

Instructor Self Audit Questionnaire

In accordance with NMAC 10.8.2.24(D): The department may monitor all aspects of firearms training courses. Approved instructors shall cooperate with department employees in its efforts to monitor the training of applicant.

Name: _____ Instructor # _____
Email: _____
Mailing Address: _____
Phone Number: _____

Information to be displayed on NM DPS Website (if different than above)

Email _____
Phone number _____
Website address _____

1. Have you ever been audited? If yes, by whom and when?

2. How and where are your records stored **NMAC 10.8.2.24(F)**? Do you destroy them when the **five-year requirement** is over? If so, how do you destroy them?

3. Who has access to your concealed carry training records?

4. What is your current DPS Instructor Permit expiration date **NMAC 10.8.2.22(D)(1)(a)**?
 - a. Do you have a copy of your most recent DPS approval letter and certificate?

 - b. How do you display your certificate during your training classes **NMAC 10.8.2.24(A)(5)**?



5. When was your last annual submission of your course **NMAC 10.8.2.22(D)(1)(b)**?
6. When was your last annual submission of your instructor credentials and Instructor Liability Insurance **NMAC 10.8.2.22(B)(5)**? When does your insurance expire?
7. Are your instructor credentials (NRA, DPS, USCCA, etc.) current? **Include agency, instructor # with agency, and expiration.**
8. Do you have any guest instructors, range safety officers that are not employed by a range, and/or admins?
a. If you do, how many?
- b. Have they **all** been background checked in the last year (12 months)? (check one)
 YES NO If no, please explain
- c. If no, who are they (Name, DOB, SSN/or CCW permit number)?
- d. If yes, please list the names approved to confirm records.

9. How are your classes scheduled? If you have a website, is the information available there? If they are not available on a website, email your class schedule to NMCC.Instructors@state.nm.us.

10. How many hours do you spend in the classroom for your Initial License class?

11. How many hours do you spend on the range for any class?

12. Describe your firing range procedure, including number of students on the firing line, number of rounds students are required to fire, size of target, and distance of target from shooter. Please also include any dry fire exercises or practice rotations that are a part of your class.

13. What considerations do you utilize to determine a student's competency to continue to the live-fire section of your class? What additional student qualifications other than range competency demonstration as specified in **NMAC 10.8.2.15(B)** help you determine whether a student is issued a training certificate indicating your assessment of a student's proficiency?

14. Have you ever denied a training certificate to a student? If so, what were your justifications for doing so?

15. If you have ejected a student from class or denied a student a training certificate, do you note that anomaly on your DPS-submitted class AAR?
16. Have you already attended or are scheduled to attend one of the DPS-sponsored Instructor In-Service Training classes **NMAC 10.8.2.25**? If so, which class and have you RSVP'd?
17. During your past year as a DPS-approved concealed carry instructor, what personal training related educational courses or other activities have you led or participated in to maintain and enhance your personal knowledge and skills? Please list any of your most significant examples.

Please return this completed form to:

Department of Public Safety Concealed Carry Unit Attn: Instructor Audit
6301 Indian School Road NE, Suite
310 Albuquerque, NM 87110

-or-

email: NMCC.Instructors@state.nm.us