**DWI/SFST INSTRUCTOR CERTIFICATION APPLICATION**

**\*Please Print or type all information**

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| **Instructor**  **Application** | | | | | **Initial** | | | | **Renewal** | | | | | | **Master Instructor**  **Application** | | | **Initial** | | | | | | | | | **Renewal** | | | |
| Qualifications: SFST Instructor certification and performance monitoring, is conducted by the New Mexico DPS SFST Oversight Committee. SFST Instructor application for certification is reviewed by the SFST Oversight Committee. The Committee provides its recommendations to the NM DPS Law Enforcement Training Center for the initial and continued certification of an SFST Instructor. *\*\*Persons holding a DWI / SFST Instructor certification may instruct* ***only*** *those* ***SFST*** *courses approved by NHTSA.  "General" courses may not be taught by DWI / SFST instructors without a General Police Instructor certification\*\** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **INITIAL Instructor Application Requirements:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Be a certified law enforcement officer with patrol field experience of at least three (3) years utilizing SFST. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | **ATTACH** certificate of completion of a NHTSA/IACP approved SFST Instructor Certification Course. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | **ATTACH** certificate of completion of an eight (8) hour DWI/SFST Instructor Refresher Update Course if the SFST Instructor | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Certification course was completed more than two (2) years prior to the date of application. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | **ATTACH** written documentation of the number arrests and/or convictions for the previous twelve (12) months. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **RENEWAL Instructor Application Requirements:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | **Provide a written recommendation** by a lead SFST Instructor designated by the State SFST Coordinator that the applicant has successfully | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | completed two (2) apprentice courses in SFST **for** **first time renewals.** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Thereafter, provide documentation of two (2) SFST courses taught within the past two (2) years. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | **ATTACH** certificates of completion of two (2) SFST Instructor Update/Refresher Courses within the last two (2) years. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **INITIAL MASTER Instructor Application Requirements:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | **ATTACH** all documentation per requirements for Master Instructor per 10.29.4.11 NMAC | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | **ATTACH** written documentation that at least two (2) 24+ hour Wet Labs were conducted as primary instructor within the last four (4) years. | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **RENEWAL MASTER Instructor Application Requirements:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | **ATTACH** written documentation that at least one (1) 24+ hour Wet Labs was conducted as primary instructor within the last four (4) years. | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Applicant Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Last* | | | | | | | | | | | *First* | | | | | | *Middle* | | | | | *Maiden* | | | | | | | | |
| SSN# (At Least Last 4 digits) | | | | | | | | | DOB: | | | | | | | | | NMLEA Certification #: | | | | | | | | | | | | |
| Home Mailing Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Street or PO Box* | | | | | | | | | | | *City* | | | | | | | *State* | | | | | | | | *Zip* | | | | |
| Agency/Organization (if applicable) | | | | | | | | | | | | | | Contact Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email: | | | | | | | | | | | | | | | | |
| I hereby certify the information contained in this application is true and correct. I understand I must follow the rules and regulations established by the Training Center in order to obtain credit for training courses I conduct. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| *Printed or Typed Name of Applicant* | | | | | | |  | | *Applicant Signature* | | | | |  | | | | | | | | | *Date* | | | |  | | | |
| *I certify the applicant is responsible for conducting training for my department and recommend that an instructor certificate be issued.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| *Sponsoring Agency* | | | | |  | | | | *Type or Print Name of Agency Head* | | | | | | | | |  | | | | | | *Title* | | |  | | | |
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| *Agency Mailing Address* | | | | | | | | | | | |  | *City* | | | | | |  | | *State* | | | |  | | *Zip* | | | |
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| *Agency Telephone Number* | | | | | |  | | | *Agency Head/Designee Signature* | | | | | | | | |  | | | | | | | | | *Date* | | | |
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| **FOR SFST OVERSIGHT COMMITTEE USE ONLY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Initial Instructor Certification** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Is the applicant a certified law enforcement officer with patrol field experience of at least three (3) years utilizing the SFST? | | | | | | | | | | | | | | | | | | | | | | | |  | | | | Yes |  | No |
| 1. Written documentation of the number of DWI arrests and/or convictions for the previous twelve (12) month period attached? | | | | | | | | | | | | | | | | | | | | | | | |  | | | | Yes |  | No |
| 1. Has applicant successfully completed the NHTSA/IA approved SFST Instructor Certification Course? Certificate Attached?   If YES, When: | | | | | | | | | | | | | | | | | | | | | | | |  | | | | Yes |  | No |
| 1. Has applicant completed an eight (8) hour DWI/SFST Instructor Refresher/Update where the SFST Instructor Certification Course was completed more than two (2) years prior to the date of this application? Certificate Attached? | | | | | | | | | | | | | | | | | | | | | | | |  | | | | Yes |  | No |
| 1. (**MASTER Instructor Only**) All documentation required under NMAC 10.29.4.11 for Master Instructor certification has been attached? | | | | | | | | | | | | | | | | | | | | | | | |  | | | | Yes |  | No |
| 1. (**MASTER Instructor Only**) Written documentation that at least two (2) 24+ Hour Wet Labs were conducted as primary instructor within the last four years? | | | | | | | | | | | | | | | | | | | | | | | |  | | | | Yes |  | No |
| **Instructor Renewal** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **First Time Renewals:** Written recommendation by a lead SFST Instructor designated the State SFST Coordinator that the applicant has successfully completed two (2) apprentice courses in SFST? Attached? | | | | | | | | | | | | | | | | | | | | | | | |  | | | | Yes |  | No |
| 1. **Subsequent Renewals:** Two (2) SFST courses taught within the past two (2) years? Documentation Attached? | | | | | | | | | | | | | | | | | | | | | | | |  | | | | Yes |  | No |
| 1. Two (2) Eight (8) Hour SFST Instructor Refresher/Update courses with the last two (2) years? Documentation Attached? | | | | | | | | | | | | | | | | | | | | | | | |  | | | | Yes |  | No |
| 1. **Master Instructor Only:** Written documentation attached showing at least one (1) 24+ hour Wet Lab was conducted as primary instructor within the last four (4) years? | | | | | | | | | | | | | | | | | | | | | | | |  | | | | Yes |  | No |
| **COMMITTEE RECOMMENDATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Request Approved by Committee | | | | | | | | | | | |  | | Request Denied by Committee | | | | | | | | | | | | | | |
| Comments: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Committee Member Email Approval or Signature: | | | | | | | | | | Committee Member Email Approval or Signature: | | | | | | | | Committee Member Email Approval or Signature: | | | | | | | | | | | | |
| Committee Member Email Approval or Signature: | | | | | | | | | | Committee Member Email Approval or Signature: | | | | | | | | Committee Member Email Approval or Signature: | | | | | | | | | | | | |
| Committee Member Email Approval or Signature: | | | | | | | | | | Committee Member Email Approval or Signature: | | | | | | | | Committee Member Email Approval or Signature: | | | | | | | | | | | | |
|  | Request ***approved*** by Committee Chairperson(s):  Print Names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Request ***denied***by Committee Chairpersons:  Explanation: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| TSB DWI/SFST State Coordinator/Program Manager Co-chair: | | | | | | | | | | | | | | DPS/NMLEA Co-chair: | | | | | | | | | | | | | | | | |
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|  | | | | | *Signature* | | | |  | | | | |  | | | | *Signature* | | | | | | | | |  | | | |

**Email Packet To: Southwest Training Consultants, LLC**

**SFST Coordinator: Roy Martinez**

**rmartinez@SWTCNM.com**