



New Mexico Sheriffs' Professional Standards Accreditation Program

Headquarters: New Mexico Counties
444 Galisteo Street, Santa Fe, NM 87501
(505) 983-2101



AGENCY APPLICATION Initial
Re-Accreditation

Department Name: Phone Number:

Street Address: PO BOX:

City: ZIP:

Sheriff:

Phone: Email:

Accreditation Manager: Title:

Phone: Fax: Email:

# Certified: # Non-Certified Personnel: Total Personnel:

Annual Budget: Square Miles Served:

Population of Service Area:

Agreement: With this application, we agree to comply with the Professional Standards adopted by the New Mexico Sheriffs' Professional Standards Council (NMSPSC) in February 2022. We understand the inspection will be conducted by professional law enforcement personnel and agree to allow them access to our department and its personnel for this purpose. The commitment our department must make in working with the NMSPSC toward accreditation is understood and accepted.

We understand our initial payment of \$2,500.00 that covers our participation has been waived by NMC. Payment may be required every 3 years thereafter upon application for re-accreditation.

DATE:

By: Signature

(Typed/Printed Name)

(Title)



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**MEMORANDUM OF UNDERSTANDING**

**The New Mexico Sheriffs' Professional Standards Council** hereby enter this memorandum of understanding with the \_\_\_\_\_ Sheriff's Office and all parties agree to assist the agency toward the goal of accreditation through compliance with the standards adopted by the Council.

**New Mexico Counties** agrees to provide the manuals and technical assistance necessary to assist the agency in their accreditation process.

**The agency agrees** to develop and implement policy and procedures in compliance with all applicable standards and to administer those in accordance with professional law enforcement practice.

**The Sheriff** of \_\_\_\_\_ County agrees to support the agency in its efforts to comply with applicable Council standards and to provide access to the offices and personnel necessary to complete the assessment of agency compliance.

\_\_\_\_\_  
Sheriff

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

\_\_\_\_\_  
NMSPSC Chair

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

\_\_\_\_\_  
NMC Accreditation Program Manager

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