## 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 Certification by Waiver of Previous Training Program. Incomplete applications will be returned.

Once eligibility is verified applicant must complete and submit the CBW Part II Application Packet

Once eligibility is verified applicant must complete and subn						
ITEMS REQUIRED BY ALL AP						
☐ <b>Letter</b> addressed to the Director requesting approval to attend the Certification by Waiver						
(CBW) program.						
☐ <b>Form No. LEA-11</b> – Employment History Form.						
Form No. LEA-13 – Training Status Verification Form						
Notarized proof of completion of a basic law enforcement	ent academy from a recognized law					
enforcement academy.						
Notarized certificate from a law enforcement Spanish class. Individuals without a certificate						
must successfully pass the NMLEA Spanish challenge exam during training.						
<b>Documentation</b> of the basic police academy course curr						
law enforcement certification with beginning and ending						
including total number of basic academy training hours of	· · · · · · · · · · · · · · · · · · ·					
Copy of P.O.S.T. certified training transcript. (if availab	,					
Copy of all advanced training certificates and in-service						
will only be given to training certificates that indicate the						
completed. No credit will be given for certificates that d Proof of Retirement from law enforcement (if applicable)						
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N 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
Mail Completed Packet to:	DPS use only:					
New Mexico Law Enforcement Academy	CBW Location:					
ATTN: CBW	CBW Dates:					
4491 Cerrillos Road, Santa Fe, NM 87507						
DPS Use Only:						
□NM LE Academy CBW Review by:	Date:					
☐ Regional CBW Academy Review by:	Date:					
☐ Incomplete - Returned to applicant  Date returned:						
Complete - Forwarded to Deputy Director Date forwarded:						
Final Computation of Training Hours:						
Basic Academy Hrs: Advanced/In-service Hours: Experience:						
CBW Hrs:	Total Hours:					
DDG II. O. I						
DPS Use Only						
☐ Deputy Director Reviewed By:						
☐ Director Rejected By:	Date Rejected:					
Date notification sent to applicant:						

Revised: 11/27/18 LEA-CBW (PART I)

## **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 commissioned law enforcement experience regardless of dates.
- 3. Use additional sheets if necessary.

Beginning Employment Date:			<b>Ending Employment Date:</b>		
	Month	Year		Month	Year
Name of Employer:					
Address:					
Duties:					
Beginning Employment Date:			Ending Employment Date:		
beginning Employment Date:	Month	Vear	Ending Employment Date.	Month	Year
Name of Employer:					
rame of Employer.					
Mailing Address:					
Duties:					
Beginning Employment Date:	L	<u></u>	Ending Employment Date:		
	Month	2 50000		Month	Year
Name of Employer:					
Malling Address					
Mailing Address:					
Duties:					
Duties:					

New Mexico Law Enforcement Academy 4491 Cerrillos Road, Santa Fe, New Mexico 87507 (505) 827-9251—(877) 237-7532 (NM Only) —Fax: (505) 827-3449— https://www.lea.nm.gov/

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



## Status Verification Form Certification by Waiver of Previous Training

State of New Mexico

Department of Public Safety
Law Enforcement Academy
4491 Cerrillos Road
Santa Fe NM 87507
(505) 827-9251

**↓**Applicant Section

APPLICANT: Please write	legibly o										
L	, do hereby authorize any and all persons, organizations and agencies to								ncies to		
release, furnish and exchar	nge any a	nd all i	nformation	n rela	ating to me for	or the p	ourpose o	f determin	ing my eli	gibility	
and suitability to be certified	d as a law	enford	ement of	ficer	in the State	of New	Mexico.	This auth	orizes rele	ease to	
the New Mexico DPS Law	<b>Enforcem</b>	ent Aca	ademy an	d					·		
I do hereby release from ar	nv and all	liability	all perso	ns o	r entities disc	closing	informati	on pursua	nt to this r	elease.	
Name (Last. First, MI)	iy ana an	Social Security Number				Date of Birth (Month, Day, Year)					
Name (Last, 1 list, Wil)											
Previous State or Federal Agency	'	Certific	cation/Licens	se#			Type of Certification				
Certification						□Full-Time □Part-time			art-time		
						□Reserve		□O <sub>1</sub>	her:		
Last Employing Agency		Date o	Date of Separation					Reason for Separation			
							☐ Retired ☐ Resigned				
					0	d	☐ Terminated (Explain on separate sheet)  before me this day of				
I certify that under the pena					Subscribed ar	ia sworn	before me	IIIS	day of		
information is true. I under				of	-						
the above information is great	ounds for	denial	or		Ву			(A	ttach Seal H	ere)	
revocation of my New Mexi	ico Law E	nforce	ment Offic	cer	,						
certification.					Signature	_					
					Notary Public	for the S	tate of				
					Notally Fublic	ioi tile c	itate of				
Signature of Applicant		Da	ate		And the Coun	ty of					
					My Commissi	on Expire	es:				
J.Previo	us I aw F	nforce	ment Ce	rtifv	ing State or	Feder	al Agenc	v Section	,		
State/Federal Official: Ple											
(Ple	ase indicate	all reco	rds of this a	pplica	ant, most recent	full-time	emplovmer	nt first)	<u> </u>		
Agency	City, State				nk/Position			Month	Day	Year	
						Date B					
							eparated				
						Date B					
				-			eparated				
						Date B	egan eparated			<u> </u>	
				_		Date B					
							eparated				
	-		Trai	ninc	History	20.00	o parato a				
(Please indicate all ba	sic/entrv lev	el law er	forcement	trainir	ng of this applica	ant that i	s mandated	by your age	ncy or state)		
Course Name/Type	Location				ength (hours)			Month	Day	Year	
						Date B					
							ompleted				
						Date B					
						Date C	ompleted		l		
	T			Sta	itus			1 , 0			
Type of Certification		Level of		Status of							
□ Law Enforcement Officer	☐ Basic	Certification  ☐ Supervisory ☐		Certification  ☐ Current ☐ Exp		Expired	Continuing Ed. Requirements				
☐ Limited Authority	□ Interm	ediate	☐ Mid-Mgt		☐ Decertified				requirement		
☐ Other:	☐ Advan	ced	☐ Executiv		☐ Other:		-	☐ N\A Ot			
A disciplinary/misconduct record exists for this applicant ☐ Yes ☐ No ☐ Date certification will expire:											
The information provided b				Corre				on separate			
The state of the s	,		`				- (				
Signature of Authorized Fe	deral/Sta	te Offic	ial		Date	>	Age	encv			
Signature of Authorized Federal/State Official Date Agency											

Revised 11/27/18 LEA-13

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