

2010-2011 BIENNIUM AGENCY IN-SERVICE TRAINING REPORT LAW ENFORCEMENT OFFICER

I, _____, _____
(print or type agency head's name) Title

(print or type agency name)

(print or type agency location)

(print or type agency contact phone number)

verify that as of _____
(enter date of report)

ALL law enforcement officers employed with this agency with the exception of those listed on Page 2, have met the mandatory In-service Training requirements as set forth in the New Mexico Administrative Code, 10.29.7.8. The training documentation is available for inspection.:

- Minimum of Four (4) hours - Safe Pursuit Procedures (29-20-3 NMSA 1978).
- Minimum of One (1) hour - Domestic Abuse Incident training (29-7-4.1 NMSA 1978).
- Minimum of Two (2) hours - Detection, Investigation and Reporting of Hate Crimes (31-18B-5 NMSA 1978).
- Minimum of Two (2) hours - Daylight Firearms training.
- Minimum of Two (2) hours - Lowlight Firearms training.
- Minimum of Two (2) hours - Missing persons and AMBER alert training.
- Minimum of One (1) hour - in Ensuring Child Safety after Arrest training.
- For all officers who may be involved in the arrest of DWI offenders, Four (4) hours SFST Update.
- For all officers who may be involved in the enforcement of OHV statutes, Three (3) hours training.
- With the remaining balance of training hours as set forth in 10.29.7.8 (NMAC); Totaling a minimum of forty (40) hours.
- Training documentation is available for inspection.

Total number of certified Law Enforcement Officers in the agency: _____

*I understand that failure to submit this report by **March 1st** of the reporting year (2012) may result in the suspension of the Law Enforcement Officer certification of my employees.*

State of New Mexico **)**

County of _____ **) SS.**

I (print or type agency head's name) _____,
being first duly sworn, depose and state (based upon information, belief, and available documentation):

I am the agency head of the (print or type agency name) _____
and the foregoing report is true and correct to the best of my personal knowledge.

(Agency head's signature)

Subscribed and Sworn before me this
_____ day of _____, _____.

Notary Public

My commission expires: _____

2010-2011 Exception Report—In-Service Training Law Enforcement Officer

Officers **NOT** meeting the mandatory in-service training requirements:

	Last Name	First Name	DOB	Cert. #
1				
2				
3				
4				
5				

**Name:** _____ **Cert#/SSN:** _____

Explanation: Why is the officer not in compliance with the In-service Training Requirement

Remediation: What steps are being taken to bring the officer into compliance?

Timelines: What are the deadlines that are proposed to bring the officer into compliance?

=====

**Name:** _____ **Cert#/SSN:** _____

Explanation: Why is the officer not in compliance with the In-service Training Requirement?

Remediation: What steps are being taken to bring the officer into compliance ?

Timelines: What are the deadlines that are proposed to bring the officer into compliance?

(use additional sheets if necessary)

2010-2011 Exception Report—Compliance Reporting Law Enforcement Officer

Last Name: _____ **First Name:** _____ **Cert. #:** _____

Legislative Mandated Training Hours: 10.29.7.8 (minimum 12 hours)					
Course	Date Attended	Hours Mandated	Hours Taken	Instructor(s)	Location/Agency
Domestic Violence		1			
Hate Crimes		2			
Pursuit Policy		4			
Ensuring Child Safety		1			
Firearms 2 day/2 night		4			
HOURS:		12			

NMAC Rule 10.29.7.8: Balance Optional training hours. (mandated plus other must total 40 hours minimum)					
Course	Date Attended	Course Hours	Hours Taken	Instructor(s)	Location/Agency
SFST Update (Optional)		4			
OHV (Optional)		3			
TOTAL HOURS:					

(use additional sheets if necessary)

The above listed law enforcement officer previously reported as out of compliance, have been brought into compliance for the reporting period of _____(year 1) to _____(year 2).

Date Submitted: _____

Exception Report—Compliance Reporting Law Enforcement Officer

Officer achieving compliance with the mandatory In-Service Training requirements:

Last Name: _____ **First Name:** _____ **Cert. #:** _____

Agency: _____

Address _____

Contact# _____

Submitted by: _____
(print name and title)

Contact# _____

Signature of submitting official: _____

Registry Input by:	Skills manager entry by:
--------------------	--------------------------