

DWI/SFST INSTRUCTOR CERTIFICATION APPLICATION

Please print or type all information.

<input type="checkbox"/> Initial Application		<input type="checkbox"/> Renewal Application	
<p>Qualifications: SFST Instructor certification and performance monitoring, is conducted by the New Mexico DPS SFST Oversight Committee. SFST Instructor application for certification is reviewed by the Instructor Certification Sub-Committee. This sub-committee provides its recommendations to the NM DPS Law Enforcement Training Center for the initial and continued certification of an SFST Instructor, as approved by the Oversight Committee.</p> <p>Initial Application requirements:</p> <p><input type="checkbox"/> Be a certified law enforcement officer with patrol field experience of at least three (3) years utilizing the SFST.</p> <p><input type="checkbox"/> Attach certificate of completion of a NHTSA/IACP approved SFST Instructor/Train-the-trainer course.</p> <p><input type="checkbox"/> Attach certificate of completion of a sixteen (16) hour DWI/SFST Instructor Update Course where the SFST Instructor/Train-the-trainer course was completed more than two years prior to the date of application.</p> <p><input type="checkbox"/> Attach written documentation of the number of DWI arrests and/or convictions for the previous 12 month period.</p> <p>Renewal application requirements</p> <p><input type="checkbox"/> Provide a written recommendation by a lead SFST instructor designated by the State SFST Coordinator, that the applicant has successfully completed two (2) apprentice courses in SFST for first time renewals.</p> <p><input type="checkbox"/> Thereafter, provide documentation of two SFST courses taught within the past two (2) years</p> <p><input type="checkbox"/> Attach certificate of completion of a sixteen hour SFST Instructor Update Course within the last two years.</p>			
Applicant Name			
<i>Last</i>	<i>First</i>	<i>Middle</i>	<i>Maiden</i>
SSN#	DOB:	NMDPS state Certification #:	
Home Mailing Address			
<i>Street or PO Box</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
Agency/Organization (if applicable)		Contact phone Number: _____	
		Email: _____	
<p>I hereby certify the information contained in this application is true and correct. I understand I must follow the rules and regulations established by the Training Center in order to obtain credit for training courses I conduct.</p>			
_____ <i>Printed or Typed Name of Applicant</i>		_____ <i>Applicant Signature</i>	_____ <i>Date</i>
<p>I certify the applicant is responsible for conducting training for my department and recommend that an instructor certificate be issued.</p>			
_____ <i>Sponsoring Agency</i>		_____ Type or Print Name of Agency Head	_____ <i>Title</i>
_____ <i>Agency Mailing Address</i>		_____ <i>City</i>	_____ <i>State</i>
_____ <i>Agency Telephone Number</i>		_____ <i>Agency Head/Designee Signature</i>	_____ <i>Date</i>

MAIL PACKET TO: DPS/TRD
 ATTN: ADVANCED TRAINING BUREAU
 4491 CERRILLOS ROAD, SANTA FE, NM

FOR DPS OVERSIGHT COMMITTEE USE ONLY		
Initial Certification		
2. Written documentation of the number of DWI arrests and/or convictions for the previous 12 month period attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Has applicant successfully completed the NHTSA/IACP approved SFST Instructor/Train-the-trainer course? (certificate must be attached) If yes, when:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Has applicant completed a sixteen (16) hour DWI/SFST Instructor Update Course where the SFST Instructor/Train-the-trainer course was completed more than two years prior to the date of this instructor application? (certificate must be attached)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Renewal		
1. Written recommendation by a lead SFST instructor designated by the State SFST Coordinator, that the applicant has successfully completed two (2) apprentice courses in SFST? (must be attached for first time renewals)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. (Subsequent Renewals) Two SFST courses taught within the past two (2) years? (documentation must be attached.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Sixteen hour SFST Instructor Update Course within the last two years? (certificate must be attached.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
COMMITTEE RECOMMENDATION		
<input type="checkbox"/> Request approved by Sub-committee <input type="checkbox"/> Request denied by Sub-committee		
Comments:		
Sub-committee member:	Sub-committee member:	Sub-committee member:
Sub-committee member:	Sub-committee member:	Sub-committee member:
Sub-committee member:	Sub-committee member:	Sub-committee member:
<input type="checkbox"/> Request approved by Committee Chairpersons: (Print Names): _____		
<input type="checkbox"/> Request denied by Committee Chairpersons: Explanation:		
TSB DWI/SFST State Coordinator Co-chair:	DPS NMLEA Co-chair:	
_____ Signature	_____ Signature	
Date forwarded to DPS:		
DPS USE ONLY		
Received/Processed by:	Certificate Issued by:	