

**2025 ANNUAL AGENCY IN-SERVICE  
TRAINING REPORT PUBLIC SAFETY  
TELECOMMUNICATOR**

I, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(print or type agency head's name) \_\_\_\_\_, \_\_\_\_\_  
(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 following year (2026) 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: \_\_\_\_\_

## 2025 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)

## 2025 Exception Report—Compliance Reporting Public Safety Telecommunicator

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

<b>29-7C-4.1 NMSA 1978 Required Annual and Biannual Training</b>				
<b>Course Title</b>	<b>Date(s) Attended</b>	<b>Course Hours</b>	<b>Instructor(s)</b>	<b>Location/Agency</b>
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		
<b>TOTAL HOURS:</b>				

(use additional sheets if necessary)

The above listed telecommunicator previously reported as out of compliance, has been brought into compliance for 2025.

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

## 2025 Exception Report—Compliance Reporting Public Safety Telecommunicator

Public Safety Telecommunicator achieving compliance with the mandatory 2025 Annual 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:

Acadis® data entry by:

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