

**Public Safety Telecommunicator**

**Continuation Of Certification—Annual In-Service Training Report**

**Reporting Period:**  **Year 1**(Biennium Period): **2014**  
 **Year 2**(Biennium Period): **2015**

Pursuant to DPS LEA Rule **10.29.7.9**, the listed courses are submitted in fulfillment of the **TEN (10) hour annual** in-service training requirements. (Due no later than January 15th of each year.)

Name \_\_\_\_\_  
Last First Middle

Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_ Gender \_\_\_\_\_

NM State Public Safety Telecommunicator Certification #: \_\_\_\_\_

Home Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Contact Number \_\_\_\_\_ - \_\_\_\_\_

**Training Certification**

I \_\_\_\_\_ hereby certify that the attached (page 2)  
(Certified Public Safety Telecommunicator/Individual requesting continuation of certification)

information is true and correct and I have completed the listed courses and I have **attached as proof** of attendance my training certificate(s),

**OR**

a memorandum of completed training, from the Sponsoring Agency/Training Director/Instructor as proof of completion of training.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
(Submitting Public Safety Telecommunicator)

<b>Training Hours: 10.29.7.9.B (Advanced, Specialized training/education, and/or Maintenance/education = Minimum 10 hours).</b>					
<b>Course</b>	<b>Date Attended</b>	<b>Hours Mandated</b>	<b>Hours Taken</b>	<b>Instructor(s)</b>	<b>Location</b>
Mental Impairment		2			
<b>Grand Total (Minimum 10/year)</b>					

Note: Must be submitted annually. Attach copies of all certificates.

Registry Input by:	Certificate/Hours Verified by:	Biennium Training Processed by:
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