

## 2016 - 2017 BIENNIUM AGENCY IN-SERVICE TRAINING REPORT LAW ENFORCEMENT OFFICER

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** law enforcement officers employed with 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, 10.29.7.8. The training documentation is available for inspection.:

- Minimum of Four (4) hours - Safe Pursuit Procedures (29-20-3 NMSA 1978).
- Minimum of One (1) hour - Domestic Abuse Incident training (29-7-4.1 NMSA 1978).
- Minimum of Two (2) hours - Detection, Investigation and Reporting of Hate Crimes (31-18B-5 NMSA 1978).
- Minimum of Four (4) hours - Firearms training (minimum of 3 hours day/night) (10.29.7.8A(6) NMAC).
- Minimum of Two (2) hours – Child Abuse Incident training (29-7-4.2 NMSA 1978).
- Minimum of One (1) hour - Missing persons and AMBER alert training (29-7-7.4 NMSA 1978).
- Minimum of One (1) hour - Ensuring Child Safety after Arrest training (29-7-7.3 NMSA 1978).
- Minimum of Two (2) hours – Interaction with Persons with Mental Impairments (29-7-7.5 NMSA 1978).
- Minimum of Two (2) hours – Legal Update (10.29.7.8A(10) NMAC).
- For all officers who may be involved in the arrest of DWI offenders, Four (4) hours SFST Update or Sixteen (16) ARIDE.
- The remaining balance of training hours as set forth in 10.29.7.8A(11) (NMAC); Totaling a minimum of forty (40) hours.
- Training documentation is available for inspection.

Total number of certified Law Enforcement Officers in the agency: \_\_\_\_\_

*I understand that failure to submit this report by **March 1<sup>st</sup>** of the reporting year (2018) may result in the suspension of the Law Enforcement Officer 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

Revised 8/29/17

My commission expires: \_\_\_\_\_



## 2016 - 2017 Exception Report—Compliance Reporting

### Law Enforcement Officer

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Cert. #:** \_\_\_\_\_

<b>Mandated Training Hours: 10.29.7.8 NMSA 1978 and 10.29.7.8 NMAC (minimum 19 hours)</b>					
Course	Date Attended	Hours Mandated	Hours Taken	Instructor(s)	Location/Agency
Dealing with Sexual Assault		1			
Domestic Violence		1			
Hate Crimes		2			
Pursuit Policy		4			
Ensuring Child Safety		1			
Firearms (min. of 3 day/night)		4			
Missing Persons AMBER alert		1			
Child Abuse		2			
Mental Impairment		2			
Legal Update		2			
<b>HOURS:</b>		<b>20</b>			

<b>10.29.7.8 NMAC: Balance Optional training hours. (mandated plus other must total 40 hours minimum)</b>					
Course	Date Attended	Course Hours	Hours Taken	Instructor(s)	Location/Agency
SFST Update (Optional)		4			
<b>TOTAL HOURS:</b>					

(use additional sheets if necessary)

The above listed law enforcement officer previously reported as out of compliance, have been brought into compliance for the reporting period of \_\_\_\_\_(year 1) to \_\_\_\_\_(year 2).

Date Submitted: \_\_\_\_\_

## Exception Report—Compliance Reporting Law Enforcement Officer

Officer 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: \_\_\_\_\_

**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.**

Registry Input by:	Skills manager entry by:
--------------------	--------------------------