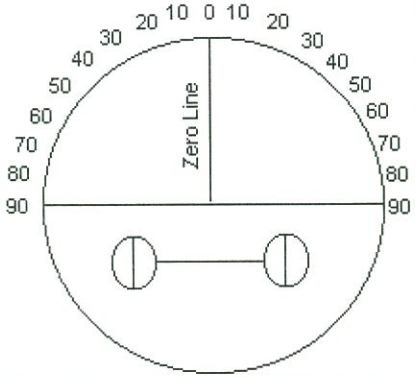
1.4 **Depth Perception** _____ ARC Seconds **Minimum Standard:** ***<= 100 ARC Seconds*** ☐

1.5 **Peripheral Vision** ☐

Form Fields of Vision (Temporal):

Right eye ____ Left eye ____ Each eye on Zero Line ____

(Record degrees of temporal fields obtained by instrumentation or confrontation in spaces above and on diagram to right.)



Evidence of Suppression _____

(Note any abnormality)

Enter n/a if not applicable for the following:

1.6 Glaucoma ____ ☐

1.7 Strabismus ____ ☐

1.8 Cataracts, Current ____ ☐

1.9 Proliferative Retinopathy ____ ☐

1.10 Nystagmus or Other Extra-Ocular Movement ____ ☐

1.11 Monocular Vision ____ ☐

1.12 Blindness, Including Night Blindness ____ ☐

1.13 Retinal Detachment ____ ☐

1.14 Chronic Keratitis ____ ☐

1.15 Optic Neuritis ____ ☐

If the eye 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 ☐ Optometrist ☐ Opthamologist ☐ Optician ☐ Other _____

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PHYSICIAN - please mark box if condition exists. Also, initial sections indicating examinations performed. Do not leave any spaces 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. See **10.29.9.17 G.(2) NMAC MEDICAL REVIEW PROCEDURES for specific measurements.** Hearing loss at 3000 Hz will **not exceed 40 dB HL** in either ear. In such cases, Recourse Testing of speech discrimination ability using phonetically balanced word lists in the presence of noise may be conducted. The agency must then submit an **LEA-EH.**

1 or more Potentially Excludable Condition(s) ☐

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 _____

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 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 _____
☐ 3.2 Aphonia, Speech Loss or Speech Defects _____
☐ 3.3 Deformities Interfering with the Proper Fitting of a Gas Mask _____

(Note any abnormality) ← *Enter **n/a** on lines to the 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** _____ *(Note any abnormality) Enter **n/a** on line if not applicable*

Date Chest X-rays Taken _____ *(Note any abnormality) Enter **n/a** on line if not applicable*

Chest X-rays Normal ☐ **Yes** ☐ **No** (report may be attached)

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PHYSICIAN - please mark box if condition exists. Also, initial sections indicating examinations performed. Do not leave any spaces blank, if not applicable enter "N/A".

Applicant Name (Last, First, Middle)

SECTION FOUR Peripheral Vascular System

- ☐ 4.1 Hypertension
- ☐ 4.2 Varicose Veins
- ☐ 4.3 Venous Insufficiency
- ☐ 4.4 Peripheral Vascular Diseases
- ☐ 4.5 Thrombophlebitis

Initials:_____

SECTION FIVE Heart and Cardiovascular System

Type of Action (Active) ☐ Running in Place ☐ Other	Blood Pressure /	Pulse Rate	Sounds	Rhythm
Type of Action (At Rest) (If resting BP is greater than 140/90, management of hypertension must be noted and described on page 19 under STATEMENT OF CONDITION	/			
Pulses (record strength) R **femoral**	L	Note any Abnormality R		L
popliteal				
dorsal pedes				

- ☐ 5.1 Congenital Heart Disease
- ☐ 5.2 Valvular Heart Disease
- ☐ 5.3 Coronary Artery Disease
- ☐ 5.4 ECG Abnormalities (if associated with organic heart disease) - See 10.29.9.17 G.(5) Medical Selection Guidelines for specific abnormalities.
- ☐ 5.5 Angina
- ☐ 5.6 Congestive Heart Failure
- ☐ 5.7 Cardiomyopathy
- ☐ 5.8 Active Pericarditis, Endocarditis, and Myocarditis

Initials: _____

SECTION SIX Respiratory System

- ☐ 6.1 Active Pulmonary Tuberculosis
- ☐ 6.2 Chronic Bronchitis
- ☐ 6.3 Active Asthma
- ☐ 6.4 Chronic Obstructive Pulmonary Disease
- ☐ 6.5 Bronchiectasis and Pneumothorax
- ☐ 6.6 Pneumonectomy
- ☐ 6.7 Acute/Chronic Mycotic Diseases

Initials:_____

SECTION SEVEN Gastrointestinal System

- ☐ 7.1 Colitis
- ☐ 7.2 Esophogeal Disorders
- ☐ 7.3 Hemorrhoids
- ☐ 7.4 Pancreatitis
- ☐ 7.5 Gall Bladder Disorders
- ☐ 7.6 Active Peptic Ulcer Disease
- ☐ 7.7 Symptomatic Inguinal, Umbilical, Ventral, Femoral or Incisional Hernias
- ☐ 7.8 Malignant Disease of the Liver, Gall Bladder, Pancreas, Esophagus, Stomach, Small / Large Bowel, Rectum or Anus
- ☐ 7.9 Gastrointestinal Bleeding
- ☐ 7.10 Active or Chronic Hepatitis
- ☐ 7.11 Cirrhosis of the Liver

Initials:_____

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PHYSICIAN - please mark box if condition exists. Also, initial sections indicating examinations performed. Do not leave any spaces blank, if not applicable enter "N/A".

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 Abcess
- ☐ 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:_____

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PHYSICIAN - please mark box if condition exists. Also, initial sections indicating examinations performed. Do not leave any spaces blank, if not applicable enter "N/A".

Applicant Name (Last, First, Middle)

SECTION ELEVEN Musculoskeletal System (Continued)

- ☐ 11.9 Joint Conditions
- ☐ 11.10 Coordinated Balance
- ☐ 11.11 Herniated Disc (symptomatic)
- ☐ 11.12 Spinal Deviations
- ☐ 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 ☐ Yes No ☐
Upper Extremities	Limited Function		Missing Parts
Lower Extremities	Limited Function		Missing Parts

Skin (scars, varicosities, disease, abnormalities - nature and severity)

SECTION TWELVE Hematopoietic and Lymphatic Systems

- ☐ 12.1 Anemia (all)
- ☐ 12.2 Polycythemia
- ☐ 12.3 Sickle Cell Trait
- ☐ 12.4 Sickle Cell Disease
- ☐ 12.5 Hematopoietic Disorders (including malignancies)
- ☐ 12.6 Hemophilia

Initials: _____

SECTION THIRTEEN Nervous System

- ☐ 13.1 Epilepsy
- ☐ 13.2 Cerebral Palsy
- ☐ 13.3 Movement Disorders
- ☐ 13.4 Cerebral Aneurysms
- ☐ 13.5 Syncope
- ☐ 13.6 Progressive Neurological Diseases
- ☐ 13.7 Peripheral Nerve Disorder
- ☐ 13.8 Narcolepsy
- ☐ 13.9 Cerebral Vascular Accident
- ☐ 13.10 Central Nervous System Infections

Initials: _____

Nervous System (Describe any pathology or abnormal reflexes.)

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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.**

Yes	No	
☐	☐	1. Blood Chemistry (Chem 20 or equivalent)
☐	☐	2. Complete Blood Count
☐	☐	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 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.

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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?	☐	☐
2.	Have you ever received treatment for any substance abuse related disorder?	☐	☐
3.	Have you ever been treated by any physician, psychologist, psychiatrist, or counselor for any mental or emotional disorder?	☐	☐
4.	Have you ever been the subject of a psychological or psychiatric examination ordered by the court or Employer? **THIS INCLUDES PRE-EMPLOYMENT EXAMINATIONS.**	☐	☐
5.	**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_____.**	☐	☐
6.	I have been advised of my **APPEAL RIGHTS** 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/Ofice 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_____

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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 Applicant Processing Services (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 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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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)

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/

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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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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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 40th 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 (40th percentile or better):

Age	Gender	Push-ups	Sit-ups	Flexibility	300 Meter Run	1.5 Mile Run

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)

New Mexico Department of Public Safety Training Center
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APPLICANT AFFIDAVIT
of
PROOF OF POSSESSION OF CURRENT VALID DRIVER'S LICENSE

APPLICANT

I certify that I possess a valid driver's license. Official documentation of my license 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 possesses a valid driver's license.

Witness Name:_____
Please print or type.

Witness Signature:_____

Type of documentation:

☐ Driver's License (Must be issued by a government agency)
Issued by:_____License Number# _____

☐ Date Issued:_____ Expires _____

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:

_____ _____ _____

Revised 01-17-12