



Florida State College
at Jacksonville

NORTHEAST FLORIDA CRIMINAL JUSTICE CENTER

Crossover from Corrections to Law Enforcement Phase One
Application Packet



R.W. "Buster" French
Director of Law Enforcement Training

"BUILDING TRUST THROUGH SERVICE."

To submit completed packet, request Phase Two information, or make general inquiries about the application process, please contact law.enforcement@fscj.edu for form drop off hours, scheduling, and next steps.

Academy Admission Disqualifiers

There are several areas concerning an applicant's background that will preclude their admission to the Florida Law Enforcement Academy programs. Please read and understand these disqualifying factors. If you are not qualified for entry to the program, your application will not be considered.

GENERAL DISQUALIFYING FACTORS

It is the Academy policy to disqualify a potential applicant from admission or processing for admission for failure to successfully complete the items listed below. These items are covered in depth in application requirements and forms.

- Failure to pass the oral board interview process
- Failure to timely submit all required applicant documentation
- Failure to pass drug-screening test
- Failure to meet appropriate criminal history checks standards
- Failure to meet Florida State College academic admissions and prescreening testing criteria
- Submission of any false documents or statements

DRIVING HISTORY DISQUALIFYING FACTORS

Any conviction for any driving felony, or conviction for any of the following activities during a 5-year period prior to the class beginning date:

- DUI/DWI, license suspended for points
- willful/wanton reckless driving
- fleeing and attempting to elude
- leaving scene of an accident
- license suspended for financial responsibility from an at fault accident
- five hazardous moving violations
- two hazardous moving violations resulting in accidents.

NARCOTICS ABUSE DISQUALIFYING FACTORS

Any activity, arrest or conviction after the age of 18 (or after being adjudicated as an adult for Criminal Prosecution purposes regardless of age of adjudication) for the following violations:

- sales of illegal drugs/substances
- acting as middle-person in a drug deal
- drug trafficking
- failure to maintain a completely drug free history for two years prior to application
- continuous use of habit-forming prescriptions/controlled substances for more than five years
- possession of drug paraphernalia in past year
- use of hallucinogenic drugs in past five years
- abuse/misuse/use of class I, II, III, IV, V drugs in past five years
- use of non-prescription steroids in past five years
- use of marijuana in past two years

Violations occurring prior to the age of 18 will be evaluated on a case by case basis.

(See Florida Department of Law Enforcement (FDLE) web page for links to Florida Statues for a detailed explanation of drug class categories.)

FIREARMS DISQUALIFYING FACTORS

Federal law prohibits certain from carrying a firearm (**18 U.S.C. § 922**). Accordingly, any potential applicant fitting this category is disqualified from admission to or processing for admission to the academy.

Below is a listing of potential disqualifiers, as stated in **18 U.S.C. § 922(g) (1-9)**

(g) It shall be unlawful for any person—

(1) who has been convicted in any court of, a crime punishable by imprisonment for a term exceeding one year;

(2) who is a fugitive from justice;

(3) who is an unlawful user of or addicted to any controlled substance (as defined in section 102 of the Controlled Substances Act ([21 U.S.C. 802](#)));

(4) who has been adjudicated as a mental defective or who has been committed to a mental institution;

(5) who, being an alien--

(A) is illegally or unlawfully in the United States; or

(B) except as provided in subsection (y)(2), has been admitted to the United States under a nonimmigrant visa (as that term is defined in section 101(a)(26) of the Immigration and Nationality Act ([8 U.S.C. 1101\(a\)\(26\)](#)));

(6) who has been discharged from the Armed Forces under dishonorable conditions;

(7) who, having been a citizen of the United States, has renounced his citizenship;

(8) who is subject to a court order that--

(A) was issued after a hearing of which such person received actual notice, and at which such person had an opportunity to participate;

(B) restrains such person from harassing, stalking, or threatening an intimate partner of such person or child of such intimate partner or person, or engaging in other conduct that would place an intimate partner in reasonable fear of bodily injury to the partner or child; and

(C)(i) includes a finding that such person represents a credible threat to the physical safety of such intimate partner or child; or

(ii) by its terms explicitly prohibits the use, attempted use, or threatened use of physical force against such intimate partner or child that would reasonably be expected to cause bodily injury; or

(9) who has been convicted in any court of a misdemeanor crime of domestic violence,

—to ship or transport in interstate or foreign commerce, or possess in or affecting commerce, any firearm or ammunition; or to receive any firearm or ammunition which has been shipped or transported in interstate or foreign commerce.

PREADMISSION DETERMINATION

Applicants whose personal history situation do not exactly meet or that borders on meeting the above disqualifying factors, who believe that there are significant and/or overwhelming circumstances which would justify their favorable consideration for admission to the Academy, may formally request in writing, a preadmission determination evaluation for consideration prior to admission.

The applicant must submit a detailed typed letter with all supporting documentation addressed to the Director of Law Enforcement Training requesting a preadmission determination.

The applicant may attend orientations and complete the physical agility test prior to submitting such a

preadmission determination request, however all other application procedures will be placed on hold pending a final decision.

Telephone or personal inquiries for preadmission determinations will not be considered. Applicants and/or third parties making telephonic or personal inquiries will be directed to this policy statement.

The applicant's preadmission determination letter should provide a written statement of all details concerning the history and situation. Additionally,

- The letter must clearly state why the applicant requests consideration and how their situation fails to meet the above exclusion standards.
- The request for preadmission determinations must also include photocopies of all arrest, disposition, court documents and any other records concerning the situation to be evaluated. Including front and back pages of charge sheets and other law enforcement records, as applicable.

Failure to submit supporting documentation with the preadmission determination letter will result in the discontinuance of the application process.

If during any step in the application process, it is discovered that an applicant's personal history background is such that they should have reasonably known that they should have submitted a request for a preadmission determination, that applicant will be denied Academy admission without further notice or explanation.

Application Forms

The Crossover packet contains assorted forms necessary for preliminary consideration in the program. Complete the enclosed forms and return them to the Academy as soon as possible. The forms will be reviewed and when sufficient applicants have met the requirements a class will be scheduled.

Basic Law Enforcement Applicant Tracking/Contact Sheet

Complete the Applicant Contact Sheet and place it on the top of your application packet. If you move at any time during the application process or Academy program, email us at

Law.Enforcement@fscj.edu.

Verification of age

Applicants must be 18 years of age

(FDLE Regulations require individuals to be 19 years of age taking the State Certification Exam).

Verification of age may be accomplished by providing a copy of birth certificate or suitable "official" document.

Citizen of the United States

Applicants must be United States Citizens. Naturalized Citizens must provide proof of Naturalization

High school transcripts or equivalent

High school transcripts – 1 SEALED copy required

High School Diplomas are not considered acceptable proof of graduation.

A copy of a Florida GED certificate & individual test scores are acceptable proof.

Out-of-state GED, reviewed on a case by case basis

Affidavit of Criminal/Military History

Complete the affidavit form in the presence of a Notary Public, after the Notary has placed their seal on the form, include it in the packet. Banks and Credit Unions provide Notary Services.

Applicant Waiver Agreement & Statement

Complete this waiver form (below) and return in packet.

Driver's license

A photocopy of your current valid state driver's license must be turned in with your packet. Please enlarge the print size to double the normal license size when making this copy.

Social Security Card

A photocopy of your social security card must be turned in with your packet. Please enlarge the print size to double the normal license size when making this copy.

Proof of Health/Accident Insurance

Proof that you possess current health/accident insurance must be provided in the event you are injured during the training course.

Health/Accident Insurance must remain valid for the duration of the class.

Active duty military personnel may provide a copy of your military ID card as proof of insurance.

CJBAT Examination (Law Enforcement Version)

The cost of this exam is \$70.00. Submit your test results with your Crossover paperwork. To schedule test visit

www.fscj.edu/assessment

(On the website, click on blue box that says "make a testing appointment")

Military DD Form 214

A photocopy of your DD-214 if you have been in the military.

Authority for Release of Information

Complete the CJSTC Form 58, Authority for release of information. This document must be notarized.

Medical Examination Forms

Take the Medical Examination Form (CJSTC Form 75) to your physician or medical clinic and have the physical examination completed. The results of the physical MUST be reported on these forms. Physicals not reported on these forms will not be accepted. Ensure that the examining physician completes the form correctly and includes his/her address and license number with his/her signature.

Verification of Employment Letter

The Verification of Employment letter must be on your employment agency's letter head and signed by your supervisor. The letter MUST contain a statement certifying that you have fingerprints on file with your agency.

Corrections Officers Certificate or FDLE Profile

Submit a copy of your Corrections Certificate or FDLE Profile

Driving Record

A copy of your driving history for the past 5 years. Please enlarge the print size to double the normal license size when making this copy.

FSCJ Student Vocational Application

Complete college vocational application at fscj.edu. Make sure to select Workforce Certificate Florida Law Enforcement Academy.

If you need additional assistance with applying, please see the embedded application guide here, or email law.enforcement@fscj.edu and request a copy of the application guide:



Application Guide

Start financial aid and/or veteran assistance if applicable.

Information pertaining to Financial Aid can be located at <https://www.fscj.edu/admissions-aid/financial-aid/applying-for-aid>. You can also visit the Student Success area at any college campus to get assistance. FSCJ's school code is: 001484. Questions regarding Financial Aid may be directed to (904) 646-2300 or financialaid@fscj.edu.

Information pertaining to Veteran Assistance can be located at <http://www.fscj.edu/military-veterans/veterans-benefits>. You can also visit the Military and Veterans Service Center at FSCJ Downtown Campus, 940 North Main Street, Jacksonville, FL to get assistance.

The required forms begin on the next page, please print clearly when completing these forms.



NORTHEAST FLORIDA CRIMINAL JUSTICE CENTER

FLORIDA STATE COLLEGE AT JACKSONVILLE

APPLICANT PROCESSING CHECKLIST

Checklist

- Applicant Contact Sheet
- Verification of Age (Birth Certificate)
- High School Transcripts or Equivalent (Must be Official)
- Affidavit of Criminal/Military History (Must be notarized)
- Applicant Waiver Agreement & Statement
- Driver's License
- Driving History
- Social Security Card
- Proof of Health & Accident Insurance
- CJBAT Test Result (Must not be older than 4 years at start of class)
- DD-214 (Discharged/Retired Military)
- CJSTC Form 58 (Must be notarized)
- CJSTC Form 75
- Verification of Employment Letter (Letter MUST be from Human Resources and include that you have fingerprints on file with the agency.)
- Corrections Officer Certificate or FDLE Profile (We do not have access to agency personnel files. You must obtain copies of documentation and bring them to us.)



NORTHEAST FLORIDA CRIMINAL JUSTICE CENTER

FLORIDA STATE COLLEGE AT JACKSONVILLE

APPLICANT CONTACT SHEET

Date: _____

I am interested in the following program:

Day BLE Night BLE Crossover Corrections

Full Name: _____

Social Security Number: _____

Date of Birth: _____

Race: _____

Sex: _____

Complete Mailing Address: _____

Email Address: _____

Cell Phone: _____

Home Phone: _____

Work Phone: _____

Emergency Contact Information

Name: _____

Cellphone: _____

Other: _____

*In compliance with Florida Statute 119.071(5), Florida State College at Jacksonville issues this notification regarding the purpose of the collection and use of Social Security numbers. Florida State College will collect your Social Security Number (SSN) for record identification, state and federal reporting. Providing your SSN on this application means that you consent to the use of your number in the manner described. If you choose not to provide your SSN, you will be provided an alternate identification number. All Social Security Numbers are protected by Federal regulations and are not to be released to unauthorized parties. Read more about the collection and use of social security numbers (<http://www.fscj.edu/ssn>). Florida State College at Jacksonville is a member of the Florida College System and is not affiliated with any other public or private university or college in Florida or elsewhere. Florida State College at Jacksonville does not discriminate against any person on the basis of race, disability, color, ethnicity, national origin, religion, gender, age, sex, sexual orientation/expression, marital status, veteran status, pregnancy or genetic information in its programs, activities and employment. For more information, visit the Office of Civil Rights Compliance page.



NORTHEAST FLORIDA CRIMINAL JUSTICE CENTER

FLORIDA STATE COLLEGE AT JACKSONVILLE

AFFIDAVIT OF CRIMINAL AND MILITARY HISTORY

I understand to be accepted into the Criminal Justice Center Academy program I must meet the minimum standards required of a police/corrections officer in the State of Florida. As part of this requirement, I certify that I have not been convicted of any Felony or Misdemeanor involving perjury or false statement or have been dishonorably or undesirably discharged from any branch of the Armed Forces of the United States.

In the State of Florida, County of _____ before me personally
Appeared _____ who being duly sworn deposes and
Says I hereby certify that to the best of my knowledge and belief I meet the
Requirements outlined above.

Applicant Signature: _____ Date Signed: _____

Sworn to subscribed before me this _____ day of _____ AD. _____

Notary Public, State of Florida

My commission expires: _____

(Any person who after July 1, 1981 pleads guilty or nolo-contendere (no contest) to or is found guilty of a Felony or Misdemeanor involving perjury or false statement shall not be eligible notwithstanding suspension of sentence or withholding of adjudication.)

Florida State College at Jacksonville is a member of the Florida College System and is not affiliated with any other public or private university or college in Florida or elsewhere.

Florida State College at Jacksonville does not discriminate against any person on the basis of race, disability, color, ethnicity, national origin, religion, gender, age, sex, sexual orientation/expression, marital status, veteran status, pregnancy or genetic information in its programs, activities and employment. For more information, visit the Office of Civil Rights Compliance page.

APPLICANT WAIVER AGREEMENT AND STATEMENT

For Criminal History Record Checks

This form shall be completed and signed by every applicant for non-criminal justice purposes.

I hereby authorize **Florida State College at Jacksonville** to submit a set of my fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me. I understand that I would be able to receive any national criminal history record that may pertain to me directly from the Federal Bureau of Investigation (FBI). Pursuant to Title 28, Code of Federal Regulations (CFR), Sections 16.30-16.34 and that I could then freely disclose any such information to whomever I chose.

I understand that, my fingerprints may be retained at FDLE and the FBI for the purpose of providing any subsequent arrest notifications, upon request you may provide me a copy of the criminal history record report if any, you receive on me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I am aware that procedures for obtaining a change, correction, or updating of the FDLE or FBI criminal history are set forth in F.S. 943.056 and Title 28, CFR, Section 16.34.

Signature: _____ Date: _____

Printed Name: _____ Date of Birth: _____

Address: _____

ORIGINAL—MUST BE RETAINED BY NON-CRIMINAL JUSTICE AGENCY



Florida Department of
Law Enforcement

**AUTHORITY FOR RELEASE
OF INFORMATION
(Background Investigation Waiver)**
Incorporated by Reference in Rule 11B-27.0022, F.A.C



CJSTC

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To: Concerned Person or Authorized APPLICANT'S NAME: _____

Representative of Any Organization,

Institution or Repository of Records DATE OF BIRTH: _____

LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: _____

AGENCY REQUESTING BACKGROUND INFORMATION: _____

ADDRESS: _____

Having made application for certification or employment as a law enforcement, correctional, or correctional probation officer within the state of Florida, I hereby authorize for one year, from the date of execution hereof, any authorized representative of a Florida criminal justice agency or a Regional Criminal Justice Selection Center bearing this release to obtain any information pertaining to my employment, credit history, education, residence, academic achievement, personal information, work performance, background investigations, polygraph examinations, any and all internal affairs investigations or disciplinary records, including any files that are deemed to be confidential and/or sealed.

I also authorize release of any criminal justice records of arrests, citations, detentions, probation and parole records, or any police reports or other police records in which I may be named for any reason, including any files that are deemed to be juvenile and confidential. I hereby direct you to release this information upon the request of the bearer, whether in person or by correspondence. I further authorize the bearer to make copies of these records.

This release is executed with the full knowledge and understanding that these records and information are for the official use of a Florida criminal justice agency or Regional Criminal Justice Selection Center in fulfilling official responsibilities, which may include sharing the records or information with other criminal justice agencies, Regional Criminal Justice Selection Centers or the State of Florida or release to third parties as may be required by Florida public records laws. I hereby release you, as the custodian of such records, and employer, educational institution, physician, hospital or other repository of medical records, credit bureau or consumer reporting agency, including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages 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. A copy of this form will be as effective as the original.

I hereby authorize the National Records Center, St. Louis, Missouri, or other custodian of my military record to release information or copies from my military personnel and related medical records, including a copy of my DD 214, Report of Separation, or other official documents from the United States Military denoting discharge status or current active military status to:

Section 768.095, F.S., titled Employer Immunity from Liability; disclosure of information regarding former or current employees states: An employer who discloses information about a former or current employee to a prospective employer of the former or current employee upon request of the prospective employer or of the former or current employee, is immune from civil liability for such disclosure of its consequences, unless it is shown by clear and convincing evidence that the information disclosed by the former or current employer was knowingly false or violated any civil right of the former or current employee protected under chapter 760, Florida Statutes. *Pursuant to Sections 943.134(2)(a) and (4), F.S., Chapter 2001-94, Laws of Florida, disclosure of information is required unless contrary to state or federal law. Civil penalties may be available for refusal to disclose non-privileged legally obtainable information.*

Applicant's Signature _____

Date _____

Applicant's Address _____

OATH

Pursuant to Section 117.05(13)(a), Florida Statutes

STATE OF _____ COUNTY OF _____

Sworn to (or affirmed) and subscribed before me by means of Physical Presence OR Online Notarization this _____

day of _____, year _____, By _____

Signature of Notary Public – State of Florida

Print, Type, or Stamp Commissioned name of Notary Public

Personally Known OR Produced Identification

Type of Identification Produced _____

PHYSICIAN'S ASSESSMENT

 Incorporated by Reference in Rules
11B-27.002(1)(d) and 11B-35.001(11)(c)14., F.A.C

CJSTC
75

| | | | |
|--|---------------------------------------|---|------------------|
| 1. 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 <input type="checkbox"/> | Correctional <input type="checkbox"/> | Correctional Probation <input type="checkbox"/> | |
| 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 <input type="checkbox"/> No <input type="checkbox"/> | | | |
| *****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 <input type="checkbox"/> or do not <input type="checkbox"/> 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: | | | |
| <input type="checkbox"/> 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. | | | |
| <input type="checkbox"/> 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 <input type="checkbox"/> or did not <input type="checkbox"/> reveal evidence of tuberculosis. | | | |
| 13b. Did <input type="checkbox"/> or did not <input type="checkbox"/> reveal evidence of heart disease. | | | |
| 13c. Did <input type="checkbox"/> or did not <input type="checkbox"/> reveal evidence of hypertension. | | | |
| 14. Physician, Certified Advanced Registered Nurse Practitioner, or Physician Assistant's Signature | | Printed Name | Examination Date |
| 15. Physician, Certified Advanced Registered Nurse Practitioner, or Physician Assistant's License Number | | Licensing State | |
| 16. 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 orthochlorobenzalmalononitrile (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 orthochlorobenzalmalononitrile (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 BRTP 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.