



NEW MEXICO CORRECTIONS DEPARTMENT

Secretary
Alisha Tafoya Lucero

CD-190600 Academy Notification of Designated Individuals/ Emergency Contacts	Issued: 10/1/92 Effective: 10/1/92	Reviewed: 5/27/26 Revised: 4/20/15
Alisha Tafoya Lucero, Cabinet Secretary		<i>Original Signed and Kept on File</i>

AUTHORITY:

NMSA 1978, Section 10-9-1 through 10-9-25 and 33-1-6 through 33-1-20, as amended.

REFERENCE:

ACA Standard 1-CTA-3F-04, *Manual of Standards for Correctional Training Academies*, 1993.

PURPOSE:

To specify and govern the process by which individuals have been designated and are notified in case of serious illness or injury of an Academy employee or student.

APPLICABILITY:

To all New Mexico Corrections Academy (NMCA) staff and students, and all employees involved in carrying out duties related to notification in case of serious illness or injury of an employee or student.

FORMS:

Student Fact Sheet form (*CD-190601.1*)

ATTACHMENTS:

None

DEFINITIONS:

- A. *Serious Illness*: A potentially life threatening illness requiring immediate intervention to assure the best possible outcome.
- B. *Serious Injury*: A potentially life-threatening injury requiring immediate intervention to assure the best possible outcome.

POLICY:

- A. The name of the next of kin or other individual(s) to be notified in case of the serious illness or injury of a New Mexico Corrections Academy employee shall be obtained from the employee

during his or her initial orientation at the NMCA, and the information shall be maintained by the NMTCA HR Bureau. **[1-CTA-3F-04]**

- B. All designated individuals shall be promptly provided with a dignified and compassionate notification of the serious illness or injury of an employee or student by the Director or their designee.



NEW MEXICO CORRECTIONS DEPARTMENT

Secretary
Alisha Tafoya Lucero

CD-190601 Academy Notification of Designated Individuals/ Emergency Contacts	Issued: 10/1/92 Effective: 10/1/92	Reviewed: 5/27/26 Revised: 4/20/15
Alisha Tafoya Lucero, Cabinet Secretary		<i>Original Signed and Kept on File</i>

AUTHORITY:

Policy *CD-190600*

PROCEDURE:

A. Academy Employees:

1. The Academy or Agency HR staff shall ensure all new New Mexico Corrections Academy employees receive an orientation to the Academy prior to being independently assigned to the Academy duties. As a part of that orientation, all new employees, regardless of their date of hire as a state employee, shall complete a personal data form designating a person to be notified in case of a serious illness or injury. Provision of an alternative name and phone number shall be encouraged.
2. When completed, the personal data form shall be maintained in the employee's personnel file.

B. Academy Students:

1. The Primary Instructor and/or the Facilitator of each Academy class or course, regardless of class/course length, shall ensure each student completes page 1 of the **Student Fact Sheet** form (*CD-190601.1*) including the designation of an individual to be notified in case of serious illness or injury. Students shall be encouraged to provide the name and phone number of an alternate as well. Students of the Basic Training Section shall also complete page 2 of the form. **[1-CTA-3F-04]**
2. When completed the **Student Fact Sheet** form (*CD-190601.1*) shall be maintained in the class file by the Primary Instructor or Facilitator and Administrative office.

NEW MEXICO CORRECTIONS DEPARTMENT
Academy Student Fact Sheet

Instructions:

1. Please print the answer to each question, assisting us to accurately process your certification.
2. Basic C/O cadet students and in-service training students complete page 1 and page 2. All other students complete page 1 only.

Name: _____ Date: _____
 Last First Middle Date of Birth: ____/____/____

Home Address: _____
 Street Address or P.O. Box City
 State Zip Code

Social Security Number: _____ - _____ - _____ Phone # ____ / ____ / ____

Present Job Title: _____

Place of Employment: _____

Address of Employment: _____
 Street Address or P.O. Box

Supervisor Name and Title: _____

Title and Date(s) of class/course you are attending: _____



Emergency Contact

In case of emergency, please contact:

Name: _____

Relationship: _____

Telephone Number: _____

Alternate: _____

NEW MEXICO CORRECTIONS DEPARTMENT
Academy Student Fact Sheet
(Continued)

Firearm Experience (circle all appropriate):

Pistol Rifle Shotgun None Other

State of Driver's License and Number: _____

Do you have a vehicle parked on academy grounds: Yes _____ No _____

If so, are you the registered owner: Yes _____ No _____ N/A _____

Describe vehicle, if parked on grounds:

Year: _____

Make: _____

Model: _____

License Plate Number: _____ State: _____

No weapons / contraband of any kind shall be brought onto Academy grounds. Examples include any of the following: knives, handcuffs, handcuff keys, batons, weapons (pistols, rifles, shotguns, etc); archery equipment (bows, arrows, etc); chemicals (pepper spray, mace, etc); and narcotics.

Please advise your instructor immediately if any of these items are currently in your vehicle.

Signature: _____

Print Name: _____
