

## 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: Advanced Training Bureau  
 4491 Cerrillos Road, Santa Fe, NM 87507

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

- Advanced 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: \_\_\_\_\_