

**2024 ANNUAL 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)

verify that as of _____ **ALL** public safety telecommunicators of this agency,
(enter date of report)
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 and 29-7C-4.1 NMSA 1978. Training documentation is available for inspection.

- Minimum of One (1) hours annually - Crisis Management and Intervention(29-7C-4.1A NMSA 1978).
- Minimum of One (1) hours annually - Dealing with Individuals who are experiencing mental health issues 29-7C-4.1B NMSA 1978).
- Minimum of One (1) hours annually - Methods of De-escalation 29-7C-4.1C NMSA 1978).
- Minimum of One (1) hours annually - Reality-based situational training 29-7C-4.1G NMSA 1978).
- Minimum of One (1) hour annually - Peer to Peer Intervention (29-7C-4.1D NMSA 1978).
- Minimum of One (1) hour annually - Racial Sensitivity (29-7C-4.1F NMSA 1978).
- Minimum of One (1) hour annually - Stress Management (29-7C-4.1E NMSA 1978).

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 (2025) may result in the suspension of the public safety telecommunicator 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.

Subscribed and Sworn before me this _____ day of _____, _____ .
(Agency head's signature)

Notary Public My commission expires: _____

2024 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				

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?

=====

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)

2024 Exception Report—Compliance Reporting Public Safety Telecommunicator

Last Name: _____ **First Name:** _____ **Cert. #:** _____

29-7C-4.1 NMSA 1978 Required Annual and Biannual Training				
Course Title	Date(s) Attended	Course Hours	Instructor(s)	Location/Agency
Crisis Management and Intervention		1		
Dealing with individuals who are experiencing mental health issues		1		
Methods of de-escalation		1		
Reality-based situational training		1		
Peer to Peer Intervention		1		
Stress Management		1		
Racial Sensitivity		1		
TOTAL HOURS:				

(use additional sheets if necessary)

The above listed telecommunicator previously reported as out of compliance, has been brought into compliance for 2024.

Date Submitted: _____

2024 Exception Report—Compliance Reporting Public Safety Telecommunicator

Public Safety Telecommunicator achieving compliance with the mandatory 2024 Annual In-Service Training requirements:

Last Name: _____ **First Name:** _____ **Cert. #:** _____

Agency: _____

Address _____

Contact# _____

Submitted by: _____
(print name and title)

Contact# _____

Signature of submitting official: _____

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