

**2016 - 2017 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) (print or type agency contact email address)

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 (2018) may result in the suspension of the public safety telecommunicator certification of my employees.*

PLEASE ATTACH A LIST OF EMPLOYEES THAT THIS AFFIDAVIT CERTIFIES HAVING COMPLETED THEIR IN-SERVICE REQUIREMENTS. INCLUDE LAST NAME, FIRST NAME AND EITHER SSN OR CERTIFICATION NUMBER.

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: _____

2016 - 2017 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)

2016 -2017 Exception Report—Compliance 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: _____

2016 -2017 Exception Report—Compliance 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: