

**2022-2023 BIENNIUM 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 \_\_\_\_\_  
(enter date of report)

**ALL** public safety telecommunicators of 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 10.29.7.9. Training documentation is available for inspection. *For all ANNUALLY required topics, proof of each reporting year's annual requirement met must be available for inspection. Annual requirements CANNOT be doubled up in a single reporting year to count for both years of the reporting cycle. For example: Courses that are two (2) hours in length only meet the one hour minimum requirement for the reporting year in which the course was attended. The training hours will not be divided and counted for separate reporting years: 2018(1) + 2019(1) = (2) hour course length.*

- Minimum of twenty (20) hours as set forth in 10.29.7.9 (NMAC)
- Training documentation is available for inspection.

Total number of certified public safety telecommunicators in the agency: \_\_\_\_\_

*I understand that failure to submit this report by **March 1<sup>st</sup>** of the reporting year (2024) 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: \_\_\_\_\_

## 2022-2023 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				
4				
5				

**#** \_\_\_\_\_ **Name:** \_\_\_\_\_ **SSN/Cert#** \_\_\_\_\_

**Explanation:** Why is the telecommunicator not in compliance with the In-service Training Requirement

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**Remediation:** What steps are being taken to bring the telecommunicator into compliance?

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**Timelines:** What are the deadlines that are proposed to bring the telecommunicator into compliance?

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**#** \_\_\_\_\_ **Name:** \_\_\_\_\_ **SSN/Cert#:** \_\_\_\_\_

**Explanation:** Why is the telecommunicator not in compliance with the In-service Training Requirement?

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**Remediation:** What steps are being taken to bring the telecommunicator into compliance ?

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**Timelines:** What are the deadlines that are proposed to bring the telecommunicator into compliance?

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(use additional sheets if necessary)

## 2022-2023 Exception Report—Compliance Reporting Public Safety Telecommunicator

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

NMAC Rule 10.29.7.9.B: Advanced, Specialized, and/or Maintenance training/education (20 hours)				
Course Title	Date(s) Attended	Course Hours	Instructor(s)	Location/Agency
<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 the period of \_\_\_\_\_ (year 1) to \_\_\_\_\_ (year 2).

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

## 2022-2023 Exception Report—Compliance Reporting Public Safety Telecommunicator

Public Safety Telecommunicator 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: \_\_\_\_\_

Registry Input by:

Acadis® data entry by: