



PHYSICAL ABILITIES TEST INFORMATION

Schedule

The Physical Abilities Test (PAT) is administered every Tuesday and Thursday at 9:00 AM at Miami Dade College North Campus by appointment only. Please send email nac@mdc.edu to request your appointment date. The Practice PAT is administered every Tuesday and Thursday at 9:00 AM. Report 10 minutes before the scheduled time in front of Building 9.

Reporting Information

When reporting for the Physical Abilities Test, you **MUST** bring the following items (included in package):

- Completed Physician's Medical Consent Form (must be signed by a Physician)
- Physical Abilities Test Data Sheet
- Signed Liability Waiver
- Government Issued Picture ID (i.e., Driver's License)
- Payment form and receipt from the Bursar's Office

North Campus, Building 1, Room 1154

Telephone Number: (305) 237-

9310 Email -

northbursars@mdc.edu

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 and appointment or without the aforementioned items. No Exceptions.

Fees

All Physical Abilities Test Fees are non-refundable and non-transferable.

- \$45—Physical Abilities Test **OR**
- \$55—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 Test, please contact The Assessment Center:

(305) 237-1476 | nac@mdc.edu



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

Last Name: _____ First Name: _____ Mi.: _____

Last Four # SSN: _____ Agency: _____

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

COMPONENTS OF THE PHYSICAL ABILITIES TEST (PAT)

Part 1:

Phase A

- Push-Ups: Pass or Fail
 - Objective: Evaluate upper body strength and endurance
 - Requirements: Candidates must complete 10 push-ups without pause
- Sit-Ups: Pass or Fail
 - Objective: Assess core strength and endurance.
 - Requirement: Candidates must complete 15 assisted sit-ups within 45 seconds

Phase B

- Half-Mile Run: Pass or Fail
 - Objective: Evaluate cardiovascular endurance and speed
 - Requirement: Candidates must complete a half-mile run within 6 minutes and 30 seconds

Phase C

- Obstacle Course: Pass or Fail
 - Objective: Assess candidates' agility, coordination, and problem-solving skills
 - Requirement: Candidates must navigate through a series of obstacles within 3 minutes (traverse)

Part 2 (must be completed same day of passing Part 1 (above) of the PAT or within 30 days thereafter)

Phase A

- Swim Test: Pass or Fail
 - Objective: Evaluate swimming ability
 - Requirements: When instructed by the instructor, the candidate will push off the wall and swim 25 yards to the opposite side of the pool. Upon reaching the other side, the candidate will touch the wall, immediately turn around, push off the wall again, and swim 25 yards back.
- Disqualifiers for the swim test
 - If the applicant touches the bottom of the pool at any point during the swim test.
 - If the applicant uses the lane divider for support at any time.
 - If the applicant hangs on the wall for more than 5 seconds while turning around to swim back.
 - If the applicant does not follow the instructions of instructors.
- Additional Information
 - The applicant may swim using any stroke.
 - The following items are the only ones allowed:
 - Swim goggles (goggles that cover only the eyes), swim cap, earplugs, nose plugs

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: _____

Printed Name: _____

Physician License Number: _____

Licensing State _____

Office Address: _____

Telephone #: _____

Date: _____

Physician's Stamp

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.
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.

HOW TO PREPARE FOR THE PHYSICAL ABILITIES TEST (PAT)

The Physical Abilities Test (PAT) you are about to take requires maximum effort. The time it takes to complete the test will be recorded as your test effort. Pacing yourself will be important for the successful completion of the test. Proper preparation is imperative to ensure your success. The PAT serves as a vital component of the selection process for candidates applying for the Basic Law Enforcement.

HYDRATION AND NUTRITION

It is recommended to take ample fluid two to three days prior to testing. Consume a light meal two-to-three hours prior to testing to maintain energy level.

STRIVE FOR EXCELLENCE

Remember, your optimal performance is encouraged. Manage your pace cautiously and best of luck.

OBJECTIVES

1. To assess candidates' agility, strength, and endurance
2. To ensure candidates possess the physical capabilities necessary for succeeding in the Basic Law Enforcement Physical Conditioning program

Part 1:

Phase A

- Push-Ups: Pass or Fail
 - Objective: Evaluate upper body strength and endurance
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Part 2 (must be completed same day of passing Part 1 (above) of the PAT or within 30 days thereafter)

Phase A

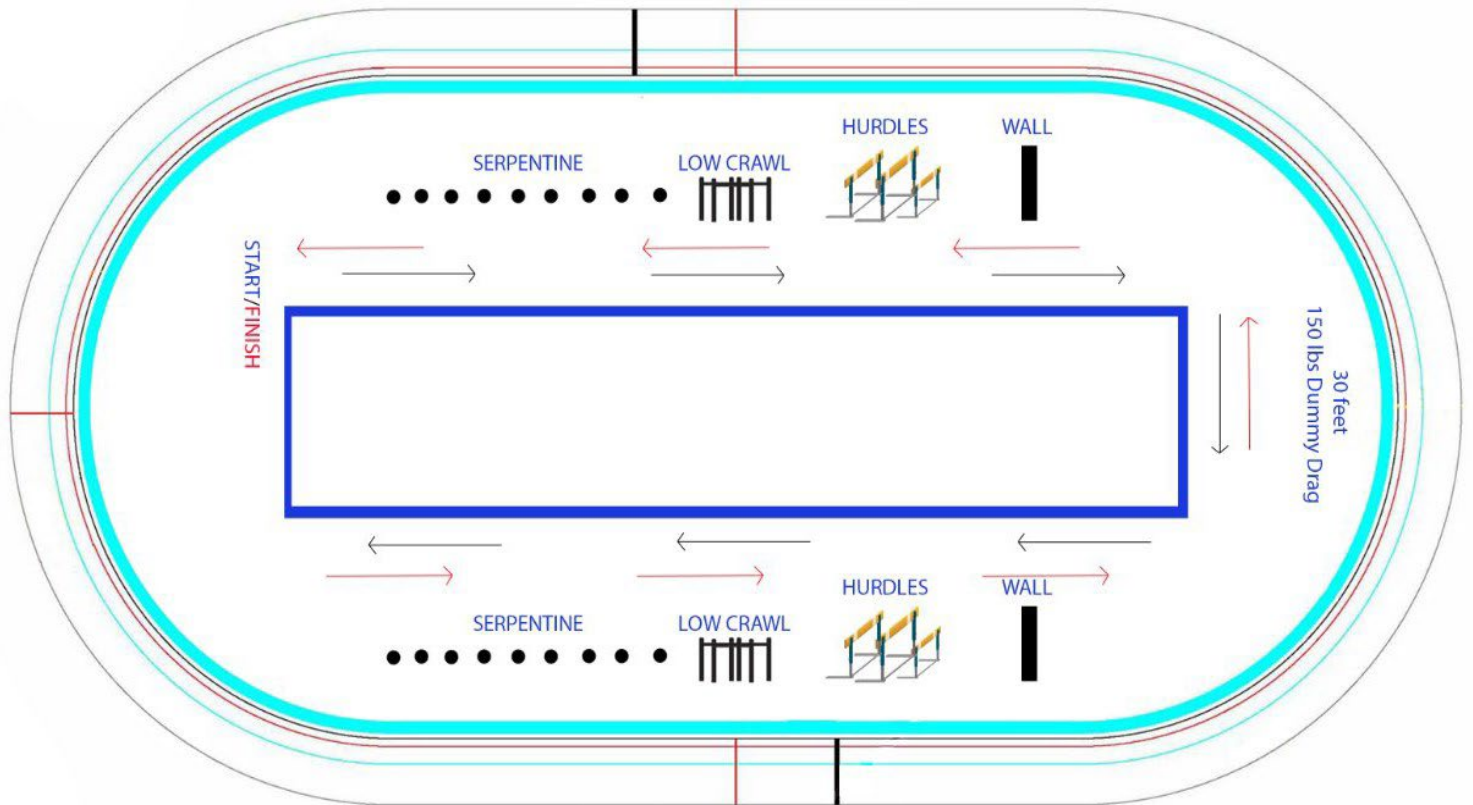
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EVALUATION:

1. The PAT will be administered by trained personnel in a controlled environment
2. Each component will be timed and scored according to predefined criteria
3. Candidates will be provided with clear instructions and demonstrations before undertaking each task
4. Candidates will be given 3 attempts to pass these physical abilities test. Failure to pass the PAT test will result in the candidate being deferred to an opportunity to retake the PAT test and attend a BLE class provided later on.

The Physical Abilities Test outlined in this proposal is designed to ensure that the candidate is prepared for the 60- hour Basic Law Enforcement Physical Conditioning Program. By adhering to the outlined protocols, we aim to identify individuals who demonstrate the requisite agility, strength, and endurance necessary for success upon acceptance into the Basic Law Enforcement Program.

PHYSICAL ABILITIES TEST (PART 1) COURSE LAYOUT





JOB RELATED PHYSICAL ABILITIES TEST
TESTING DATA SHEET

☐ Law Enforcement
☐ Corrections

Test Date: _____

Agency: _____ Independent: _____

Name: _____ Last Four # SSN : _____

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

Stop here. Next section to be completed by Training Advisor

☐ Retest (Full PAT - Failed Part 1) ☐ Retest (Swimming Only – Passed Part 1) ☐ Test

Evaluation: Pass / Fail

Test administrator's Initials: (1) _____ (2) _____

Date: _____

Comments and Observations: _____

Training Advisor Lloyd Mitchell
Physical Fitness Coordinator



THE ASSESSMENT CENTER
Miami Dade College
School of Justice, Public Safety,
and Law Studies
(305) 237-8012
nac@mdc.edu

LIABILITY WAIVER

PHYSICAL ABILITIES TEST

LAW ENFORCEMENT

I, _____, do hereby agree to release Miami Dade College, The School of Justice Department, The Assessment Center, and all employees thereof, from any and all claims and liability for personal injury or damages arising from my activities while performing the Law Enforcement Physical Abilities Test on the premises of Miami Dade College, North Campus.

By my execution here of this _____ day of _____, 20____, I hereby certify I have read and understand the above agreement.

Signature

Date

Name (Printed)

Address

City, State, Zip

Last Four Digits of SSN

Primary Phone Number

In case of emergency, please contact:

Name of Contact Person

Phone number of Contact Person



THE ASSESSMENT CENTER
Miami Dade College
School of Justice, Public Safety,
and Law Studies
(305) 237-1476
nac@mdc.edu

PAYMENT FORM

PHYSICAL ABILITIES TEST

LAW ENFORCEMENT

Instructions

- Step One - Complete all of the required fields below.
- Step Two - Once you are finished, save and print.
- Step Three - Call the Bursar's Office to make the payment over the phone.
 - Telephone: (305) 237-9310 – Select Option #1 for North Campus
 - Hours: Mon—Thurs 8:00 A.M.—7:00 P.M.; Fri 8:00 A.M.—4:30 P.M.

Name: _____

Date: _____

Last Four # SSN: _____

- ☐ Law Enforcement Practice Test + Physical Abilities Test (\$55)
- ☐ Law Enforcement Physical Abilities Test Only (\$45)
- ☐ Duplicate Test Results (\$15.00)

I, _____ understand the following:

- The Physical Abilities Test fee **must** be paid prior to arriving at the testing site.
- It is my responsibility to call the Bursar's Office to make my payment.
- Payment must be made by credit or debit card.
- All fees are **non-refundable and non-transferable.**
- Receipts are valid for **thirty (30) days** from payment date.

Candidate Signature: _____ Phone Number: _____

Email Address: _____

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	NH01	301	4A22001	350090	1000	40920

Payment Receipt _____ Cashier Name _____

Cashier Signature _____ Date: _____

AC Staff _____ Date: _____

