

**2014-2015 BIENNIUM AGENCY IN-SERVICE TRAINING REPORT
PUBLIC SAFETY TELECOMMUNICATOR**

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 public safety telecommunicators of 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 10.29.7.9. Training documentation is available for inspection.:

- Minimum of Two (2) hours – Interaction with Persons with Mental Impairments (29-7-7.5 NMSA 1978).
- The remaining balance of training hours as set forth in 10.29.7.9A(2) (NMAC); Totaling a minimum of twenty (20) hours.
- Training documentation is available for inspection.

Total number of certified public safety telecommunicators in the agency: _____

*I understand that failure to submit this report by **March 1st** of the reporting year (2016) may result in the suspension of the public safety telecommunicator 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: _____

2014-2015 Exception Report—In-Service Training Public Safety Telecommunicator

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

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

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

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

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

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

=====

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

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

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

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

(use additional sheets if necessary)

2014-2015 Exception Report—Compliance Reporting Public Safety Telecommunicator

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

NMAC Rule 10.29.7.9.B: Advanced, Specialized, and/or Maintenance training/education (20 hours)				
Course Title	Date(s) Attended	Course Hours	Instructor(s)	Location/Agency
Interaction with Persons with Mental Impairment				
TOTAL HOURS:				

(use additional sheets if necessary)

The above listed telecommunicator previously reported as out of compliance, has been brought into compliance for the period of _____ (year 1) to _____ (year 2).

Date Submitted: _____

2014-2015 Exception Report—Compliance Reporting Public Safety Telecommunicator

Public Safety Telecommunicator 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: