

**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—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		
<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 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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