



North Campus



Basic Law Enforcement Training Program Pre-Admission Packet

For more information please contact:
The School of Justice, Public Safety and Law Studies
2nd Floor of School of Justice (J Building), North Campus
305-237-1400

SCHOOL OF JUSTICE, PUBLIC SAFETY AND LAW STUDIES
BASIC LAW ENFORCEMENT TRAINING PROGRAM

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WELCOME

“The purpose of life is not to be happy. It is to be useful, to be honorable, to be compassionate, to have it make some difference that you have lived and lived well.”

- *Ralph Waldo Emerson*

Choosing a career in public service requires a unique dedication to serving others and making a positive impact on society. It often involves selflessness, compassion, and a strong commitment to the greater good. Their contributions help build stronger, more equitable societies for everyone.

On behalf of the more than 646,000 law enforcement professionals nationwide and the 351,000 correctional officers in Miami Dade County alone we encourage you to forge forward (U.S. Bureau of Labor Statistics, 2024). Contained within this packet is information on how to apply for acceptance into a basic training program, estimated expenses associated with attending an academy class and the various required tests you must complete to be considered.

The Miami Dade College School of Justice, Public Safety and Law Studies, in its more than 50 years has earned the reputation as a premier provider of training and education for criminal justice and correctional practitioners in the Southeastern United States. On average more than 300 students graduate annually from our basic police and corrections training programs and an equal number from our career development courses. Our staff, eminently qualified, is seasoned and talented with the unique ability to turn training concepts into performance outcomes.

Today symbolizes the start of your journey; from applicant to recruit to police or correctional professional and we assure you of our commitment to your success.

There is a full-time and part-time Basic Law Enforcement Academy. The full-time academy runs for approximately six months, Monday - Thursday, 7:00 AM to 6:00 PM. The part-time academy runs for approximately nine months - Monday to Thursday from 5:30 PM to 10:30 PM. Firearms training is scheduled from 2:00 PM to 11:00 PM for both. The cost for both programs is the same. **NOTE:** Applicants are scheduled for training at the discretion of the School of Justice Staff.

To have all your questions answered it is recommended that you attend orientation which is scheduled every Tuesday at 6:00 pm at Miami Dade College North Campus **School of Justice**.

BASIC LAW ENFORCEMENT ACADEMY MINIMUM REQUIREMENTS

- Be at least 19 years of age.
- Be a citizen of the United States.
- Have earned a high school diploma or equivalent (GED).
- Have not been convicted of any felony including a “withholding of adjudication” nor convicted of a misdemeanor involving perjury, false statement and/or moral turpitude. Any and all arrests will be reviewed by the School of Justice.
- Have not received a dishonorable discharge from any of the Armed Forces of the United States.
- Be of good moral character as determined by a background investigation and defined by 11B 27.0011 of the Florida Administrative Code.
- Successfully passed a background investigation, to include drug testing.
- Have passed a physical examination by a licensed physician, physician assistant, or certified advanced registered nurse practitioner.

THE APPLICATION PROCESS

The application process is designed to identify individuals best suited for a career in law enforcement. To complete the process, you must provide the requested documents included in the Basic Law Enforcement Pre-Admission Packet and complete the steps on the Basic Law Enforcement Training checklist.

Miami Dade College as an institution of higher learning and vocational training is guided in the administration of its programs by the Southern Association of Colleges and Schools and Florida Department of Education. The School of Justice must adhere to these standards as well as those of the Florida Department of Law Enforcement, Criminal Justice Standards and Training Commission and Miami Dade Association of Chiefs of Police.

Process:

1. Apply to the College and **THEN** submit your high school transcripts
mdc.edu/admissions-info/

4. Complete BLE required documents: items 1-8 (checklist found on pg.5) and submit these to the Assessment Center (appointment recommended)

7. Take and pass your PAT

2. Follow up with Transcripts Services to ensure that your transcripts are accepted
*If you are veteran or hold an associate degree or higher see the notice below and skip to step 4

5. Schedule your psychological assessments, CVSA testing, and Physical Abilities Test (PAT) with the Assessment Center
NAC@MDC.EDU

8. Meet with Director of Academy and if accepted into the academy, attend orientation

3. If your transcripts are accepted, take and pass the Criminal Justice Basic Abilities Test (CJBAT)

6. Drop off remaining documents: 9-16 (must be completed) to the Assessment Center


9. Congratulations!!!
Begin training

IMPORTANT: As of July 1, 2022, section 943.17(1)(g) states that any candidate wishing to enter a law enforcement academy that either (i) **is a veteran as classified in section 1.01(14), F.S.**, or (ii) **holds an associate degree or higher from an accredited college or university** is not required to take the Law Enforcement Basic Abilities Test. Please note that veteran is defined as being honorably discharged from military service. No other discharge classifications qualify. This does not apply to candidates wishing to enter a corrections academy. The Associate Degree must be from an accredited college or university. Your transcript needs to be submitted to Miami Dade College for approval before you proceed.

BLE REQUIRED DOCUMENTS

Legible copies of the following documents are required with your completed Personal History Questionnaire (PHQ). Presenting falsified or fraudulent documents will result in denial of admission to the School of Justice and possible criminal prosecution.

Checklist

- 1. Receipt of paid BLE application fee and payment form (\$45)
 - 2. Signed Acknowledgment Form (Form 1)
 - 3. Personal History Questionnaire (PHQ) needs to be notarized and passport picture needed (Form 2)
 - 4. CJBAT (Law Enforcement) results, if required. home.pearsonvue.com/fdle/bat
- 
- 5. Copy of Valid State of Florida Driver's License
 - 6. Copy of Social Security Card
 - 7. Copy of Birth Certificate (must be translated & notarized if not in English)
 - 8. Proof of Citizenship (U.S. Naturalization Certificate or Passport if born outside of U.S.)
 - 9. CJSTC 75 – Physician's Assessment (Form 3)
 - 10. CJSTC 75A – Patient Information (Form 4)
 - 11. Physical Abilities Test (PAT) results (Form 6)
 - 12. 7- Panel Drug Test Results
 - 13. Official driving record for the past 7 years, and/or any out of state driving records (can be obtain at the DMV)
 - 14. Proof of current and valid health/medical insurance coverage
 - 15. Credit History for the past twelve (12) months – for a credit history report, visit www.annualcreditreport.com or call 1-877-322-8228. If applicant has not established credit/score report is still required
 - 16. Credit Score for the past twelve (12) months
 - 17. Valid DD-214 (Long Form) for honorable military discharge (if applicable)

MDC ADMISSION (PRIOR TO THE BASIC LAW ENFORCEMENT ADMISSION)

1. Apply & Get Admitted <https://www.mdc.edu/admissions-info/>



2. To apply for the BLE program select:
 - I want to get a career in a year or less (Certificates)
 - Florida Law Enforcement Academy (C.T.E./V.C.C.57022)



3. Create Your MyMDC Account (if you are a returning student you already have an account) mdcwap.mdc.edu/NTAuth_self_student/StdAccountCreationInstructions



4. Pay Less Tuition by submitting Proof of Florida Residency mdc.edu/admissions-info/tuition/florida-residency.aspx



5. Send Official High School Transcripts. **This is the first step you should complete before proceeding.** If you have never attended Miami Dade College or never submitted your high school transcript previously or if you included that you attended a university during your application process you will also need to submit a transcript for that university. mdc.edu/transcripts/



6. Apply for Financial Aid. mdc.edu/financialaid/ If you are sponsored by a law enforcement agency skip this step.



PAYMENT SCHEDULE

Applicants are responsible for paying all fees related to the application process. Financial Aid, Student Loans, G.I. Bill, and Pre-paid College Programs pay tuition costs only.

The following represents costs associated with the application process and basic training program:

Application and Program Fees**	
Application	Amount
Background and Fingerprint	\$65.00
BLE Application Fee (paid at the Bursar's Office)	\$45.00
Physical Abilities Test and Practice Test combined OR	\$55.00
Physical Abilities Test only	\$45.00
Computerized Voice Stress Analysis Test	\$160.00
Psychological Exam	\$290.00

Academy Program Fees **	
Tuition and Books	\$5,749.13
Uniforms and equipment (approximate cost)	\$800.00

Other Items required (fees will be based on your personal choice)	
Physical Exam	
Passport size photo	
Health Insurance	

Testing Validity	
Background and Fingerprint	6 months
Criminal Justice Basic Abilities Test (CJBAT)	4 years
Computerized Voice Stress Analysis Test	12 months
Physical Abilities Test (PAT)	6 months
Physician's Assessment (CJSTC 75)	12 months
Psychological Exam	12 months
7-Panel Drug Test	6 months

** Fees are subject to change without notice

THE FDLE CRIMINAL JUSTICE BASIC ABILITIES TEST (CJBAT)

The CJBAT, developed by Industrial/Organizational Solutions (IOS), Inc., measures the defined “minimum competencies” in three separately-timed sections as follows: Section I - behavioral attributes; Section II - memorization; and Section III – written comprehension, written expression, deductive reasoning, and inductive reasoning. In total, there are 97 questions on the CJBAT. You will have 1 ½ hours (90 minutes) to complete the exam. Follow link for registration <https://home.pearsonvue.com/fdle/bat>

IMPORTANT

As of July 1, 2022, section 943.17(1)(g) states that any candidate wishing to enter a law enforcement academy that either:

- (i) is a veteran as classified in section 1.01(14), F.S., or
- (ii) holds an associate degree or higher from an accredited college or university

is not required to take the Law Enforcement Basic Abilities Test. Please note that veteran is defined as being honorably discharged from military service. No other discharge classifications qualify. Please note that this does not apply to candidates wishing to enter a corrections academy.

PHYSICAL ABILITIES TEST INFORMATION

The Physical Abilities Test (PAT) is administered every Tuesday and Thursday at 9:00 AM at Miami Dade College North Campus. 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:

- 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 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 Testing, please contact The Assessment Center:

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

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

COMPONENTS OF THE PHYSICAL ABILITIES TEST

Phase 1

- 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 2

- 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 3

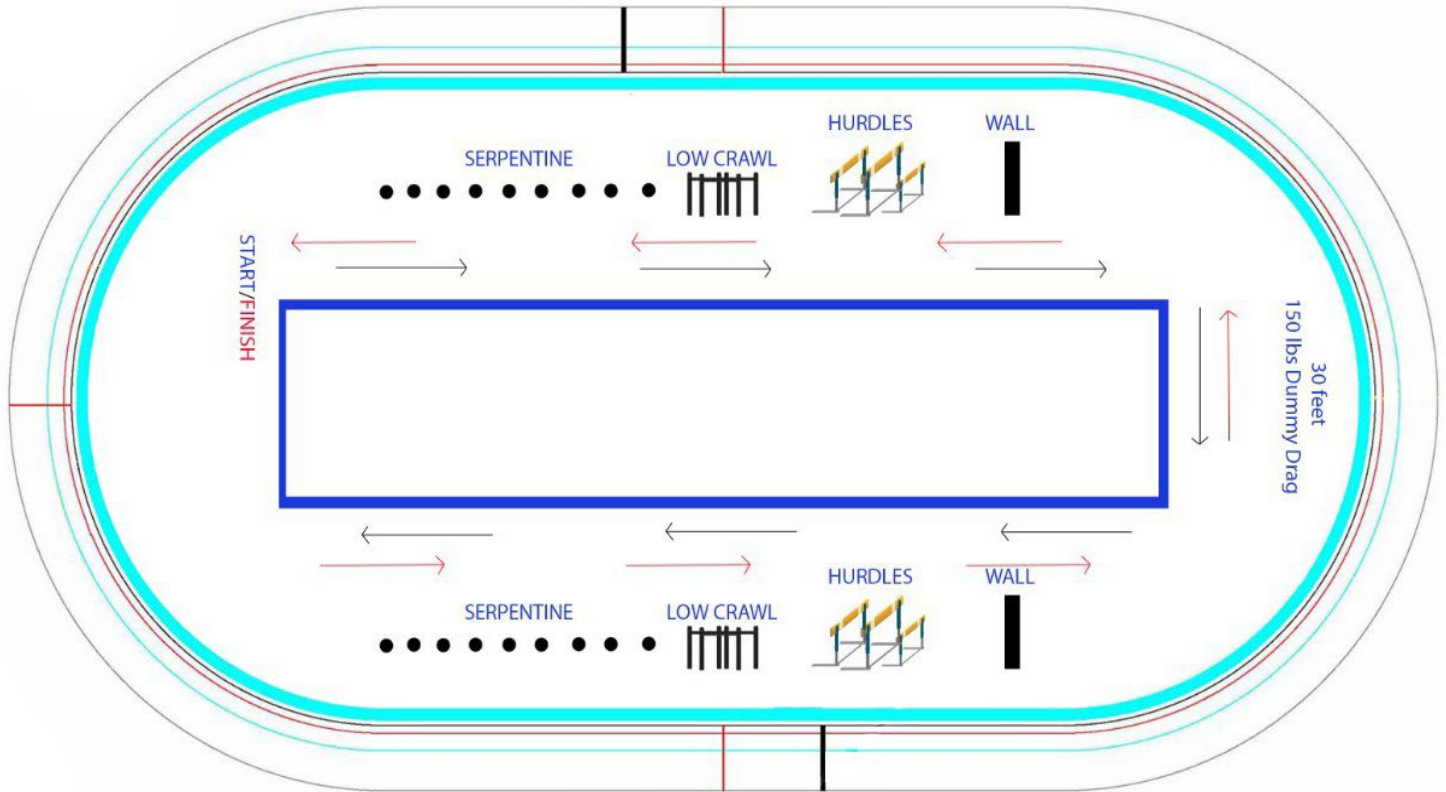
- Obstacle Course: Pass or Fail
 - Objective: Assess candidates' agility, coordination, and problem-solving skills
 - Requirement: Candidates must navigate through a series of obstacles within 3 minutes (traverse)

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 COURSE LAYOUT



PHYSICAL EXAM PROCESS

The physical examination can be completed by a doctor of your choice, which must include a 7-panel narcotics screening in compliance with 11B-27.00225.

11B-27.00225 Testing shall include the analysis of a urine sample furnished by the applicant for the presence of controlled substances or metabolites, which shall be consistent with the procedures for drug testing pursuant to Section 112.0455m, F.S. and Rule Chapter 59A-24, F.A.C., which have been adopted by the Agency for Health Care Administration.

- a. The procedures for collection sites and specimen collection comply with the requirements of Rule 59A-24.005, F.A.C.
- b. Each applicant gave written consent prior to giving the sample for collection, analysis for evidence of controlled substances, and disclosure of the analysis results to the employing agency and to the Commission.
- c. The procedures for analyzing and reporting the urine sample were consistent with Rule 59A-24.006, F.A.C.
- d. Seven Substances:
 - i. Amphetamines (amphetamine and methamphetamine)
 - ii. Cannabis or Cannabinoids
 - iii. Cocaine or Cocaine Metabolite
 - iv. Phencyclidine
 - v. Opiates (codeine and morphine)
 - vi. Barbiturates
 - vii. Benzodiazepines

NOTE: You are responsible for payment as well as returning forms to the Assessment Center, School of Justice, Public Safety and Law Studies prior to participation in the Psychological, CVSA, and Physical Abilities Tests.

FORMS

APPENDICES

Form 1: Signed Acknowledgement

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SIGNED ACKNOWLEDGEMENT

I, _____ acknowledge and agree to the following:

- I have reviewed the Basic Law Enforcement Training Program Pre-Admission Packet and the Personnel History Questionnaire (PHQ) and understand the contents of both.
- I understand that the screening process for academy admission involves a battery of tests that are proprietary to the Miami Dade College School of Justice, Public Safety & Law Studies.
- I understand that I will not be afforded the opportunity to obtain or view any of the admission tests that are part of the screening process. School of Justice, Public Safety & Law Studies staff are not authorized to discuss any items associated with academy testing and admission testing.
- I understand that admission into the Miami Dade College School of Justice, Public Safety & Law Studies Basic Law Enforcement Training Program does not guarantee employment with *any* public safety agency. Selection and Employment policies and procedures are up to the discretion of the hiring agency.
- I understand that the pre-admission packet and corresponding documents submitted as a part of the application process for enrollment in the Miami Dade College School of Justice, Public Safety & Law Studies Basic Law Enforcement Training Program shall become the property of the Miami Dade College School of Justice, Public Safety & Law Studies. Duplication of the application packet and corresponding documents are strictly prohibited.

Thank you for taking the time to participate in the orientation program and familiarize yourself with the requirements of the Miami Dade College School of Justice, Public Safety & Law Studies Basic Law Enforcement Training Program.

Print Full Name

Signature

Date

Form 2: Personal History Questionnaire

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Personal History Questionnaire (PHQ)



**PASSPORT
PHOTO**

Applicants must complete this questionnaire accurately, truthfully, and legibly to ensure consideration. Incomplete applications will cause delay in processing.

It is the responsibility of the applicant to provide copies of documentation where noted. The School of Justice is unable to make copies.

APPLICANT NAME: _____

SUBMISSION DATE: _____

1. LAST NAME FIRST NAME MIDDLE NAME

2. STREET ADDRESS APARTMENT NO.

CITY COUNTY STATE ZIP CODE

3. RESIDENCE TELEPHONE (AREA CODE) BUSINESS TELEPHONE (AREA CODE)

4. LAST FOUR # SSN 5. DRIVER'S LICENSE NUMBER / STATE

6. DATE OF BIRTH (Month-Day-Year) 7. EMAIL ADDRESS

8. MALE FEMALE 9. ACADEMY CLASS PART-TIME FULL-TIME

10. PLACE OF BIRTH: (INCLUDE PHOTOSTATIC COPY OF BIRTH CERTIFICATE)

CITY	COUNTY	STATE	ZIP CODE						
<table border="1"> <tr> <th>U.S. CITIZEN</th> <th>NATIVE</th> </tr> <tr> <td><input type="checkbox"/> YES</td> <td><input type="checkbox"/> YES</td> </tr> <tr> <td><input type="checkbox"/> NO</td> <td><input type="checkbox"/> NO</td> </tr> </table>		U.S. CITIZEN	NATIVE	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NO	NATURALIZED CERTIFICATE NUMBER DATE, PLACE, AND COURT	
U.S. CITIZEN	NATIVE								
<input type="checkbox"/> YES	<input type="checkbox"/> YES								
<input type="checkbox"/> NO	<input type="checkbox"/> NO								

11. Include a copy of Naturalization Certificate

PARENT CERTIFICATE NUMBER (IF DESIRED)

12. RACE/ETHNICITY: Check Appropriate box

White (Non-Hispanic) White (Hispanic) Asian/Pacific Islander Haitian

Black (Non-Hispanic) Black (Hispanic) Native American Other

13. ALIAS(ES), NICKNAME, MAIDEN NAME, or other changes in name (include official document(s) concerning any changes in name)

14. HEIGHT WEIGHT COLOR OF EYES COLOR OF HAIR SCARS, TATTOOS, AND DISTINGUISHING MARKS

15. EMERGENCY CONTACT

NAME RELATIONSHIP

ADDRESS

PHONE (HOME) PHONE (WORK)

16. MARITAL STATUS SINGLE MARRIED ENGAGED SEPARATED DIVORCED

17. INFORMATION CONCERNING MARRIAGES (List all marriages)

DATE MARRIED	WHERE PERFORMED	SPOUSE'S NAME (WIFE MAIDEN NAME)	DATE OF BIRTH	SOCIAL SECURITY NUMBERS

18. NAME AND ADDRESS OF SPOUSE(S) IF DIVORCED OR SEPARATED

NAME	ADDRESS (Street, City, State)	PHONE NO. (Area Code)

19. IF EVER SEPARATED, ANNULLED, OR DIVORCED (indicate the following information)

SEPARATED, ANNULLED OR DECREED BY LAW	DATE OF ORDER OR DECREE	PHONE NO. (Area Code)

20. ARE YOU NOW SUPPORTING ALL CHILDREN BORN TO YOU, ADOPTED BY YOU, AND STEPCHILDREN?

YES NO If not, give details: _____

21. FAMILY:

a. List in order given, showing relationship, parents, guardians, stepparents, parents-in-law, brothers and sisters, even that deceased. Include any others you have resided with or with whom a close relationship existed or exists:

RELATIONSHIP	NAME	PRESENT ADDRESS (If living)	PHONE	BIRTH DATE	OCCUPATION

22. RESIDENCES:

- a. List all residences for the past **TEN** years, beginning with your present address. List the name, address and phone number present and prior landlords, if applicable.

MONTH/YEAR	MONTH/YEAR
From: _____	To: _____ Own: _____ Rent: _____
Street Address: _____	
City: _____	County: _____ State: _____ Zip: _____
Landlord's Name: _____	
Landlord's Address: _____ Phone: _____	
CITY	COUNTY STATE ZIP

MONTH/YEAR	MONTH/YEAR
From: _____	To: _____ Own: _____ Rent: _____
Street Address: _____	
City: _____	County: _____ State: _____ Zip: _____
Landlord's Name: _____	
Landlord's Address: _____ Phone: _____	
CITY	COUNTY STATE ZIP

MONTH/YEAR	MONTH/YEAR
From: _____	To: _____ Own: _____ Rent: _____
Street Address: _____	
City: _____	County: _____ State: _____ Zip: _____
Landlord's Name: _____	
Landlord's Address: _____ Phone: _____	
CITY	COUNTY STATE ZIP

MONTH/YEAR	MONTH/YEAR
From: _____	To: _____ Own: _____ Rent: _____
Street Address: _____	
City: _____	County: _____ State: _____ Zip: _____
Landlord's Name: _____	
Landlord's Address: _____ Phone: _____	
CITY	COUNTY STATE ZIP

MONTH/YEAR	MONTH/YEAR
From: _____	To: _____ Own: _____ Rent: _____
Street Address: _____	
City: _____	County: _____ State: _____ Zip: _____
Landlord's Name: _____	
Landlord's Address: _____ Phone: _____	
CITY	COUNTY STATE ZIP

23. EDUCATION:

a List all elementary junior high, and high schools attended: (INCLUDE COPIES OF HIGH SCHOOL OR GED DIPLOMA)

NAME	LOCATION	DATES ATTENDED		Years Completed	GRADUATION	
		From	To		Yes	No
b GED (if applicable)						

Higher education. List information below for all colleges or universities attended. (Include

c. official transcript from last institution higher education attended or all transcripts if not consolidated on last one.)

NAME AND LOCATION OF COLLEGE OR UNIVERSITY	DATES ATTENDED		CREDIT HOURS		DEGREE RECEIVED	YEAR RECEIVED
	FROM	TO	SEMESTER	QUARTER		

Major and minor college courses

d. Other schools or training (trade, vocational, business or military). Give for each, the name and location of school, dates after subjects studied, certificate, and any other pertinent data.

DATES		NAME OF SCHOOL AND LOCATION	COURSES STUDIED	CERTIFIED	
FROM	TO			YES	NO

e. Were you ever expelled or suspended from ANY SCHOOL or were you ever disciplined by any school official?

YES NO If YES, give particulars below

24. FOREIGN LANGUAGE:

Enter foreign language and indicate your knowledge of each by placing an "X" in proper column.

LANGUAGES	READING			SPEAKING			UNDERSTANDING			WRITING		
	EXC.	GOOD	FAIR	EXC.	GOOD	FAIR	EXC.	GOOD	FAIR	EXC.	GOOD	FAIR

25. SPECIAL QUALIFICATIONS AND SKILLS:

Indicate type of special license such as pilot, radio operator, etc., showing licensing authority, where the license was first issued, at date current license expires. (Except vehicle operator's license).

26. MILITARY:

a. Have you ever served in the United States military or Coast Guard, including R.O.T.C.?

YES NO If YES, **INCLUDE A PHOTO STATIC COPY OF DD-214**
If NO, Proceed to **#27 EMPLOYMENT**

b. Branch of Service _____ Unit or Ship _____

c. What is your service number? _____

d. Highest rank held: _____

e. How many period of active military service have you had? _____

f. List all medals and decorations awarded to you as a member of the armed forces:

g. What is the type of your discharge? Be exact:

Honorable Dishonorable General Honorable Conditions Other

h.. Give period or periods of active military service:

From: _____ To: _____ From: _____ To: _____
From: _____ To: _____ From: _____ To: _____

i. Are you now or were you ever on active or inactive duty of any branch of the United States Reserve Forces? YES NO State which: Active Inactive Branch of Service _____

j. Are you now or were you ever a member of the National Guard YES NO
State: _____ Regiment: _____ Unit: _____ Rank: _____
From: _____ To: _____ Type of Discharge _____

k. What is your present draft classification? _____
Date of classification? _____ Selective Service Number: _____
Draft board number and location _____

26. MILITARY (CONTINUED):

- i. Were you ever court-martialed, tried on charges, or were you the subject of a summary court, deck court, captain's mast or company punishment, or any other disciplinary action including Article 15's while a member of the armed forces? YES NO

If YES, explain: _____

- m. List any disciplinary action taken against you in the National Guard or other reserve unit:

- n. List any other information pertaining to military not requested above.

27. EMPLOYMENT:

- a. What is your occupation? _____
- b. Are you now or have you ever been engaged in any business as an owner, partner, or corporate member?
 YES NO If YES, give details:

- c. Were you ever discharged, terminated, fired, or forced to resign (except military)?
 YES NO

If YES, explain, giving names and address of employer, approximate date, and reasons in each case:

- d. Have you ever resigned (quit) after being informed your employer intended to discharge (fire) you for any reason?
 YES NO

If YES, explain, giving names and address of employer, approximate date, and reasons in each case:

27. EMPLOYMENT (CONTINUED):

e. Have your employers always treated you fairly? YES NO If not, explain:

f. Have you ever received unemployment insurance or other Federal, State, or local benefits or assistance? YES NO

TYPE OF ASSISTANCE	LOCAL OFFICE	ADDRESS	FOR HOW LONG?

g. List all jobs you held in the last **TEN** years. Place your present or most recent job **FIRST**. If you need more space, you may include additional sheets. Include military service in proper time sequence and also all period of unemployment. List all self-employment, part-time, temporary, seasonal, and voluntary jobs.

STARTING DATE	ENDING DATE	NAME OF EMPLOYER	JOB TITLE
STREET ADDRESS		CITY	STATE ZIP CODE
DESCRIPTION OF DUTIES			
BEGINNING SALARY	ENDING SALARY	NAME OF SUPERVISOR	NAME OF CO-WORKER
PHONE NUMBER (Area Code)	WHY DID YOU LEAVE?		
STARTING DATE	ENDING DATE	NAME OF EMPLOYER	JOB TITLE
STREET ADDRESS		CITY	STATE ZIP CODE
DESCRIPTION OF DUTIES			
BEGINNING SALARY	ENDING SALARY	NAME OF SUPERVISOR	NAME OF CO-WORKER
PHONE NUMBER (Area Code)	WHY DID YOU LEAVE?		

STARTING DATE	ENDING DATE	NAME OF EMPLOYER	JOB TITLE
STREET ADDRESS		CITY	STATE ZIP CODE
DESCRIPTION OF DUTIES			
BEGINNING SALARY	ENDING SALARY	NAME OF SUPERVISOR	NAME OF CO-WORKER
PHONE NUMBER (Area Code)	WHY DID YOU LEAVE?		
STARTING DATE	ENDING DATE	NAME OF EMPLOYER	JOB TITLE
STREET ADDRESS		CITY	STATE ZIP CODE
DESCRIPTION OF DUTIES			
BEGINNING SALARY	ENDING SALARY	NAME OF SUPERVISOR	NAME OF CO-WORKER
PHONE NUMBER (Area Code)	WHY DID YOU LEAVE?		
STARTING DATE	ENDING DATE	NAME OF EMPLOYER	JOB TITLE
STREET ADDRESS		CITY	STATE ZIP CODE
DESCRIPTION OF DUTIES			
BEGINNING SALARY	ENDING SALARY	NAME OF SUPERVISOR	NAME OF CO-WORKER
PHONE NUMBER (Area Code)	WHY DID YOU LEAVE?		
STARTING DATE	ENDING DATE	NAME OF EMPLOYER	JOB TITLE
STREET ADDRESS		CITY	STATE ZIP CODE
DESCRIPTION OF DUTIES			
BEGINNING SALARY	ENDING SALARY	NAME OF SUPERVISOR	NAME OF CO-WORKER
PHONE NUMBER (Area Code)	WHY DID YOU LEAVE?		
STARTING DATE	ENDING DATE	NAME OF EMPLOYER	JOB TITLE
STREET ADDRESS		CITY	STATE ZIP CODE
DESCRIPTION OF DUTIES			
BEGINNING SALARY	ENDING SALARY	NAME OF SUPERVISOR	NAME OF CO-WORKER
PHONE NUMBER (Area Code)	WHY DID YOU LEAVE?		

STARTING DATE	ENDING DATE	NAME OF EMPLOYER	JOB TITLE
STREET ADDRESS		CITY	STATE ZIP CODE
DESCRIPTION OF DUTIES			
BEGINNING SALARY	ENDING SALARY	NAME OF SUPERVISOR	NAME OF CO-WORKER
PHONE NUMBER (Area Code)	WHY DID YOU LEAVE?		
STARTING DATE	ENDING DATE	NAME OF EMPLOYER	JOB TITLE
STREET ADDRESS		CITY	STATE ZIP CODE
DESCRIPTION OF DUTIES			
BEGINNING SALARY	ENDING SALARY	NAME OF SUPERVISOR	NAME OF CO-WORKER
PHONE NUMBER (Area Code)	WHY DID YOU LEAVE?		

28. VEHICLE OPERATOR'S LICENSE:

Driver's, Chauffeur's, etc. **ATTACH PHOTO STATIC COPY OF DRIVER'S LICENSE**

a. Can you operate a motor vehicle? YES NO

Do you now or did you ever possess a valid driver's license from the State of Florida?

YES NO Driver's License # _____

Date Issued: _____ Restrictions: _____

b. Did you ever possess a driver's license issued by any state other than Florida?

YES NO If YES, provide the following information

Driver's License #: _____ State: _____ Date Issued: _____

Restrictions: _____

c. Was your license ever suspended or revoked? YES NO

If YES, give reasons, date, and length of suspension . _____

d. Was your license ever restored? YES NO If YES, give details: _____

28. VEHICLE OPERATOR'S LICENSE (CONTINUED):

e. Have you ever been refused a driver's license by any state? YES NO

If YES, give details: _____

f. Has your driver's license ever been restricted due to traffic offense convictions or placed on negligent operator's probation? YES NO If YES, give details:

g. Have you been involved in a motor vehicle accident? YES NO

If the answer is YES, give complete details for each accident whether collision, non-collision, or hit and run.

Date: _____	Police Investigation? <input type="checkbox"/> YES <input type="checkbox"/> NO	Location: _____
Cause of Accident (for example: ran red light, careless driving, etc.): _____		
Who was charged with accident and court disposition? _____		
Date: _____	Police Investigation? <input type="checkbox"/> YES <input type="checkbox"/> NO	Location: _____
Cause of Accident (for example: ran red light, careless driving, etc.): _____		
Who was charged with accident and court disposition? _____		
Date: _____	Police Investigation? <input type="checkbox"/> YES <input type="checkbox"/> NO	Location: _____
Cause of Accident (for example: ran red light, careless driving, etc.): _____		
Who was charged with accident and court disposition? _____		
Date: _____	Police Investigation? <input type="checkbox"/> YES <input type="checkbox"/> NO	Location: _____
Cause of Accident (for example: ran red light, careless driving, etc.): _____		
Who was charged with accident and court disposition? _____		

28. VEHICLE OPERATOR'S LICENSE (CONTINUED):

h. List below all traffic citations you have received from the last **TEN** years.

LOCATION (Street, City, State)	APPROX. DATE	NATURE OF VIOLATION	PENALTY OR DISPOSITION

i. Do you have any unpaid summonses outstanding against you for parking violations?

YES NO If YES, how many and when? _____

29. MOTOR VEHICLE INSURANCE:

a. Do you presently have automobile liability insurance? YES NO

List dates of coverage(s): From: _____ To: _____

If NO, give details: _____

b. Have you ever had automobile insurance withdrawn or revoked or have you ever been refused automobile insurance? YES NO If YES, give details: _____

30. ARREST, DETENTION, AND LITIGATION: (Show all arrests including juvenile and traffic arrests)

a. Have you ever been arrested or detained by ANY law enforcement agency? Provide police and court disposition record (Include any arrest in which the records were expunged or sealed in accordance with F.S.S. 943.058

CRIME CHARGED _____ POLICE AGENCY _____

Date _____ Disposition of Case _____

b. Have you ever been placed on probation? YES NO If YES, give details: _____

30. ARREST, DETENTION, AND LITIGATION (CONTINUED):

c. Have you ever been required to pay a fine? YES NO If YES, give details:

d. Have you ever been reported as a missing person or as a runaway? YES NO
If YES, give complete details, including police jurisdiction, date, and outcome.

e. If you have been fingerprinted by a law enforcement agency for any reason, give details below. Your answer will be checked by the F.B.I. and other agencies.

Agency	_____	Date	_____	Purpose	_____
Agency	_____	Date	_____	Purpose	_____
Agency	_____	Date	_____	Purpose	_____

f. Have you ever been advised of your Miranda rights? YES NO
If YES, give complete details:

g. Have you ever been the subject of a police investigation? YES NO
If YES, give complete details:

h. Have you ever had a polygraph examination? YES NO
If YES, list date, examiners name, location, and purpose for each examination:

Date	_____	Examiner Name	_____
Location	_____	Purpose	_____
Date	_____	Examiner Name	_____
Location	_____	Purpose	_____

i. Have you ever been the victim of a crime? YES NO

If YES, give complete details:

30. ARREST, DETENTION, AND LITIGATION (CONTINUED):

j. Have you or your spouse ever sued anyone (civil court plaintiff)? YES NO

If YES, give details below and provide copies: _____

k. Have you been or your spouse ever sued anyone (civil court defendant)? YES NO

If YES, give details below and provide copies: _____

31. CONTROLLED SUBSTANCE USE:

Have you ever possessed, smoked, or ingested by any means, marijuana without legal authorization? YES NO

If YES, how many times and when was the last time you used marijuana (explain the circumstances)?

b. Have you ever possessed injected, inhaled, swallowed or ingested by any other means, any illegal drugs without legal authorization? YES NO

If YES, how many times and when was the last time you used drugs (explain the circumstances)?

32. CHARACTER REFERENCES

(Do not include relatives, former employers, supervisors or persons living outside the United State of Territories). List only character references who have definite knowledge of your qualifications for the position for which you are applying. List 4 character references.

NAME OF CHARACTER REFERENCE	YEARS KNOWN	ADDRESS (Street, City, State, Zip Code)	PHONE NUMBER	
			Business	Residence

33. PAST AND/OR PRESENT MEMBERSHIP IN ORGANIZATION:

NAME, ADDRESS AND PHONE NO.	TYPE (Social, Fraternal, Unions, Professional, Academic, Etc....)	OFFICE OR POSITION HELD	MEMBERSHIP	
			From	To

34. OTHER INCIDENTS:

Are there any affiliation and/or incidents in your life not mentioned herein which may reflect upon your suitability to enter a criminal justice training program which require further explanation?

YES NO If YES, explain:

APPLICANT NAME

APPLICANT SIGNATURE

DATE

The following is to be executed PRIOR to submission:

I hereby swear or affirm that there are no misrepresentations or omissions in or falsifications of the above statements and answer to the questions. I am aware that should investigation disclose such misrepresentations, falsifications or omissions, my application will be rejected and I will be disqualified from present processing for selection to the Basic Recruit Academy at the School of Justice or if during my acceptance for training, subsequent investigation should disclose misrepresentation, falsifications or omissions, it will be cause for immediate dismissal from the training academy.

DATE _____ SIGNATURE OF APPLICANT _____

Subscribed and sworn to before me this _____ day of _____, 20____

By _____
(NAME OF AFFIANT)

State of _____

County of _____ SIGNATURE OF NOTARY PUBLIC _____

NOTARY PUBLIC PRINT NAME _____

NOTARY PUBLIC SEAL OF OFFICE: Personally known to me
 Produced Identification

TYPE OF IDENTIFICATION PRODUCED
 DID take an oath
 DID NOT take an oath

COMMISSION EXPIRES ON: _____

AUTHORIZATION TO OBTAIN AND RELEASE INFORMATION

I hereby authorize the Director of the School of Justice or his staff to solicit information from any person or organization relative to my qualification for enrollment in the Basic Recruit Academy.

I also authorize the Director of the School of Justice or their staff to release to any criminal justice agency investigating me as an applicant, all information and testing regarding my academic, professional, and social history while enrolled at this school.

SIGNATURE

DATE

PRINT YOUR NAME

Form 3: CJSTC 75 Physician's Assessment

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PHYSICIAN'S ASSESSMENTIncorporated by Reference in Rules
11B-27.002(1)(d) and 11B-35.001(11)(c)14., F.A.C.**CJSTC**
751. Applicant's Name: _____
Last First MI

2. Last Four Digits of the Applicant's Social Security Number: _____

3. Hiring Agency: _____

4. Training School: _____

5. The Applicant Is Requesting Employment and/or Admission Into a Basic Recruit Training Program in One of the Following Disciplines:

Law Enforcement Correctional Correctional Probation **Note:** For employment, a position description that describes the job duties the applicant will perform must be provided.
For training, the physical fitness conditioning program developed by the training center must be provided.

6. Student Participation in Basic Recruit Training Program. A student enrolled in a basic recruit training program (B RTP) is required to participate in the following activities:

A. Defensive tactics and firearms high-liability training is a component of the curriculum mandated by the Criminal Justice Standards and Training Commission. Firearms training requires firing a handgun and long gun creating exposure to lead. Defensive tactics training requires sustained physical exertion and chemical agent contamination to the chemicals oleo-resin capsicum (OC) and/or orthochlorobenzalmalononitrile (CS).**B. Physical Fitness Conditioning and Physical Fitness Testing:** A B RTP student shall participate in physical fitness conditioning and a fitness test and includes the following measures:

- Vertical Jump
- One Minute Sit Ups
- 300 Meter Run
- Maximum Push Ups
- 1.5 Mile Run/Walk

C. The training center director has attached the training school's physical fitness conditioning program: Yes No

*****TO BE COMPLETED BY THE STUDENT*****

7. **Medical Conditions Regarding OC/CS Contamination.** A B RTP student should be aware of the following personal considerations that may restrict participation in the chemical agent contamination of the B RTP and could possibly be aggravated to a severe degree during the contamination: Recent eye surgery, heart problems, panic disorder or stress, respiratory disorder, emphysema (loss of elasticity/thinning of lung tissues), bronchial asthma, x-ray evidence of pneumoconiosis (black lung), evidence of reduced pulmonary (lung) function, chronic obstructive pulmonary disease, coronary (heart) artery disease, cerebral (brain) blood vessel disease, severe or progressive hypertension (high blood pressure), epilepsy, generalized seizures, pernicious anemia (severe reduction in red blood cells), diabetes (any form), pneumomediastinum gap (air in the sac surrounding lungs), history of skin allergies, or any condition for which the student is presently taking medication.8. **B RTP Student Certification.** I certify that I have reviewed the above information and I do or do not have any medical restrictions that would prevent me from participating in the basic recruit training program activities outlined in item numbers 6A and 6B above.

9. Student's Printed Name: _____

10. Student's Signature: _____ Date _____

11. To the Examining Physician:

The examination of this applicant is for employment or training as an officer, and shall include a complete physical examination at a level of specificity sufficient to determine whether there is any medical or physiological reason that would prevent the applicant from performing the essential functions for employment or training as an officer for the discipline indicated in number 5 above. Disabilities, impairment, or limitations identified by the examination, which would prevent the applicant from performing the essential functions for the officer position, should be reported to the employing agency.

12. Physician's Attestation:

 I hereby attest that I have examined the above named applicant and find him/her **CAPABLE** of participating in basic recruit training and/or performing the essential functions of the law enforcement, correctional, or correctional probation officer job for which the applicant is seeking employment and/or training reflected in number 3 and/or 4 above. I hereby attest that I have examined the above named applicant and find him/her **NOT CAPABLE** of participating in basic recruit training and/or performing the essential functions of the law enforcement, correctional, or correctional probation officer job for which the applicant is seeking employment and/or training reflected in number 3 and/or 4 above.13. **Pre-existing Conditions:** Sections 112.18 and 943.13, F.S., require agency knowledge of the following three pre-existing conditions. However, these outcomes do not statutorily disqualify the applicant from employment.**Please respond to the following "in my professional opinion, this examination":**13a. Did or did not reveal evidence of tuberculosis.13b. Did or did not reveal evidence of heart disease.13c. Did or did not reveal evidence of hypertension.14. _____
Physician, Certified Advanced Registered Nurse Practitioner, or Physician Assistant's Signature Printed Name Examination Date15. _____
Physician, Certified Advanced Registered Nurse Practitioner, or Physician Assistant's License Number Licensing State16. _____
Physician, Certified Advanced Registered Nurse Practitioner, or Physician Assistant's Professional Address

INSTRUCTIONS FOR COMPLETING FORM CJSTC-75

Use this form to document and verify the applicant's compliance with the employment requirements of Section 943.13, F.S., and Rule 11B-27.002(1)(d), F.A.C., and/or with the Basic Recruit Training Program entrance requirements of Rule 11B-35.001(14)(b), F.A.C.

GENERAL INSTRUCTIONS

- The physical examination must be performed by a physician licensed under Chapters 458 or 459, F.S., a certified advanced registered nurse practitioner, or a physician assistant.
- This form or an equivalent form, indicating that the officer is capable of performing the essential functions of the law enforcement, correctional, or correctional probation officer duties for which the applicant is seeking employment, **is required** for each new employment or appointment of an officer and may ~~shall~~ be used in conjunction with the Patient Information form CJSTC-75A or an equivalent form, to assist the physician, certified advanced registered nurse practitioner, or physician assistant, by providing testing guidelines to examine the applicant. The physical examination shall not be completed more than one year prior to the officer's date of employment or appointment and a CJSTC-75 form completed for one employing agency may not be used by any other employing agency. If the examination is for employment only, sections 6 – 10 are not required.
- This form, indicating that an applicant is capable of participating in a Basic Recruit Training Program (B RTP), **is required if the applicant is entering a B RTP** and must be completed prior to entrance into a B RTP. The completed form must be maintained in the B RTP course file.
- If an applicant is entering a Basic Recruit Training Program and gaining employment with a criminal justice agency at the same time, a single CJSTC-75 form may be completed for the employing agency and for the training center. The original CJSTC-75 form should reside at the employing agency with a copy being provided to the training center.

INSTRUCTIONS ON HOW TO COMPLETE THIS FORM

1. **Applicant's Name:** Enter the applicant's full legal name.
2. **Last Four Digits of the Social Security Number:** Enter the last four digits of the applicant's social security number.
3. **Hiring Agency:** Enter the hiring agency's name (if applicable).
4. **Training Center:** Enter the training center's name (if applicable).
5. **Request for Employment and/or Training as an officer:** Place a check mark in the box for the discipline in which the applicant is being employed or completing training.
6. **Student Participation in Basic Recruit Training Program Activities. Defensive Tactics (includes chemical agent contamination), Firearms, and Physical Fitness Conditioning and Physical Fitness Testing:** High-liability training in defensive tactics, firearms, and chemical agent contamination is a component of the curriculum mandated by the Criminal Justice Standards and Training Commission and participation in the activities is a requirement for successfully completing a B RTP. **There is no pass or fail at this time.** The test results for each of the five required tests will be recorded on the Academy Physical Fitness Standards Report, form CJSTC-67A as "I" if the student did not perform the test component or "D" if the student was dismissed from the basic recruit training program.
 - A. **Defensive Tactics and Firearms Training.** Firearms training requires firing a handgun and long gun creating exposure to lead. Defensive tactics training requires sustained physical exertion and chemical agent contamination to the chemicals oleo-resin capsicum (OC) and/or orthochlorobenzalmononitrile (CS).
 - B. **Physical Fitness Conditioning and Physical Fitness Testing.** The Physical Fitness Test includes the following measures and are defined as follows:
 - **Vertical Jump.** This measures leg power by measuring how high a person jumps.
 - **One Minute Sit Ups.** This measures abdominal, or trunk, muscular endurance. While lying on his or her back, the student will be given one minute to do as many bent-leg sit ups as possible.
 - **300 Meter Run.** This measures anaerobic power, or the ability to make an intense burst of effort for a short time period or distance. This component consists of sprinting 300 meters as fast as possible.
 - **Maximum Push Ups.** This measures the muscular endurance of the upper body. This component consists of doing as many push-ups as possible until muscular failure. Males are required to perform the standard push-up and females have the option to perform the standard or modified push-up.
 - **1.5 Mile Run/Walk.** This measures aerobic power or cardiovascular endurance (stamina over time). To complete this component, the student runs or walks a distance of 1.5 miles as fast as possible.
 - C. **A physical fitness conditioning program developed by the training school shall be attached to form CJSTC-75 prior to the student's examination by a physician, certified advanced registered nurse practitioner, or the physician assistant.**
7. **Medical Conditions Regarding Chemical Agent Contamination.** The student shall review the listed medical conditions and list other conditions that may restrict him or her from participating in Chemical Agent Contamination to the chemicals oleo-resin capsicum (OC) and/or orthochlorobenzalmononitrile (CS).
8. **Basic Recruit Training Program Activities Certification.** The student shall check the appropriate box to indicate if he or she **does or does not** have a medical condition that would restrict participation in the B RTP activities indicated in item numbers 6A and 6B of this form.

9. **Student's Printed Name.** The student shall print his or her first name, last name, and middle initial.
10. **Student's Signature and Date.** The student shall provide a signature and date to verify the information provided by the student is true and correct.
11. **Examining Physician:** The examining physician shall examine the applicant for any medical or physiological reasons that would prevent the applicant from entry into a B RTP or as an officer for employment purposes, pursuant to the attached job duties and/or physical conditioning program.
12. **Physician's Attestation:** The physician, certified advanced registered nurse practitioner, or physician assistant shall mark the appropriate box attesting that the applicant is capable or not capable of participating in basic recruit training and/or performing the essential functions of the law enforcement, correctional, or correctional probation officer discipline for which the officer/applicant is seeking training and/or employment.
13. **Pre-existing Conditions:** The physician, certified advanced registered nurse practitioner, or physician assistant shall mark the appropriate box for each pre-existing condition attesting that the examination of the applicant **Did or Did Not** reveal evidence of the pre-existing conditions listed. These outcomes are not disqualifying for employment.
14. **Signature:** The physician, certified advanced registered nurse, or physician assistant shall sign and print his or her name and enter the examination date.
15. **License Number:** Enter the physician, certified advanced registered nurse practitioner, or physician assistant's license number and licensing state.
16. **Professional Address:** Enter the physician, certified advanced registered nurse, or physician assistant's professional address.

Form 4: CJSTC 75a Patient Information

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1. Applicant's Name: _____
Last First MI
2. Applicant's Address: _____
Street, Apt. or Post Office Box Number City State Zip Code
3. Last Four Digits of Social Security Number: _____ Phone: _____ Date of Birth: _____
 (In accordance with the Federal Privacy Act of 1974, disclosure is voluntary)
4. Hiring Agency: _____ 5. Position Applied For: _____

TO BE COMPLETED BY THE EXAMINING PHYSICIAN

Please note the presence of eyeglasses, contact lenses, hearing aids, or devices such as braces, supports, canes, crutches, or prostheses.

1. Gender: _____ 2. Height (in inches): _____ 3. Weight (pounds): _____ 4. Blood Pressure: _____
5. Resting Pulse: _____ (please note any irregularity) 6. Oral Temperature: _____
7. Resting Respiratory Rate: _____ 8. Corrected Visual Acuity: Right Eye: _____ Left Eye: _____
9. Physical Examination. Please check Normal or Abnormal after each entry and make comments at the bottom of the form.

	Normal	Abnormal
Color Perception	<input type="checkbox"/>	<input type="checkbox"/>
Estimated Field of Vision	<input type="checkbox"/>	<input type="checkbox"/>
Estimated Auditory Acuity	<input type="checkbox"/>	<input type="checkbox"/>
Head, Eyes, Ears, Nose, Throat, Neck, and Thyroid Gland	<input type="checkbox"/>	<input type="checkbox"/>
Thorax and Lungs	<input type="checkbox"/>	<input type="checkbox"/>
Heart	<input type="checkbox"/>	<input type="checkbox"/>
Abdomen	<input type="checkbox"/>	<input type="checkbox"/>
Skin	<input type="checkbox"/>	<input type="checkbox"/>
Neurologic	<input type="checkbox"/>	<input type="checkbox"/>
Spine	<input type="checkbox"/>	<input type="checkbox"/>
Extremities	<input type="checkbox"/>	<input type="checkbox"/>
Mental Status	<input type="checkbox"/>	<input type="checkbox"/>
Electrocardiogram	<input type="checkbox"/>	<input type="checkbox"/>
Urinalysis	<input type="checkbox"/>	<input type="checkbox"/>
Complete Blood Count	<input type="checkbox"/>	<input type="checkbox"/>
Blood Chemistry Panel	<input type="checkbox"/>	<input type="checkbox"/>

10. Comments: _____

11. Results of tuberculosis skin test: _____
12. Sections 112.18 and 943.13, F.S. requires agency knowledge of the following three pre-existing conditions. However, these outcomes do not statutorily disqualify the applicant from employment. Accordingly, please respond to the following: In my professional opinion, this examination:
- A. Did or did not reveal evidence of tuberculosis.
- B. Did or did not reveal evidence of heart disease.
- C. Did or did not reveal evidence of hypertension.

INSTRUCTIONS FOR COMPLETING FORM CJSTC-75A

Please type or print in black or blue ink and use capital and small letters to write names and addresses.

GENERAL INSTRUCTIONS

This form or an equivalent form is to be provided to the examining physician, certified advanced registered nurse practitioner, or physician assistant to use when conducting a physical examination and shall be used in conjunction with the Physician's Assessment form CJSTC-75 or an equivalent form.

Upon completion of the physical, a completed copy shall be provided to the applicant or employing agency.

Employing Agencies Instructions for Completing Form CJSTC-75A

1. **Applicant's Name:** Enter the applicant's full legal name.
2. **Applicant's Address:** Enter the applicant's home address.
3. **Social Security Number (optional):** Enter the last four digits of the applicant's social security as in this example: 000-00-0000.
4. **Hiring Agency:** Enter the hiring agency's name.
5. **Position Applied For:** Enter one of the following disciplines: Law enforcement, correctional, or correctional probation.

Physician's Instructions for Completing Form CJSTC-75A

Note: Indicate the presence of supportive devices by specifying on the provided lines.

1. **Gender:** Enter the sex of the applicant.
2. **Height:** Enter the height of the applicant in inches.
3. **Weight:** Enter the weight of the applicant in pounds.
4. **Blood Pressure:** Enter the applicant's systolic and diastolic blood pressure rate.
5. **Resting Pulse:** Enter the applicant's resting pulse rate. Note any irregularities.
6. **Oral Temperature:** Enter the applicant's oral temperature.
7. **Resting Respiratory Rate:** Enter the applicant's resting respiratory rate.
8. **Corrected Visual Acuity:** Enter the applicant's corrected visual acuity of the right and left eye.
9. **Physical Examination.** Enter NORMAL or ABNORMAL in the boxes that details the tests and physical examination of the applicant.
10. **Comments:** Enter any additional comments.
11. **Results of the Tuberculosis Skin Test:** Enter the applicant's results of the Tuberculosis Skin Test.
12. Sections 112.18 and 943.13, Florida Statutes, require agency knowledge of the following three pre-existing conditions for potential future disability claims. These outcomes are not disqualifying for employment.
 - A. Place a check mark in the appropriate box to indicate whether the examination did or did not reveal evidence of tuberculosis.
 - B. Place a check mark in the appropriate box to indicate whether the examination did or did not reveal evidence of heart disease.
 - C. Place a check mark in the appropriate box to indicate whether the examination did or did not reveal evidence of hypertension.

Form 5: Physician's Medical Consent Form

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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

Form 6: Job-related PAT Testing Data Sheet

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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

Form 7: Liability Waiver

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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 _____, _____, I hereby certify I have read and understand the above agreement.

Signature

Date

Name (Printed)

Address

City, State, Zip

Last Four # SSN

Primary Phone Number

In case of emergency, please contact:

Name of Contact Person

Phone number of Contact Person

Form 8: Payment Form - Basic Law Enforcement (BLE) Application

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

PAYMENT FORM

BLE APPLICATION

Instructions

- Step One - Complete all of the required fields below.
- Step Two - Once you are finished, click on the submit button.
- Step Three - Log in to your email and verify your signature.
- Step Four - Once submitted, call the Bursar's Office to make the payment over the phone.
 - Telephone: (305) 237-9310
 - 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: _____

Phone Number: _____

Email Address: _____

Payment Type: BLE Application (\$45.00)

I, _____ understand the following:

- The BLE Application fee **must** be paid prior to the submission of the completed Personal History Questionnaire (PHQ) and subsequent documents.
- Payment form and receipt must be attached to the PHQ at time of application submission.
- 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 **six (6) months** from payment date.
- You will receive an email with a confirmation when you make your payment.

Candidate Signature: _____

Bursar's Authorization to Collect Test Fee for BLE Application

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: _____

Form 9: Payment Form Physical Abilities Test (PAT)

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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.
- You will receive an email confirmation when you make your payment.

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: _____

Form 10: Payment Form – Computerized Voice Stress Analysis (CVSA)

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

PAYMENT FORM

CVSA TEST

Instructions

- Step One - Complete all of the required fields below.
- Step Two - Once you are finished, click on the submit button.
- Step Three - Log in to your email and verify your signature.
- Step Four - Once submitted, call the Bursar's Office to make the payment over the phone.
 - Telephone: (305) 237-9310
 - 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: _____

Phone Number: _____

Email Address: _____

Payment Type: _____ CVSA (\$160.00)
 _____ Missed Appointment Fee (\$50.00)

I, _____ understand the following:

- **Appointments must be canceled at least 24 hours prior to the scheduled interview to avoid \$50.00 missed interview fee.**
- 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 **sixty (60) days** from payment date.
- You will receive an email with a confirmation when you make your payment.

Candidate Signature: _____

Bursar's Authorization to Collect Test Fee for CVSA

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: _____

Form 11: Payment Form – Psychological Test

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PAYMENT FORM

PSYCHOLOGICAL TEST

Instructions

- Step One - Complete all of the required fields below.
- Step Two - Once you are finished, click on the submit button.
- Step Three - Log in to your email and verify your signature.
- Step Four - Once submitted, call the Bursar's Office to make the payment over the phone.
 - Telephone: (305) 237-9310
 - 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:** _____

Phone Number: _____

Email Address: _____

Payment Type: Psychological Test / Interview (\$290.00)

Missed Test / Interview Fee (\$60.00)

I, _____ understand the following:

- **Appointments must be canceled at least 24 hours prior to the scheduled interview to avoid \$60.00 missed interview fee.**
- Arrive on time for the scheduled test/interview to avoid \$60.00 missed test/interview fee.
- 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 **sixty (60) days** from payment date.
- You will receive a confirmation email when you make your payment.

Candidate Signature: _____

Bursar's Authorization to Collect Test Fee for Psychological Testing

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: _____