

**CERTIFICATION BY WAIVER OF PREVIOUS TRAINING – PART I
 VERIFICATION OF ELIGIBILITY CHECKLIST**

The following documents must be submitted for approval and verification of eligibility to attend the Certification by Waiver of Previous Training Program. **Incomplete applications will be returned. *Once eligibility is verified applicant must complete and submit the CBW Part II Application Packet***

ITEMS REQUIRED BY ALL APPLICANTS

- Letter** addressed to the Director requesting approval to attend the Certification by Waiver (CBW) program.
- Form No. LEA-11** – Employment History Form.
- Form No. LEA-13** – Training Status Verification Form
- Notarized proof** of completion of a basic law enforcement academy from a recognized law enforcement academy.
- Notarized certificate** from a law enforcement Spanish class. Individuals without a certificate must successfully pass the NMLEA Spanish challenge exam during training.
- Documentation** of the basic police academy course curriculum that was completed for basic law enforcement certification with beginning and ending dates of the basic training program including total number of basic academy training hours completed.
- Copy** of P.O.S.T. certified training transcript. (if available)
- Copy** of all advanced training certificates and in-service training certificates completed. Credit will only be given to training certificates that indicate the specific number of hours of training completed. No credit will be given for certificates that do not indicate hours of training.
- Proof of Retirement** from law enforcement (if applicable).

Mail Completed Packet to:
 New Mexico Department of Public Safety
 Training Center, ATTN: Basic Training Bureau
 4491 Cerrillos Road, Santa Fe, NM 87507

DPS use only: CBW Location: _____ CBW Dates: _____
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DPS Use Only:

- Basic Bureau CBW Review by: _____ Date: _____
- Regional CBW Academy Review by: _____ Date: _____

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- Incomplete - Returned to applicant Date returned: _____
 - Complete - Forwarded to Deputy Director Date forwarded: _____

Final Computation of Training Hours:
 Basic Academy Hrs: _____ Advanced/In-service Hours: _____ Experience: _____
 CBW Hrs: _____ **Total Hours:** _____

DPS Use Only

- Deputy Director Reviewed By: _____ Date Approved: _____
 - Director Rejected By: _____ Date Rejected: _____
- Date notification sent to applicant: _____

EMPLOYMENT HISTORY

Print Applicant's Name

Applicant's Address

City

State

Zip

Contact Phone Number

Contact email

- 1. Please print or type all employment for the past five years.*
- 2. Please print all law enforcement experience regardless of dates.*
- 3. Use additional sheets if necessary.*

Beginning Employment Date:	<input type="text"/>	<input type="text"/>	Ending Employment Date:	<input type="text"/>	<input type="text"/>
	Month	Year		Month	Year
Name of Employer: _____					
Address: _____					
Duties: _____					
Beginning Employment Date:	<input type="text"/>	<input type="text"/>	Ending Employment Date:	<input type="text"/>	<input type="text"/>
	Month	Year		Month	Year
Name of Employer: _____					
Mailing Address: _____					
Duties: _____					
Beginning Employment Date:	<input type="text"/>	<input type="text"/>	Ending Employment Date:	<input type="text"/>	<input type="text"/>
	Month	Year		Month	Year
Name of Employer: _____					
Mailing Address: _____					
Duties: _____					

Beginning Employment Date:	<input type="text"/>	<input type="text"/>	Ending Employment Date:	<input type="text"/>	<input type="text"/>
	Month	Year		Month	Year
Name of Employer: _____					
Address: _____					
Duties: _____					
Beginning Employment Date:	<input type="text"/>	<input type="text"/>	Ending Employment Date:	<input type="text"/>	<input type="text"/>
	Month	Year		Month	Year
Name of Employer: _____					
Mailing Address: _____					
Duties: _____					
Beginning Employment Date:	<input type="text"/>	<input type="text"/>	Ending Employment Date:	<input type="text"/>	<input type="text"/>
	Month	Year		Month	Year
Name of Employer: _____					
Mailing Address: _____					
Duties: _____					
Beginning Employment Date:				Ending Employment Date:	
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Mailing Address: _____					
Duties: _____					
Beginning Employment Date:	<input type="text"/>	<input type="text"/>	Ending Employment Date:	<input type="text"/>	<input type="text"/>
	Month	Year		Month	Year
Name of Employer: _____					
Address: _____					
Duties: _____					

