

# CRIMINAL JUSTICE INSTITUTE



## LAW ENFORCEMENT ACADEMY INFORMATION PACKET

### C.F. MISSION STATEMENT

Energetic, purposeful, creative, College of Central Florida promotes learning in an open, caring, inclusive environment which encourages individual and community development inspired by shared values of integrity, service, responsibility, and dignity.



COLLEGE OF CENTRAL FLORIDA  
CRIMINAL JUSTICE INSTITUTE  
3001 Southwest College Rd  
Ocala, FL 34474  
(352) 873-5838  
Fax: (352) 873-5862

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THIS IS AN APPLICATION FOR:

BASIC LAW ENFORCEMENT TRAINING WHICH BEGINS:

**SEPTEMBER 5, 2012**

IMPORTANT DATES TO REMEMBER

**Persons interested should apply before AUGUST 10, 2012**

Last day to schedule and receive a review is **AUGUST 15, 2012**

Student notification will be on **AUGUST 16, 2012**

Class orientation will be on **AUGUST 23, 2012**

Class will begin on **WEDNESDAY, SEPTEMBER 5, 2012**

**AN APPLICATION PACKET CAN BE OBTAINED ON-LINE AT  
[WWW.CF.EDU](http://WWW.CF.EDU) AND BY ENTERING "LAW ENFORCEMENT" IN  
THE A-Z SEARCH BOX.**

**PLEASE READ ALL INFORMATION IN THIS PACKET VERY  
CAREFULLY**

ALL QUESTIONS MUST BE ANSWERED. If a question does not pertain to you, indicate so by writing N/A in the space.

THREE SECTIONS MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC. Failure to do so will disqualify your application from consideration.

AN INCOMPLETE APPLICATION WILL NOT BE CONSIDERED.

ONCE YOU HAVE COMPLETED THE PACKET AND HAVE YOUR STUDENT IDENTIFICATION NUMBER, YOU MUST CALL LAW ENFORCEMENT ACADEMY COORDINATOR COLACONE, (352) 873-5838 TO SCHEDULE A PACKET REVIEW.

## APPLICANT CHECK LIST

**Please check your application including all forms to assure that all questions have been completely answered and all forms signed.**

- \_\_\_\_\_ Secure the application packet on line
- \_\_\_\_\_ File for admission to CF – in building #5 and make sure your program code is 7253
- \_\_\_\_\_ Student ID number and sealed college or high school official transcripts
- \_\_\_\_\_ Take and pass the LE-BAT
- \_\_\_\_\_ Take the Physical form **(75B)** to a licensed physician (M. D., D. O. or Nurse Practitioner) and have the forms completed and signed by the physician  
**DO NOT TAKE IT TO A CHIROPRACTOR**
- \_\_\_\_\_ Take and pass the Physical Abilities Course (PAC)

### **COMPLETE THE FOLLOWING FORMS (IN PACKET)**

- \_\_\_\_\_ Initial Application
- \_\_\_\_\_ Affidavit of Applicant
- \_\_\_\_\_ Applicant's Certification
- \_\_\_\_\_ Release and Waiver

### **INCLUDE A COPY OF EACH OF THE FOLLOWING THE TRAINING CENTER WILL NOT MAKE COPIES FOR YOU.**

- \_\_\_\_\_ Birth Certificate
- \_\_\_\_\_ High School Diploma or GED
- \_\_\_\_\_ Valid Florida Driver's License (If out of state, must obtain a Florida license before the start of class)
- \_\_\_\_\_ Social Security Card
- \_\_\_\_\_ Physical form (75B)
- \_\_\_\_\_ Basis Abilities Test Results (F BAT for Law Enforcement)
- \_\_\_\_\_ Physical Abilities Course Results (PAC)
- \_\_\_\_\_ DD 214, if you had prior military service

All copies must be submitted on 8 ½ X 11" paper

We are unable to provide you with copies from your packet. Please retain copies for your future use or request copies from the author prior to submitting your packet.

**COLLEGE OF CENTRAL FLORIDA**

**CRIMINAL JUSTICE INSTITUTE**

**LAW ENFORCEMENT ACADEMY PROGRAM**

**INFORMATION PACKET**

This packet is designed for individuals working toward admission to the Law Enforcement Program at the College of Central Florida (CF). It is designed to provide prospective students with information and complete instructions necessary to apply. Failure to follow the guidelines set forth in the packet could disqualify applicants from consideration for admission.

This packet is for information only and does not constitute a contract. The college reserves the right to change, modify or alter without notice all fees, charges, tuition, expenses and costs of any kind, or any statement, written or verbal, in accordance with unforeseen conditions. The rules, regulations, and policies in this packet are based on present conditions and are subject to change without notice. Further, the college can add or delete without notice any course offerings or information contained in the packet.

## ADMISSION INFORMATION

The faculty and staff of the Criminal Justice Institute at the College of Central Florida welcome your interest in the Criminal Justice Program. This program is designed to prepare the student to be eligible for certification and employment as a Law Enforcement Officer.

The Technical Certificate Program for Criminal Justice is a comprehensive curriculum consisting of theory, skill laboratory, and practical experience. Classes meet Monday through Thursday evenings from 5:30PM to 10:30PM, and some Saturdays. Persons successfully completing this program will be required to take a comprehensive examination including the entire Law Enforcement curriculum.

In this packet you will find the following information:

- Admission criteria
- Estimated cost of the program
- Program Application Questionnaire

## ENROLLMENT DEFINITIONS

Enrollment is defined as an enrollee entering the criminal justice program on his/her own accord. This enrollee will be required to complete the school's application process, achieve a passing score on the accepted testing instruments, be recommended by a physician after a medical examination and review of the attached essential job functions, be interviewed by staff and undergo a background check. The enrollee is responsible for his/her course fees.

Employed is defined as an enrollee employed by a corrections or law enforcement agency. The employing agency will provide documentation that the enrollee complies with FSS 943.13. The enrollee will be required to complete the school's application process, achieve a passing score on the accepted testing instruments, and be interviewed by staff. The enrollee is responsible for his/her course fees unless the agency states in writing that they will be paying the enrollee's course fees.

## ADMISSION CRITERIA

To apply for admission into the Technical Certificate Program, each applicant must:

1. Be at least 19 years of age
2. Be a citizen of the United States
3. Possess a standard high school diploma or GED.
4. Not have been convicted of any felony or of a misdemeanor involving perjury or false statement\*
5. Not have been dishonorably discharged from the military (if applicable)
6. Be of good moral character\*\*
7. Have a completed background check
8. Have passed a physical examination by a licensed physician (M.D. or D.O., or a Physician's Assistant within 6 months of the start of class)
9. Have passed the Law Enforcement Florida Basic Abilities Test (LE-BAT)
10. Have passed the Physical Abilities Course (PAC) within six months of the start of class
11. Be in good academic standing at the College of Central Florida and not have any out-standing financial obligations to the college
12. Complete CF admission process on line at [www.cf.edu](http://www.cf.edu) and declare a major code of 7253 for Law Enforcement. **(Applicants must have student identification number before calling for a packet review).**
13. Submit official, sealed, college and high school transcripts from all schools attended to the Criminal Justice Institute

\*Florida State Statute Chapter 790.23 prohibits the possession of a firearm or ammunition by a person who as a juvenile was found to have committed a delinquent act that would be a felony if committed by an adult until the person is 24 years of age. Therefore, any applicant who meets the criteria would not be eligible to attend a basic recruit academy until they are 24 years of age.

\*\* The perpetration by an individual of any act or acts, whether criminally prosecuted or not, listed in Rule 11B-27.0011(4b) would preclude admission to any Institute Program.

To schedule your LE-BAT test contact the Assessment Center, Bldg "5" at (352) 854-2322, ext. 1395 or 1430 (Results must be less than four years old from the start of the academy, and must be completed prior to submitting application package).

To schedule your PAC test go to ([www.cf.edu](http://www.cf.edu)). Roll your mouse over "Continuing Education" and a drop down box will appear, click on register for classes; click on Physical Abilities Course. Select the session you wish to attend and follow directions. (Results must be less than 6 months from the start of the academy).

In addition the student must submit:

- A completed/signed Criminal Justice Institute Applicant Questionnaire

**NOTE:** All of the above information must be submitted as a package.

## THE LAW ENFORCEMENT RECRUIT TRAINING PROGRAM

The Law Enforcement Recruit Training Program (Academy) is approximately 770 hours in length and is required by the State of Florida for Law Enforcement Certification.

The Law Enforcement Recruit Training Program is part-time usually Monday through Thursday (5:30 p.m. – 10:30 p.m.) and some Saturdays (8:00 a.m. – 5:00 p.m.). The Academies are tentatively scheduled to begin January, May, and September of each year.

### ESTIMATED COST OF CRIMINAL JUSTICE INSTITUTE LAW ENFORCEMENT ACADEMY

C.F. Application fee	\$30.00
Florida Basic Abilities Test fee	45.00
Physical Abilities Course	30.00
Physical Examination	Varies
Tuition/Lab fee for Florida residents	\$ 2800.00
Background check (Non-refundable)	55.00
Uniforms: shirt, pants, shoes, (approx.)	250.00
Ammunition (approx.)	350.00
Ear and eye protection (approx.)	15.00
Law Book/Jury Instructions (approx.)	50.00

**NOTE: Fees are subject to change.**

Some additional costs may be incurred.

Students seeking financial loans should contact the Financial Aid Office, located in Building 5, as soon as possible.

## **APPLICATION PROCESS**

The purpose of the application process is to select the 30 applicants best qualified to become a Law Enforcement Officer. The process was developed by the Criminal Justice Institute at the College of Central Florida and endorsed by the Criminal Justice Advisory Committee.

All applications will be reviewed by the Criminal Justice Institute Staff. Admission to the program will be based on a completed questionnaire and attachments, packet review, background investigation, basic abilities test results, and physical abilities test results and medical documentation.

At this point an applicant may be disqualified for any of the following reasons:

- Insufficient scores on the FBAT or PAC
- Criminal history which will preclude certification by the State of Florida
- Unfavorable background, criminal record or driving history, which will exclude the applicant consideration
- Incomplete or improperly filled out application forms
- Any physical condition, which, without reasonable accommodation, precludes an applicant from becoming a Law Enforcement Officer

Applicants selected to participate in the program will receive a telephone call on the date of notification. They also will be notified by mail of the date, time and location of orientation.

### **DO NOT CONTACT THE TRAINING CENTER PRIOR TO THE NOTIFICATION DATE.**

Everyone will be notified at the address and telephone number listed on his or her initial application. If your address, phone number and/or criminal history changes subsequent to the notification date, you must notify the Criminal Justice Institute in writing of the new address or phone number.

You may either mail or hand-deliver your changes to:

Law Enforcement Academy Coordinator  
Criminal Justice Institute  
College of Central Florida  
3001 Southwest College Road  
Ocala, Florida 34474-4415

**CRIMINAL JUSTICE INSTITUTE  
LAW ENFORCEMENT ACADEMY  
APPLICANT QUESTIONNAIRE**

ATTACH  
COLOR  
PHOTO  
HERE

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**Name (Last):** \_\_\_\_\_ **First:** \_\_\_\_\_ **Middle:** \_\_\_\_\_

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**Social Security No :** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

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**Address:** \_\_\_\_\_

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**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

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**Date of Birth:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_  
MM/DD/YY Home Cell

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**Emergency Contact :** \_\_\_\_\_ **Emergency Contact Number:** \_\_\_\_\_

CRIMINAL JUSTICE INSTITUTE

College of Central Florida

PRE-SERVICE LAW ENFORCEMENT APPLICANT QUESTIONNAIRE

General Instructions: Answer every question. If questions do not apply to you, state with N/A. If space available is insufficient, use a separate sheet and precede each answer with the number in the reference block. Do not miss state or omit facts since the statements herein are subject to verification to determine your qualifications for admittance.

1. Name (Last): \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

2. Aliases: \_\_\_\_\_ 3. Social Security No: \_\_\_\_\_

4. Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

5. Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

6. Date of Birth: \_\_\_\_\_ MM/DD/YY Place of Birth: \_\_\_\_\_ (State or Foreign Country)

7. US Citizen:  Yes  No Naturalized Cert. No.: \_\_\_\_\_ (Date, Place & Court)

8. Please Check Appropriate Box or Complete:

Gender:  Male  Female Marital Status:  Single  Married  Separated  Divorced Eyes:  Blue  Brown  Green  Hazel  Gray  Other \_\_\_\_\_ Hair:  Bald  Brown  Gray  Blonde  Red/Auburn  Other \_\_\_\_\_

Weight in Pounds: \_\_\_\_\_ Height: \_\_\_\_\_ Feet \_\_\_\_\_ Inches

9. Military Status: Have you ever served in the U.S. Armed Forces?  Yes  No If yes please attach a photocopy of discharge or separation papers (DD214)

If Currently in the U.S. Reserve or National Guard or State Guard, please provide the following:

Branch: \_\_\_\_\_ Date of Service: \_\_\_\_\_ Rank: \_\_\_\_\_

**10. Education:**

**A. List all high schools attended:**

Name: \_\_\_\_\_ Location: \_\_\_\_\_

Years Attended: \_\_\_\_\_ to \_\_\_\_\_ Completed:  Yes  No

Name: \_\_\_\_\_ Location: \_\_\_\_\_

Years Attended: \_\_\_\_\_ to \_\_\_\_\_ Completed:  Yes  No

**B. List all colleges or universities attended:**

Name: \_\_\_\_\_ Location: \_\_\_\_\_

Years Attended: \_\_\_\_\_ to \_\_\_\_\_ Completed:  Yes  No

Name: \_\_\_\_\_ Location: \_\_\_\_\_

Years Attended: \_\_\_\_\_ to \_\_\_\_\_ Completed:  Yes  No

**C. Other schools or training (trade, business, or military). Provide for each the name and location of the school, dates attended, subjects, certificates and any other pertinent data.**

Name: \_\_\_\_\_ Location: \_\_\_\_\_

Years Attended: \_\_\_\_\_ to \_\_\_\_\_ | Certificate or Degree awarded  Yes  No

Information: \_\_\_\_\_

Name: \_\_\_\_\_ Location: \_\_\_\_\_

Years Attended: \_\_\_\_\_ to \_\_\_\_\_ | Certificate or Degree awarded  Yes  No

Information: \_\_\_\_\_

**11. Vehicle Operator's License(s):**

**A. Provide the following information concerning any vehicle operator's license(s) you have held or now hold in Florida and in other states.**

State: \_\_\_\_\_ License Number: \_\_\_\_\_ Expiration: \_\_\_\_\_

State: \_\_\_\_\_ License Number: \_\_\_\_\_ Expiration: \_\_\_\_\_

**B. Have you ever been denied issuance of a license, had a license suspended or revoked for any reason?  Yes  No**

If yes, explain fully: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. Is your driving record clear of any citations, or convictions of traffic law violations?  Yes  No**

If yes, explain fully: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**12. Employment:**

List chronologically all employment for the last 10 years, beginning with present employment, including summer and part time employment while attending school. All time must be accounted for. If unemployed for a period, list dates of unemployment.

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Dates of employment or unemployed: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Description of duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact?  Yes  No

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Dates of employment or unemployed: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Description of duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact?  Yes  No

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Dates of employment or unemployed: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Description of duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact?  Yes  No

**13. Residence:**

List all residences for the past 10 years beginning with your present address. Please include all residences while attending school and in the military.

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(Month/Year)		Street Address	Apartment #	City	State	Zip
From	To					

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**14. Background:**

If you answer "YES" to any of the following questions, please explain on a separate sheet of paper.

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Is there anything that would preclude you from performing the essential functions of a law enforcement officer?

Yes       No

Are there any allegations of domestic abuse in your past?

Yes       No

Have you ever been arrested, received a notice to appear, charged, convicted, pled nolo contendere or pled guilty to any criminal violations or ever received a ticket or been charged with a traffic violation (excluding parking tickets) regardless if the record was sealed or expunged?

Yes       No

Have you ever been arrested, charged, convicted, pled nolo contendere or pled guilty to any criminal violation as a juvenile that would be a felony committed by an adult, regardless if the record was sealed or expunged?

Yes       No

Have you ever been fingerprinted for any reason? (Arrest, job application, military, etc.)

Yes       No

Have you resigned, or left a job by mutual agreement following allegations of misconduct or unsatisfactory job performance, or had any disciplinary action taken against you by any of your former employers?

Yes       No

Are you now or have you ever been a member of any foreign or domestic organization, association, movement, group or combination of persons which has adopted, or shows a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the constitution of the United States, or which seeks to alter the form of the government of the United States by unconstitutional means?

Yes       No

Have you recently/currently, used, experimented with, tasted, supplied, possessed, or sold any narcotic or controlled substance such as, but not limited to, marijuana, hashish, cocaine, LSD, amphetamines, heroin, steroid, or any drug of a similar nature.

Yes       No

Have you ever been taken into custody because you posed a threat to yourself or someone else?

Yes       No

Have you ever sustained an injury wherein you filed a Workman's Compensation Claim?

Yes       No

Have you attended any other Criminal Justice Training Center?

Yes       No

**15. Personal References:**

List three character references. List only references who are responsible adults of reputable standing in their communities. Do not include relatives, former or present employers, fellow employees, or school teachers. Your references must be individuals who have known you for the past two years.

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Name: \_\_\_\_\_ Years Acquainted: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

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Name: \_\_\_\_\_ Years Acquainted: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

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Name: \_\_\_\_\_ Years Acquainted: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

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**16. Emergency Information:**

Please provide two names and addresses of your next of kin or other person to be contacted in case of any emergency.

Name: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

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Name: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

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# APPLICANT'S CERTIFICATION

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I understand that my appointment will be contingent upon the results of a complete background investigation. I hereby swear or affirm that there are no omissions, falsifications, misstatements, or misrepresentations of the above statements and answers to questions. I am aware that should investigation disclose such omissions, falsifications, misstatements, or misrepresentations, my questionnaire will be rejected and I will be disqualified, or if after my acceptance, subsequent investigation should disclose omissions, falsifications, misstatements, or misrepresentations, it will be grounds for immediate dismissal. I understand that this questionnaire shall become property of the College of Central Florida and that the information received in response to the background examination is public record.

\_\_\_\_\_  
Applicants signature

\_\_\_\_\_  
Date

*(Notary Seal)*

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Expires

# AFFIDAVIT OF APPLICANT

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Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

(Please read carefully before signing)

I fully understand that, in order to qualify for entrance in the corrections or law enforcement recruit school, I must fully comply with the provisions of Section 943.13, Florida Statutes, as follows:

1. Be at least 19 years of age.
2. Be a citizen of the United States.
3. Be a high school graduate or its equivalent.
4. Not have been convicted of any felony or of a misdemeanor involving perjury or false statement, not have received a dishonorable or undesirable discharge from any of the Armed Forces of the United States. Any person who, after July 1, 19981, pleads guilty or nolo contendere to or is found guilty of a felony or of a misdemeanor involving perjury or a false statement shall not be eligible for employment or appointment as an officer, notwithstanding suspension of sentence or withholding of adjudication. ##
5. Have been fingerprinted by Institute investigator. (Will be completed during packet review)
6. Have passed a physical examination by a licensed physician. (M. D. or D. O.)
7. Be of good moral character\*\*.

## Florida State Statute Chapter 790.23 prohibits the possession of a firearm or ammunition by a person who as a juvenile was found to have committed a delinquent act that would be a felony if committed by an adult until the person is 24 years of age. Therefore, any applicant who meets the criteria would not be eligible to attend a basic recruit academy until they are 24 years of age.

\*\* The perpetration by an individual of any act or acts, whether criminally prosecuted or not, listed in Rule 11B-27.0011(4b) would preclude admission to any Institute program.

I further understand that by executing this document I am attesting that I have met the qualifications as specified. I have read my entrance questionnaire and it is true and correct, and all other information (verbal/written) that I will furnish in conjunction with my questionnaire is true, complete and correct.

NOTICE: This document shall constitute an official statement within the purview of Section 837.06 Florida Statutes, and is subject to verification by the Institute and/or the Criminal Justice Standards and Training Commission. Any intentional omission when submitting questionnaire or false execution of this affidavit shall constitute a misdemeanor of the second degree and disqualify you from entering/continuing the corrections/law enforcement recruit school or constitute reason for your arrest.

\_\_\_\_\_  
Applicants signature

\_\_\_\_\_  
Date

(Notary Seal)

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Expires

# RELEASE AND WAIVER

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To Whom It May Concern:

I hereby authorize any officer or other authorized representative of the College of Central Florida bearing this release, or a copy of it, within one year of its date, to obtain information in your files pertaining to my employment, credit or educational records including, but not limited to, academic, achievement, attendance, athletic, personal history, performance report, background investigations, polygraph examination results, any and all internal affairs investigations and disciplinary records, and credit records.

I also hereby authorize any officer or other authorized representative of the College of Central Florida bearing this release, or a copy of it, within one year of its date, to obtain any medical records or medical information in the files of my current or former employer(s) or any current or former physician(s), or both, which pertain to my employment.

I hereby direct you to release this information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official responsibilities.

Consent is granted for the College of Central Florida to furnish the information described above to their parties in the course of fulfilling its official responsibilities.

I hereby release you, as the custodian of such records, and any school, college, university, or other educational institution, hospital or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment including collectively, from any and all liability for damage of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any questions as to the validity of this release, you may contact me as indicated below.

I understand that I have the right to receive a copy of this authorization and acknowledgment that I have received a copy of it.

\_\_\_\_\_  
Name \_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip

\_\_\_\_\_  
Day Phone \_\_\_\_\_  
Evening Phone

\_\_\_\_\_  
Signature \_\_\_\_\_  
Witness (CJI Staff Member to Witness Signature)

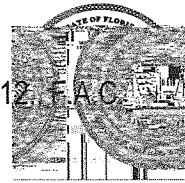
(Signature to be witnessed by CJI Staff Member)



Florida Department of Law Enforcement

PHYSICAL FITNESS ASSESSMENT

Incorporated by Reference in Rule 11B-35.001(11)(c)12, F.A.C.



- 1. Applicant's Name: \_\_\_\_\_  
Last First MI
- 2. Applicant's Address: \_\_\_\_\_
- 3. Enter Last Four Digits of Social Security Number: \_\_\_\_\_

4. Training School: \_\_\_\_\_

5. The Applicant Is Requesting Admission Into a Basic Recruit Training Program for One of the Following Disciplines:

- Law Enforcement
- Correctional
- Correctional Probation

6. Student Participation in Basic Recruit Training Program Activities. 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 orthochlorobenzal-malononitrile (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 schools physical fitness conditioning program: Yes

\*\*\*\*\*TO BE COMPLETED BY THE APPLICANT\*\*\*\*\*

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, grand mal or petite mal (seizures), pernicious anemia (severe reduction in red blood cells), diabetes (any form), pueumomediastinum 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 6, 6A, and 6B above.

9. Student's Printed Name: \_\_\_\_\_

10. Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

11. Prior Exposure to OC or CS. For a student who has had prior chemical agent exposure that includes chemical agent contamination and working through the effects of chemical agent contamination in a training environment, please attach the supporting documentation of prior exposure and check one of the following boxes:

I certify that I have  OR I have not  been exposed to oleo-resin capsicum (OC) and/or orthochlorobenzal-malononitrile (CS) in the manner described in item number 11 above.

\*\*\*\*\*TO BE COMPLETED BY THE EXAMINING PHYSICIAN\*\*\*\*\*

12. Physician Attestment. The above applicant is seeking entry into a law enforcement, correctional, or correctional probation basic recruit training program. Rule 11B-35.001(11)(c)12, F.A.C., requires a complete physical examination at a level of specificity sufficient to determine whether there are any medical or physiological restrictions that would prevent the applicant from performing the required activities described in items 6, 6A, and 6B above. Disabilities, impairment, or limitations identified by the examination that would prevent the applicant from performing the required activities should be reported to the training school indicated in item number 4 above.

I hereby attest that I have examined the above named applicant and find him or her CAPABLE of participating in the basic recruit training program activities indicated in item numbers 6, 6A, and 6B above.

I hereby attest that I have examined the above named applicant and find him or her NOT CAPABLE of participating in the basic recruit training program activities indicated in item numbers 6, 6A, and 6B above.

13. \_\_\_\_\_  
Physician, Certified Advanced Registered Nurse Practitioner, or Physician Assistant's Signature Printed Name Examination Date

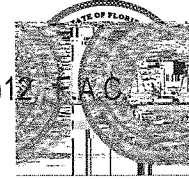
14. \_\_\_\_\_  
Physician, Certified Advanced Registered Nurse Practitioner, or Physician Assistant's License Number Licensing State

15. \_\_\_\_\_  
Physician, Certified Advanced Registered Nurse Practitioner, or Physician Assistant's Professional Address

\*\*\*\*\*TO BE COMPLETED BY THE TRAINING CENTER DIRECTOR OR DESIGNEE\*\*\*\*\*

16. Training Center Director or Designee's Printed Name: \_\_\_\_\_

Training Center Director or Designee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**INSTRUCTIONS FOR COMPLETING FORM CJSTC-75B**

A basic recruit student approved to enter a basic recruit training program (BRTP) shall review and complete form CJSTC-75B to indicate the presence of any medical conditions that may prevent participation in the Physical Fitness Program and Chemical Agent Contamination of the BRTP. A copy of the Physical Fitness Program for law enforcement, correctional, or correctional probation discipline shall be attached to this form for the student to review.

1. **Applicant's Name.** Enter the applicant's last name, first name, and middle initial.
2. **Applicant's Address.** Enter the applicant's current address, city, state, and zip code.
3. **Applicant's Social Security Number.** Enter the last four digits of the applicant's social security number as in this example: 000-00-1234.
4. **Training School Name.** Enter the name of the Commission-certified criminal justice training school where the applicant is enrolled.
5. **Basic Recruit Training Program Discipline.** Place a check mark in one of the box(es) for the law enforcement, correctional, or correctional probation discipline for which the applicant is requesting admission.
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 BRTP. **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 orthochlorobenzal-malonotrile (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-75B prior to the student's examination by a physician, certified advanced registered nurse practitioner, or the physician's 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 orthochlorobenzal-malonotrile (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 BRTP activities indicated in item numbers 6, 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. **Prior Exposure to Chemical Agent Contamination.** The student shall indicate in the appropriate box if he or she has been previously exposed to chemical agent contamination to the chemicals oleo-resin capsicum (OC) and/or orthochlorobenzal-malonotrile (CS), and shall attach supporting documentation of such contamination.
12. **Physician, Certified Advanced Registered Nurse Practitioner, or Physician Assistant's Attestment.** The physician shall check the appropriate box to indicate if the student is capable or not capable of participating in the BRTP activities indicated in item numbers 6, 6A, and 6B of this form.
13. **Physician, Certified Advanced Registered Nurse Practitioner, or Physician Assistant's Signature, Printed Name, and Examination Date.** The physician shall complete this item to verify his or her attestation to item number 12 of this form.
14. **Physician, Certified Advanced Registered Nurse Practitioner, or Physician Assistant's License Number and Licensing State.** The physician shall complete this item to verify his or her valid license number and licensing state.
15. **Physician, Certified Advanced Registered Nurse Practitioner, or Physician Assistant's Professional Address.** The physician shall print his or her complete professional address.
16. **Training Center Director or Designee's Printed Name, Signature and Date.** The training center director or designee who signs this form shall print his or her legal first and last name. The training center director or designee shall sign and date this form.