

# TRAINING APPLICATION

## New Mexico Department of Public Safety Training Center

4491 Cerrillos Road, Santa Fe, New Mexico 87507

(505) 827-9251 / (800) 521-9911 (NM only)

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



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

*(Type or Print Only)*

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Middle Initial:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ **NMDPS Certification #** \_\_\_\_\_

**Agency Name:** \_\_\_\_\_ **Rank/Job Title:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_

**Contact Information:** Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

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

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

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

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

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

**Payment:**  **Department Check**  **Money Order**  **Purchase Order**  **Personal Check**  **Comp**

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

**City**       **County**       **State**       **Tribal**       **Federal**

**Other** \_\_\_\_\_

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

**Law Enforcement**  **Fire Department**  **Emergency Medical Services**  **Emergency Management**

**Other** \_\_\_\_\_

### NMDPS Training Center Official Use Only

**Class Cancelled**       **Student Withdrawal**       **Fail to complete class**

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

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

## **NMDPS Training Center Policy**

### **DRESS/ATTIRE**

The Training Center maintains a professional work environment in accordance with NM Department of Public Safety Standards, therefore, uniform or appropriate business dress is required. Casual attire is prohibited unless specifically required by the course activity, as determined by the instructor. Individuals not in compliance will be dismissed or required to change into appropriate attire, and their agency will be notified. Appropriateness of clothing will be determined by the appropriate Training Bureau Chief.

### **ATTENDANCE AND CONDUCT**

Courses will generally be conducted between 8:00 a.m. and 5:00 p.m. on the starting date of each course, unless otherwise specified. The Training Bureau will administer registration procedures for programs. Students are expected to adhere to the directives established by the NMDPS Training Center.

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

Students are required to attend 100% of all scheduled training sessions in each course. When attendance conflicts occur, the Instructor will determine the remediation requirements and document all remediation action taken with each student in the course file for submission to DPS. 100% of course content must be delivered to the student.

No outside materials unrelated to the course will be allowed. This includes items such as newspapers, magazines, books, radio/CD players, etc. Cell phones and other messaging media will remain off during class, unless otherwise approved by the instructor. Students will have regular breaks during which phone calls, messages, and personal needs may be addressed.

Professional conduct of all students is required. Dismissal of students will be determined solely by the course instructor unless the conduct interferes with the operation of the facility, at which point, the appropriate Training Bureau Chief may dismiss the student from the facility.

### **APPLICANT ACKNOWLEDGEMENT**

I have read and understand the NMDPS Training Center dress/attire, attendance and conduct policy. I hereby understand that I am applying for the above course and I will be responsible for all charges for this course if my agency does not sponsor my participation.

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

### **AGENCY APPROVAL**

I hereby certify that the applicant is a member in good standing with my department. Attendance at the requested training program is authorized and my agency will be responsible for all charges.

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