PHYSICAL ABILITIES TEST INFORMATION

Schedule
- The Physical Abilities Test (PAT) is administered on a walk-in basis on the following days:
  - Every Thursday: 9:00 A.M.
  - Every 2nd and 4th Friday: 9:00 A.M.
- The Practice PAT is administered every Wednesday from 9:00 A.M.—Noon
- Report 10 minutes before the scheduled time in front of Building 8.

Reporting Information
When reporting for the Physical Abilities Test, you MUST bring the following items:
- Completed Physician’s Medical Consent Form (must be signed by a Physician)
- Physical Ability Test Data Sheet
- Government Issued Picture ID (i.e. Driver’s License)
- Receipt of payment from the Bursar’s Office.
  - Location: North Campus, Building 1, Room 1154
  - Bursar’s Office Telephone Number: (305) 237-1287
  - Bursar’s Office Hours: Mon—Thurs 8:00 A.M.—7:00 P.M.; Fri 8:00 A.M.—4:30 P.M.

Candidates will not be allowed to participate in the Practice PAT or PAT without the aforementioned items.

No Exceptions.

Fees
All Physical Ability Test Fees are non-refundable and non-transferable.
- $30—Physical Abilities Test
- $45—Physical Abilities Test and Practice PAT

Test results are on a pass/fail basis and will be provided to candidates immediately following the test.

For more information on Physical Abilities Testing, please contact
The Assessment Center:
(305) 237-1476
nac@mdc.edu
Instructions

- Turn completed form into the BURSAR’S OFFICE.
  - Location: North Campus, Building 1, Room 1154
  - Telephone: (305) 237-1287
  - Hours: Mon—Thurs 8:00 A.M.—7:00 P.M.; Fri 8:00 A.M.—4:30 P.M.
  - Please note: The Bursar’s office is closed on Saturdays.
- Bring a copy of the receipt of payment to your scheduled practice test and/or test.

Name: _______________________________________________________

Date: ____________________ (mm/dd/yyyy)

Last Four Digits of SSN: __________________

Practice Test + Physical Ability Test ($45)

Payment Type: ___________ Physical Ability Test Only ($30)

Duplicate Test Results ($5.00)

I, ______________________________, understand the following:

- The Physical Abilities Test fee must be paid prior to arriving at the testing site.
- Payment may be made in cash, credit card or money order.
- All fees are non-refundable and non-transferable.
- Receipts are valid for thirty (30) days from payment date.

Candidate Signature: _________________________________________

Bursar’s Authorization to Collect Test Fee for Physical Abilities Test

<table>
<thead>
<tr>
<th>QUAL</th>
<th>OPERATING UNIT</th>
<th>FUND CODE</th>
<th>ICS</th>
<th>DEPT ID</th>
<th>CAMPUS CENTER</th>
<th>GL CODE</th>
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<td>301</td>
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Payment Receipt #: ____________________________  Cashier: ____________________________

For questions, contact
The Assessment Center (305) 237-1476 or nac@mdc.edu
Dear Physician:

RE:

Last Name: ______________________ First Name: ______________________ Mi.: ____
Social Security: # _______________________________ Agency: _________________________

This letter is to inform you of the above named applicant’s intention to participate in the Pre-Academy Physical Ability Test. The primary goal of this test is to determine if the applicant is capable of performing MINIMUM standards appropriate for Law Enforcement/Corrections.

The test will consist of a series of job-related physical performance tests that are designed to measure balance, flexibility, muscular endurance and strength, anaerobic capacity, and fine motor skills. These tests will require MAXIMUM effort and will include the following activities:

A. Exit vehicle
B. 220 yard run
C. Obstacle course
   (40 inch Police barricade,
    Hurdles 24/12/18 inches,
    Pylon zig-zag, low crawl)
D. Dummy drag (150 lbs.) 100 ft.
E. Obstacle course (repeat)
F. 220 yard run (repeat)
G. Revolver trigger pull (6 each hand)
H. Re-enter vehicle

PHYSICIAN PLEASE COMPLETE THE FOLLOWING SECTION

I have examined the above named applicant and evaluated his/her medical history. On the basis of my evaluation, I recommend that:

____________________ Subject can participate without restrictions.
____________________ Participation is not advisable at this time.

Signature of Physician: _____________________________ Date: ___________________
Office Address: _____________________________ Telephone #: _____________________

If you have any further questions please contact me at (305) 237-8292
Training Advisor Lloyd Mitchell
Physical Fitness Coordinator
Room # 8202-6
LOCAL PHYSICIAN INFORMATION
Criminal Justice Testing Center for Law Enforcement & Correctional Officers

Notice to Applications: If you do not have your own physician – Medical Doctor (M.D.), or Doctor of Osteopathy (D.O.), licensed in the State of Florida, you may choose to contact one of the physicians listed on this page.

1. Call physician’s office for an appointment. The customary charge is $15 - $25.

2. When making an appointment, inform the physician that you are an applicant from Miami Dade College, Criminal Justice Testing Center.

3. Request Physician to complete and sign the “PHYSICIAN’S STATEMENT FORM” on the reverse side of this page.

Juan A Enriquez MD
Clinic Center
3800 West 12th Avenue
Hialeah, FL 33012
305-557-7777
Mon-Tues-Thurs 9:00 a.m. – 5:00 p.m.
Friday 9:00 a.m. – 3:00 p.m.

Family Medical Clinic (FMC)
9000 SW 137 Avenue
Miami, Florida 33186
305-603-7824
Mon-Thurs: 9 a.m.- 7p.m
Friday: 9:00 a.m. – 4:00 p.m.
Saturday: 9:00 a.m. – 3:00 p.m.

Urgent Family Care
5673 SW 137th Ave
Miami, FL 33183
(305) 385-3949
Dates: Monday-Friday
Hours: 8:00 a.m.-8:00 p.m.
JOB RELATED PHYSICAL ABILITY TEST
TESTING DATA SHEET

☐ Law Enforcement
☐ Corrections

Agency: __________________________ Independent: ________________________

Name: __________________________ Social Security #: ______________________

Address: ________________________ City: _______________ Zip: _________

Phone: ________________________ Age: _______ Height: _______ Weight: ______

Race: ______________
☐ Male  ☐ Female

I, __________________________________, in consideration of being allowed to take the job related test, do hereby agree and a vow that I shall not hold liable the school of Justice should I incur any injuries or disabilities. I have been orientated to the course, given the opportunity to view a video tape of the course, and have had any questions satisfactorily answered regarding the test.

_________________________  ___________________________
Date  Signature

☐ Retest  ☐ Test

Test Score: _______________________/ ______________________ Evaluation: Pass/ Fail

Test administrator’s Initials: (1) ___________ (2) ___________

Comments and Observations: ______________________________________________________

________________________________________________________________________________

Training Advisor Lloyd Mitchell
Physical Fitness Coordinator
INTRODUCTION

The Physical Ability test you are about to take requires a maximum effort. The time it takes to complete the test be recorded as your test effort. Pacing yourself will be important for the successful completion of the test.

FLUIDS:

Consume plenty of fluids 2-3 days prior to testing. Consume a light meal 2-3 hours prior to testing.

YOUR BEST EFFORT IS ENCOURAGED!

PACE YOURSELF AND GOOD LUCK!

The Physical Abilities Test (PAT) is held every other Friday at 9 AM. On MDC North Campus grounds. The cost is $30 and must be PRE-PAID at the Bursar’s Office before the test

The PAT measures specific physical abilities through participation in a series of tasks which are listed as follows:

1. Exit vehicle
2. 220 yard run
3. Obstacle course:
   a. 40 inch barricade climb
   b. 24 inch, 12 inch, and 18 inch hurdles
   c. Serpentine (9 cones)
   d. Low crawl
4. Dummy drag (150 lbs.) for 100 yards
5. Repeat obstacle course
6. Repeat 220 yard run
7. Open trunk
8. Trigger Pull using “Dry-fire- Safe gun” (6 finger pulls with each hand)
9. Enter trunk and replace the “Dry-fire- Safe gun” and a police radio / re-enter vehicel

The test is conducted in a continuous manner resulting in a total composite score.

EVALUATION:

Above course must be completed in a time of 6 minutes 4 seconds or less.

PASS or FAIL