

## INSTRUCTOR CERTIFICATION APPLICATION

Please print or type all information. If you are applying for more than one category of instructor certification, include all areas on one application.

<input type="checkbox"/> <b>Initial Application</b> <input type="checkbox"/> <b>Renewal Application</b>	<p style="text-align: center;"><b>Specialized:</b></p> <input type="checkbox"/> Specialized High Risk <input type="checkbox"/> Specialized Technical ** <input type="checkbox"/> Professional Lecturer <input type="checkbox"/> Master Instructor	
<input type="checkbox"/> <b>General Instructor</b> (Only DPS certified law enforcement officer or telecommunicator)		
<p><b>I apply to be certified as:</b>                  Fill in the specialized subject category below. Use additional sheets if necessary.</p> <p>_____</p> <p>_____</p>		
<p><b>Qualifications:</b>                  To determine qualifications for the different Instructor Certification levels, please consult the New Mexico Law Enforcement Academy Board Rules (10.29.4 NMAC). These rules can be found using the printed NMDPS Training &amp; Recruiting Division Reference Guide that is provided to all law enforcement agencies or online at <a href="http://www.dps.nm.org/training/">http://www.dps.nm.org/training/</a>. In addition, if the applicant has questions about which level of Instructor Certification applies, they are encouraged to contact the DPS Training staff.</p>		
<p><b>Applicant Name</b></p> <p style="text-align: center;"><i>Last</i>                                      <i>First</i>                                      <i>Middle</i>                                      <i>Maiden</i></p>		
SSN/DPS Cert#	<input type="checkbox"/> NMDPS Certified Law Enforcement Officer	<input type="checkbox"/> NMDPS Certified Telecommunicator
<p><b>Home Mailing Address</b></p> <p style="text-align: center;"><i>Street or PO Box</i>                                      <i>City</i>                                      <i>State</i>                                      <i>Zip</i></p>		
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>		
<p>_____</p> <p style="text-align: center;"><i>Printed or Typed Name of Applicant</i>                                      <i>Applicant Signature</i>                                      <i>Date</i></p>		
<p>I certify the applicant is responsible for conducting training for my department and recommend that an instructor certificate be issued.</p>		
<p>_____</p> <p style="text-align: center;"><i>Sponsoring Agency</i>                                      <i>Type or Print Name of Agency Head</i>                                      <i>Title</i></p>		
<p>_____</p> <p style="text-align: center;"><i>Agency Mailing Address</i>                                      <i>City</i>                                      <i>State</i>                                      <i>Zip</i></p>		
<p>_____</p> <p style="text-align: center;"><i>Agency Telephone Number</i>                                      <i>Agency Head/Designee Signature</i>                                      <i>Date</i></p>		

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<b>EDUCATION</b>		List all specialized training received in support of this application. <b>Copies of all certificates must be attached.</b>						
DATE (Mo/Year)		School Attended and Mailing Address (use additional sheets if necessary).						
<b>TRAINING CONDUCTED</b>		Use additional sheets if necessary						
Date(s)		Course Title and Location						
<b>SPECIALIZED ASSIGNMENTS</b>		Use additional sheets if necessary			<b>ACADEMY EXPERIENCE</b>		Use additional sheets if necessary	
<b>Speciality</b>		Years Experience	Total Cases Successfully Worked	Court Established Expert (Yes or No)	Basic Academy Instructor in Specialty Class #	Date(s)	Site/Location	Subject
example Burglary		2.5	131	Yes	NMLEA #125	10/92	Santa Fe	Burglary