



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



THE ASSESSMENT CENTER
 Miami Dade College
 School of Justice
 (305) 237-1476
 nac@mdc.edu

PAYMENT FORM

PHYSICAL ABILITIES TEST

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)
(Please Check One)

_____ 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

ASSESSMENT CENTER						
QUAL	OPERATING UNIT	FUND CODE	ICS	DEPT ID	CAMPUS CENTER	GL CODE
N31201	DI15	301	4A22001	350090	1000	40920

Payment Receipt #: _____ Cashier: _____

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

**PHYSICIAN'S MEDICAL CONSENT FORM
TO PARTICIPATE IN BASIC PHYSICAL ABILITY TEST**

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 | distance |
| B. 220 yard run | E. Obstacle course (repeat) |
| C. Obstacle course
(40 inch Police barricade,
Hurdles 24/12/18 inches,
Pylon zig-zag, low crawl) | F. 220 yard run (repeat) |
| D. Dummy drag (150 lbs.) 100 ft. | 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

Test Date: _____

Corrections

Agency: _____ Independent: _____

Name: _____ Social Security #: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Age: _____ Height: _____ Weight: _____

Race: _____ Male Female

NOTE: PHOTO I.D. MUST BE PRESENTED UPON REQUEST

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 vehicle

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**