

# THE COLLEGE OF CENTRAL FLORIDA

## CRIMINAL JUSTICE INSTITUTE



## CORRECTIONS ACADEMY INFORMATION PACKET (OPEN ENROLLMENT CANDIDATE)

### INSTRUCTIONS

The Questionnaire must be typewritten or printed legibly in **BLACK INK ONLY**. All questions must be answered. Questionnaires which are not complete may not be considered. If the space provided is not sufficient for complete answers or if you wish to furnish additional information, attach sheets of the same size as this Questionnaire and number the answers to correspond with the questions.

# **COLLEGE OF CENTRAL FLORIDA**

## **CRIMINAL JUSTICE INSTITUTE**

### **CORRECTIONS ACADEMY PROGRAM**

#### **INFORMATION PACKET**

This packet is designed for individuals working toward admission to the Correctional Officer Basic Recruit Program at the Criminal Justice Institute at the College of Central Florida (CF). It is designed to provide prospective students with information and complete instructions necessary to apply for admission. Failure to follow the guidelines set forth in this 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.

#### **C.F. VISION STATEMENT**

**Energetic, purposeful, creative, The 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.**

#### **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 high school diploma or GED.**
4. **Not have been convicted of any felony or of a misdemeanor involving perjury or a false statement.\*\*\*(See below)**
5. **Not have been dishonorably discharged from the military (if applicable).**
6. **Be of good moral character**
7. **Have a completed background check.(DO NOT INITIATE UNTIL ACCEPTED INTO THE ACADEMY)**
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. **Be in good academic standing at The College of Central Florida and not have any outstanding financial obligations to the college.**
10. **Complete the CF admission process (Building #5) and declare a major code of 7244 for Corrections.**
11. **Submit official, sealed, college and high school transcripts from all schools attended to the CF Admissions Office.**
12. **Take and pass the Florida Basic Abilities Test for Corrections (COBAT).**
  - **To schedule your COBAT test, contact the CF Assessment Center, Building "5" at (352) 854-2322, Ext. 1430/1395. The cost of the exam is \$45.00. (Results must be less than four years old from the start of the academy, and must be completed prior to submitting the application package.**

**In addition, the student MUST submit:**

- **A completed/signed College of Central Florida Criminal Justice Institute Corrections Academy Applicant Questionnaire**
- **Completed CJSTC Form (75B)**

**NOTE: All of the information (except the background check) must be submitted together as a package to the Academy Coordinator.**

**Admission to the program will be based on the following:**

- **Completed questionnaire and attachments**
- **Packet Review**
- **Background check**
- **COBAT Score**

**\*\*\*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. Additionally, Section 790.23 of Florida Statutes 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. This requires applicants to wait until they are 24 to attend the basic recruit training.**

## **ADMISSION INFORMATION**

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

The Technical Certificate Program for Criminal Justice is a comprehensive curriculum consisting of theory, skill laboratory, and practical experience. Classes meet Tuesday through Friday from 6:00 PM to 10:00 PM and Saturdays from 8:00 AM to 5:00 PM (unless otherwise noted). Persons successfully completing this program will be required to take a comprehensive examination including the entire Corrections curriculum.

In this packet, you will find the following information:

- Admission criteria
- Admission information
- Correctional Program Application Questionnaire
- Affidavit of Applicant
- Applicant's Certification
- Release and Waiver
- Applicant Checklist
- CJSTC form 75B

## **ENROLLMENT DEFINITIONS**

**Open enrollment** is defined as an enrollee entering the Criminal Justice Corrections Officer Program on his/her own accord. This enrollee will be required to complete the school's application process, achieve a passing score on the FBAT test for Corrections, be recommended by a physician (MD or DO, or a physician's assistant) after a medical examination and review of the essential job functions within six (6) months of the start of the academy, undergo a background check and attend the new Correctional Officer Orientation. The enrollee is responsible for his/her own 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 COBAT test for Corrections, and attend the new Correctional Officer Orientation. 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.

### **----AFFIDAVIT OF APPLICANT----**

Name \_\_\_\_\_ SS# \_\_\_\_\_

(Please read carefully before signing)

I fully understand that, in order to qualify for entrance into Corrections 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. Possess a high school diploma or GED.
4. Not have been convicted of any felony or of a misdemeanor involving perjury or false statement. Any person who, after July 1, 1981, 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. Not have been dishonorably discharged from any of the Armed Forces of the United States (if applicable).
6. 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 the class.
7. Be of good moral character.\*\*

\*\*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 this questionnaire or false execution of this affidavit shall constitute a misdemeanor of the second degree and disqualify you from entering/continuing the Corrections Recruit School or constitute reason for your arrest.

Signature of Applicant	Date
------------------------	------

Witness, my hand and official seal, this \_\_\_\_ day of \_\_\_\_\_ A.D. 20 \_\_\_\_

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

\_\_\_\_\_  
My commission expires

## APPLICANT CHECKLIST

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

If any of the below listed documents apply to you, please be sure to submit copies of these documents. They must be submitted on 8 ½” X 11” paper.

**WE ARE UNABLE TO PROVIDE YOU WITH COPIES OF LETTERS, PHYSICALS, OR ANY OTHER DOCUMENTATION FROM YOUR FILE. PLEASE RETAIN COPIES FOR YOUR FUTURE USE OR REQUEST COPIES FROM THE AUTHOR PRIOR TO TURNING ANYTHING IN TO THE CRIMINAL JUSTICE INSTITUTE.**

The below listed items **MUST** be attached to your application:

- \_\_\_\_\_ 1. Copy of high school diploma or equivalent.
- \_\_\_\_\_ 2. Verification of registration with CF as a student. \*Student ID# cannot be issued until “sealed” high school transcripts have been received by the college.
- \_\_\_\_\_ 3. Current photograph (Passport size color headshot only)
- \_\_\_\_\_ 4. Copy of your COBAT test scores (Corrections version).  
(Must be within four years of the beginning of the Academy)
- \_\_\_\_\_ 5. Copy of birth certificate.
- \_\_\_\_\_ 6. Completed FDLE Physician’s (MD or DO) Assessment form. (Must be within six months of the start of the academy) CJSTC 75B
- \_\_\_\_\_ 7. Copy of social security card
- \_\_\_\_\_ 8. Copy of valid driver’s license.
- \_\_\_\_\_ 9. Copy of DD214/military discharge if applicable.

**PLEASE DO NOT SUBMIT ORIGINAL DOCUMENTS**

**--FORMS INCLUDED WITH THE QUESTIONNAIRE--**

- \_\_\_\_\_ 1. Applicant’s certification (Must be Notarized)
- \_\_\_\_\_ 2. Affidavit of applicant (Must be Notarized)
- \_\_\_\_\_ 3. Release and waiver (**Do not sign unless witnessed by Institute Staff Member**)

**----APPLICANT’S CERTIFICATION----**

**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 preceding 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 the property of The College of Central Florida and that the information received in response to the background examination is public record.**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

**Witness, my hand and official seal, this \_\_\_\_\_ day of \_\_\_\_\_ A.D. 20 \_\_\_\_\_**

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

\_\_\_\_\_  
**My Commission expires**

**CRIMINAL JUSTICE INSTITUTE  
COLLEGE OF CENTRAL FLORIDA**

# CORRECTIONS APPLICANT QUESTIONNAIRE

**Instructions:** Please complete all portions fully and accurately. You may use additional sheets of 8 ½" X 11" paper to complete your response. All answers may be verified by the background investigation.

**FULL NAME:**

---

Last	First	Middle	Date of Birth
------	-------	--------	---------------

---

Address	City	State	Zip Code
---------	------	-------	----------

---

Social Security Number	Daytime Phone	Evening Phone
------------------------	---------------	---------------

---

Agency	Job Title	Cell Phone
--------	-----------	------------

---

E-Mail Address

**POSITION APPLYING FOR:**

■ **Corrections Officer**



## ----PERSONAL HISTORY----

1. List all other names you have used including circumstances and time periods you used them. (For example: maiden name, former name(s), alias(es), or nickname(s).)

---

Name	Circumstance
------	--------------

2. Place of Birth:

---

City	County	State	Country
------	--------	-------	---------

## ----EDUCATION/TRAINING----

HIGH SCHOOL	MAJOR	HOURS	DIPLOMA/DEGREE
-------------	-------	-------	----------------

\_\_\_\_\_  
\_\_\_\_\_

COLLEGE(S)

\_\_\_\_\_  
\_\_\_\_\_

BUSINESS, TRADE, VOCATIONAL, OR OTHER

\_\_\_\_\_  
\_\_\_\_\_

----PRELIMINARY BACKGROUND QUESTIONNAIRE----

1. Have you ever served on active duty in the Armed Forces of the United States?

Yes  No

Date and type of Discharge: \_\_\_\_\_

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

2. Have you ever been arrested, received a notice to appear, charged, convicted, pled nolo contendere or pled guilty to any criminal violation 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

3. 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

4. Can you perform the essential function of the position for which you applied, with or without reasonable accommodations? If no, please explain on a separate sheet of paper.

Yes  No

----EMERGENCY INFORMATION----

1. Please provide the name and address of your next of kin or other person to be contacted in case of an emergency.

Name \_\_\_\_\_ Relation \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Pager \_\_\_\_\_

I hereby certify that the facts set forth in this questionnaire are true and complete to the best of my knowledge. I realize that falsification or misrepresentation on this document may result in my termination from the Corrections Recruit School.

---

Applicant's Name (Print)

Applicant's Signature

Date

---RELEASE AND WAIVER

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 acknowledgement that I have received a copy of it.

FULL NAME \_\_\_\_\_ SS# \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DAY PHONE \_\_\_\_\_ NIGHT PHONE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

WITNESS \_\_\_\_\_

**\*\* (Signature must be witnessed by a CJI Staff Member)**

## THE CORRECTIONAL OFFICER RECRUIT TRAINING PROGRAM

**The Correctional Officer Recruit Training Program (Academy) is approximately 552 hours in length and consists of twelve (12) courses required by the State of Florida for Correctional Officer Certification.**

**ESTIMATED COST OF THE CRIMINAL JUSTICE INSTITUTE'S  
CORRECTIONS ACADEMY**

<b>CF Application fee</b>	<b>\$20.00</b>
<b>Florida Basic Abilities Test (COBAT) fee</b>	<b>\$45.00</b>
<b>Physical Examination</b>	<b>Varies</b>
<b>Syllabus</b>	<b>\$96.00</b>
<b>Tuition/Lab fees for Florida residents (Approximate)</b>	<b>\$1,995.00</b>
<b>Background check</b>	<b>\$55.00</b>
<b>Uniforms: shirt, pants, shoes (approximate)</b>	<b>\$200.00</b>
<b>Ammunition (approximate)</b>	<b>\$300.00</b>
<b>Ear and eye protection (approximate)</b>	<b>\$15.00</b>

**NOTE: All fees are subject to change**

**Some additional costs may be incurred.**

**Students seeking financial loans or scholarships should contact the Public Service Divisions Student Advisor Mike Shuler as soon as possible at (352) 854-2322 Ext. 1516.**

1. Applicant's Name: \_\_\_\_\_



Florida Department of Law Enforcement

PHYSICAL FITNESS ASSESSMENT

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



CJSTC 75B

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

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

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 (B RTP) 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 B RTP. 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 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 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 B RTP 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 B RTP 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 attestment 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.