

## TELECOMMUNICATOR (PST) CERTIFICATION BY WAIVER OF PREVIOUS TRAINING – PART I VERIFICATION OF ELIGIBILITY CHECKLIST

The following documents must be submitted for approval and verification of eligibility to attend the PST Certification by Waiver of Previous Training Program. **Incomplete applications will be returned. *Once eligibility is verified applicant must complete and submit the PST CBW Part II Application Packet***

### ITEMS REQUIRED BY ALL APPLICANTS

- Letter** addressed to the Director requesting approval to attend the Certification by Waiver (CBW) program.
- Form No. LEA-11** – Employment History Form.
- Form No. LEA-13** – Training Status Verification Form
- Notarized proof** of completion of a basic Telecommunicator (PST) academy from a recognized law enforcement academy.
- Documentation** of the basic police academy course curriculum that was completed for basic law enforcement certification with beginning and ending dates of the basic training program including total number of basic academy training hours completed.
- Copy** of P.O.S.T. certified training transcript. (if available)
- Copy** of all advanced training certificates and in-service training certificates completed. Credit will only be given to training certificates that indicate the specific number of hours of training completed. No credit will be given for certificates that do not indicate hours of training.
- Proof of Retirement** from Dispatching Position (if applicable).

Mail Completed Packet to:  
 New Mexico Law Enforcement Academy  
 ATTN: PST Coordinator  
 4491 Cerrillos Road, Santa Fe, NM 87507

DPS Use Only CBW Location: _____ CBW Dates: _____
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**DPS Use Only:**

- PST CBW Review by: \_\_\_\_\_ Date: \_\_\_\_\_
- Regional PST CBW Academy Review by: \_\_\_\_\_ Date: \_\_\_\_\_

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- Incomplete - Returned to applicant      Date returned: \_\_\_\_\_
  - Complete - Forwarded to Deputy Director      Date forwarded: \_\_\_\_\_

Final Computation of Training Hours:  
 Basic PST Academy Hrs: \_\_\_\_\_ Advanced/In-service Hours: \_\_\_\_\_ Experience: \_\_\_\_\_  
 PST CBW Hrs: \_\_\_\_\_ **Total Hours: \_\_\_\_\_**

**DPS Use Only**

- Deputy Director Reviewed    By: \_\_\_\_\_ Date Approved: \_\_\_\_\_
  - Director Rejected    By: \_\_\_\_\_ Date Rejected: \_\_\_\_\_
- Date notification sent to applicant: \_\_\_\_\_

## TELECOMMUNICATOR EMPLOYMENT HISTORY

\_\_\_\_\_  
 Print Applicant's Name

\_\_\_\_\_  
 Applicant's Address

\_\_\_\_\_  
 City State Zip

\_\_\_\_\_  
 Contact Phone Number Contact email

1. *Please print or type all employment for the past five years.*
2. *Please print all law enforcement experience regardless of dates.*
3. *Use additional sheets if necessary.*

<b>Beginning Employment Date:</b>			<b>Ending Employment Date:</b>		
	Month	Year		Month	Year
Name of Employer: _____					
Address: _____					
Duties: _____					
<b>Beginning Employment Date:</b>			<b>Ending Employment Date:</b>		
	Month	Year		Month	Year
Name of Employer: _____					
Mailing Address: _____					
Duties: _____					
<b>Beginning Employment Date:</b>			<b>Ending Employment Date:</b>		
	Month	Year		Month	Year
Name of Employer: _____					
Mailing Address: _____					
Duties: _____					

<b>Beginning Employment Date:</b>	<input type="text"/>	<input type="text"/>	<b>Ending Employment Date:</b>	<input type="text"/>	<input type="text"/>
	Month	Year		Month	Year
Name of Employer: _____					
Address: _____					
Duties: _____					
<b>Beginning Employment Date:</b>	<input type="text"/>	<input type="text"/>	<b>Ending Employment Date:</b>	<input type="text"/>	<input type="text"/>
	Month	Year		Month	Year
Name of Employer: _____					
Mailing Address: _____					
Duties: _____					
<b>Beginning Employment Date:</b>	<input type="text"/>	<input type="text"/>	<b>Ending Employment Date:</b>	<input type="text"/>	<input type="text"/>
	Month	Year		Month	Year
Name of Employer: _____					
Mailing Address: _____					
Duties: _____					
<b>Beginning Employment Date:</b>				<b>Ending Employment Date:</b>	
Name of Employer: _____					
Mailing Address: _____					
Duties: _____					
<b>Beginning Employment Date:</b>	<input type="text"/>	<input type="text"/>	<b>Ending Employment Date:</b>	<input type="text"/>	<input type="text"/>
	Month	Year		Month	Year
Name of Employer: _____					
Address: _____					
Duties: _____					



# Status Verification Form

## PST Certification by Waiver of Previous Training

State of New Mexico  
**Department of Public Safety**  
 Training & Recruiting Division  
 4491 Cerrillos Road  
 Santa Fe NM 87507  
 (505) 827-9251

### Applicant Section

**APPLICANT: Please write legibly or type the information in this section**

I, \_\_\_\_\_, do hereby authorize any and all persons, organizations and agencies to release, furnish and exchange any and all information relating to me for the purpose of determining my eligibility and suitability to be certified as a law enforcement officer in the State of New Mexico. This authorizes release to the New Mexico DPS Law Enforcement Academy and \_\_\_\_\_. I do hereby release from any and all liability all persons or entities disclosing information pursuant to this release.

Name (Last, First, MI)	Social Security Number	Date of Birth (Month, Day, Year)
Previous State or Federal Agency Certification	Certification/License #	Type of Certification <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-time <input type="checkbox"/> Reserve <input type="checkbox"/> Other:
Last Employing Agency	Date of Separation	Reason for Separation <input type="checkbox"/> Retired <input type="checkbox"/> Resigned <input type="checkbox"/> Terminated (Explain on separate sheet)
I certify that under the penalty of perjury that the above information is true. I understand that any falsification of the above information is grounds for denial or revocation of my New Mexico Telecommunicator Certification.		Subscribed and sworn before me this _____ day of _____  By _____ (Attach Seal Here)  Signature _____  Notary Public for the State of _____  And the County of _____  My Commission Expires: _____
_____ Signature of Applicant                                      Date		

### Previous Telecommunicator Certifying State or Federal Agency Section

**State/Federal Official: Please verify the information above, and provide the information below**

*(Please indicate all records of this applicant, most recent full-time employment first)*

Agency	City, State	Rank/Position	Date Began	Month	Day	Year
			<i>Date Began</i>			
			<i>Date Separated</i>			
			<i>Date Began</i>			
			<i>Date Separated</i>			
			<i>Date Began</i>			
			<i>Date Separated</i>			
			<i>Date Began</i>			
			<i>Date Separated</i>			

### Training History

*(Please indicate all basic/entry level Telecommunicator training of this applicant that is mandated by your agency or state)*

Course Name/Type	Location	Length (hours)	Date Began	Month	Day	Year
			<i>Date Began</i>			
			<i>Date Completed</i>			
			<i>Date Began</i>			
			<i>Date Completed</i>			

### Status

Type of Certification	Level of Certification	Status of Certification	In Compliance With Mandated Continuing Ed. Requirements?
<input type="checkbox"/> Telecommunicator <input type="checkbox"/> Limited Authority <input type="checkbox"/> Other:	<input type="checkbox"/> Basic <input type="checkbox"/> Supervisory <input type="checkbox"/> Intermediate <input type="checkbox"/> Mid-Mgt <input type="checkbox"/> Advanced <input type="checkbox"/> Executive	<input type="checkbox"/> Current <input type="checkbox"/> Expired <input type="checkbox"/> Decertified\Revoked <input type="checkbox"/> Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A no requirement <input type="checkbox"/> N/A Other:

A disciplinary/misconduct record exists for this applicant  Yes  No      Date certification will expire: \_\_\_\_\_

The information provided by the applicant is:     Correct                       Incorrect (Explain on separate sheet)

\_\_\_\_\_  
Signature of Authorized Federal/State Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency

Please return completed form to NM Law Enforcement Academy, 4491 Cerrillos Road, Santa Fe NM 87507 ATTN: PST Certification by Waiver