

## DWI/SFST INSTRUCTOR CERTIFICATION APPLICATION

\*Please Print or type all information

<b>Instructor Application</b>	<input type="checkbox"/> <b>Initial</b>	<input type="checkbox"/> <b>Renewal</b>	<b>Master Instructor Application</b>	<input type="checkbox"/> <b>Initial</b>	<input type="checkbox"/> <b>Renewal</b>
Qualifications: SFST Instructor certification and performance monitoring, is conducted by the New Mexico DPS SFST Oversight Committee. SFST Instructor application for certification is reviewed by the SFST Oversight Committee. The Committee provides its recommendations to the NM DPS Law Enforcement Training Center for the initial and continued certification of an SFST Instructor. <b>**Persons holding a DWI / SFST Instructor certification may instruct <u>only</u> those <u>SFST</u> courses approved by NHTSA. "General" courses may not be taught by DWI / SFST instructors without a General Police Instructor certification**</b>					
<b>INITIAL Instructor Application Requirements:</b>					
<input type="checkbox"/> Be a certified law enforcement officer with patrol field experience of at least three (3) years utilizing SFST. <input type="checkbox"/> <b>ATTACH</b> certificate of completion of a NHTSA/IACP approved SFST Instructor Certification Course. <input type="checkbox"/> <b>ATTACH</b> certificate of completion of an eight (8) hour DWI/SFST Instructor Refresher Update Course if the SFST Instructor Certification course was completed more than two (2) years prior to the date of application. <input type="checkbox"/> <b>ATTACH</b> written documentation of the number arrests and/or convictions for the previous twelve (12) months.					
<b>RENEWAL Instructor Application Requirements:</b>					
<input type="checkbox"/> <b>Provide a written recommendation</b> by a lead SFST Instructor designated by the State SFST Coordinator that the applicant has successfully completed two (2) apprentice courses in SFST <b>for first time renewals</b> . <input type="checkbox"/> Thereafter, provide documentation of two (2) SFST courses taught within the past two (2) years. <input type="checkbox"/> <b>ATTACH</b> certificates of completion of two (2) SFST Instructor Update/Refresher Courses within the last two (2) years.					
<b>INITIAL MASTER Instructor Application Requirements:</b>					
<input type="checkbox"/> <b>ATTACH</b> all documentation per requirements for Master Instructor per 10.29.4.11 NMAC <input type="checkbox"/> <b>ATTACH</b> written documentation that at least two (2) 24+ hour Wet Labs were conducted as primary instructor within the last four (4) years.					
<b>RENEWAL MASTER Instructor Application Requirements:</b>					
<input type="checkbox"/> <b>ATTACH</b> written documentation that at least one (1) 24+ hour Wet Labs was conducted as primary instructor within the last four (4) years.					
Applicant Name					
<i>Last</i>		<i>First</i>		<i>Middle</i>	
<i>Maiden</i>		SSN# (At Least Last 4 digits)		DOB:	
NMDPS Certification #:					
Home Mailing Address					
<i>Street or PO Box</i>		<i>City</i>		<i>State</i>	
<i>Zip</i>					
Agency/Organization (if applicable)			Contact Phone Number: _____		
			Email: _____		
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.					
Printed or Typed Name of Applicant		Applicant Signature		Date	
I certify the applicant is responsible for conducting training for my department and recommend that an instructor certificate be issued.					
Sponsoring Agency		Type or Print Name of Agency Head		Title	
Agency Mailing Address		City		State	
Zip					
Agency Telephone Number		Agency Head/Designee Signature		Title	

**FOR SFST OVERSIGHT COMMITTEE USE ONLY**

Initial Instructor Certification				
1.	Is the applicant a certified law enforcement officer with patrol field experience of at least three (3) years utilizing the SFST?		Yes	No
2.	Written documentation of the number of DWI arrests and/or convictions for the previous twelve (12) month period attached?		Yes	No
3.	Has applicant successfully completed the NHTSA/IA approved SFST Instructor Certification Course? Certificate Attached? If YES, When:		Yes	No
4.	Has applicant completed an eight (8) hour DWI/SFST Instructor Refresher/Update where the SFST Instructor Certification Course was completed more than two (2) years prior to the date of this application? Certificate Attached?		Yes	No
5.	<b>(MASTER Instructor Only)</b> All documentation required under NMAC 10.29.4.11 for Master Instructor certification has been attached?		Yes	No
6.	<b>(MASTER Instructor Only)</b> Written documentation that at least two (2) 24+ Hour Wet Labs were conducted as primary instructor within the last four years?		Yes	No
Instructor Renewal				
1.	<b>First Time Renewals:</b> Written recommendation by a lead SFST Instructor designated the State SFST Coordinator that the applicant has successfully completed two (2) apprentice courses in SFST? Attached?		Yes	No
2.	<b>Subsequent Renewals:</b> Two (2) SFST courses taught within the past two (2) years? Documentation Attached?		Yes	No
3.	Two (2) Eight (8) Hour SFST Instructor Refresher/Update courses with the last two (2) years? Documentation Attached?		Yes	No
4.	<b>Master Instructor Only:</b> Written documentation attached showing at least one (1) 24+ hour Wet Lab was conducted as primary instructor within the last four (4) years?		Yes	No
COMMITTEE RECOMMENDATION				
<input type="checkbox"/> Request Approved by Committee		<input type="checkbox"/> Request Denied by Committee		
Comments:				
Committee Member Email Approval or Signature:				
Committee Member Email Approval or Signature:		Committee Member Email Approval or Signature:		Committee Member Email Approval or Signature:
Committee Member Email Approval or Signature:		Committee Member Email Approval or Signature:		Committee Member Email Approval or Signature:
Committee Member Email Approval or Signature:		Committee Member Email Approval or Signature:		Committee Member Email Approval or Signature:
<input type="checkbox"/> Request <b>approved</b> by Committee Chairperson(s):				
Print Names: _____				
<input type="checkbox"/> Request <b>denied</b> by Committee Chairpersons:				
Explanation:				
TSB DWI/SFST State Coordinator/Program Manager Co-chair:			DPS/NMLEA Co-chair:	
<i>Signature</i>			<i>Signature</i>	

**Mail Packet To: Southwest Training Consultants, LLC  
 Attn: SFST Coordinator  
 PO Box 28282, Santa Fe, NM 87592**