

REQUEST FOR DWI/SFST COURSE ACCREDITATION

All courses must receive approval prior to instruction

ORIGINAL ACCREDITATION RE-ACCREDITATION

Please type or print all information

Course Title	_____		
Requested By	_____		
	Department or Agency		
Mailing Address	_____		
	Street or PO Box		
	City	State	Zip
Contact Person	_____	Telephone	_____
Contact Email:	_____		
Instructor Name(s)	_____		
Total Course Hours	_____	Number of Students	_____

Attached the following Documents

Note: Please submit the listed items in hard copy and electronic format.

- Course curriculum (lesson plan). The complete body of the presentation, and supporting material
- Course Syllabus/Outline of schedule with dates and times of each course/session.
- Instructor and course evaluation instrument.
- Testing/Proficiency instrument

MAIL To: DPS Training Center/DWI/SFST Oversight
Attn: Advanced Training Bureau Chief
4491 Cerrillos Road
Santa Fe, NM 87507

(DPS/DWI/SFST Oversight Committee Use Only)

Date Received: _____ Date Committee reviewed: _____

Committee Course/DPS Standards Evaluation:

Course Type: Basic Officer Update Instructor Recertification

A. Curriculum Content:

Conforms w/DPS Standards Conforms w/NHTSA Standards
 Non-conformance w/DPS Standards Non-conformance w/NHTSA Standards

B. Proficiency/Exam Standard:

Conforms with DPS Standards Conforms with NHTSA Standards
 Non-conformance w/DPS Standards Non-conformance w/NHTSA Standards

C. Class Size:

Conforms with DPS Standard Conforms with NHTSA Standards
 Non-conformance w/DPS Standards Non-conformance w/NHTSA Standards

D. Instructor/Student Ratio:

Conforms with DPS Standard Conforms with NHTSA Standards
 Non-conformance w/DPS Standards Non-conformance w/NHTSA Standards

E. Wet/Dr Labs:

Conforms with DPS Standard Conforms with NHTSA Standards
 Non-conformance w/DPS Standards Non-conformance w/NHTSA Standards

F. Materials:

Conforms with DPS Standards Conforms with NHTSA Standards
 Non-conformance w/DPS Standards Non-conformance w/NHTSA Standards _____
 (Student/Instructor Guide/Videos, etc.)

 DWI/SFST Committee Approval

 (Print Committee Chairperson name)
 Date: _____

 Chairperson Signature

 DWI/SFST Committee Denial

 (Print Committee Chairperson name)
 Date: _____

 Chairperson Signature

 Forwarded to DPS/TRD Deputy Director

Date: _____

DPS Training Use Only

Processed By/Date:	Course Accreditation#:	Accreditation Expires: