

# **NORTHEAST FLORIDA CRIMINAL JUSTICE CENTER**

## **Basic Law Enforcement Phase One Application Packet**



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

**To submit completed packet and request Phase Two  
information, contact [Law.Enforcement@fscj.edu](mailto:Law.Enforcement@fscj.edu)**

**“BUILDING TRUST THROUGH SERVICE”**

# **FSCJ**

**Florida State College  
at Jacksonville**

## **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 Statutes for a detailed explanation of drug class categories.)

### **DOMESTIC VIOLENCE DISQUALIFYING FACTORS**

Federal law prohibits persons convicted of any domestic violence violations (**18 U.S.C. 922 (g) (9)**) from carrying a firearm. Accordingly, any potential applicant fitting this category is disqualified from admission to or processing for admission to the academy.

Anyone arrested or charged but not convicted, of a domestic violence violation where the charges have been:

- dismissed for cause,
- or persons having been served with an active injunction for protection, which prohibits the applicant from carrying a firearm,

### **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.

### **Initial Application Forms**

Initial 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 Physical Fitness Evaluation will be scheduled. You will be notified of the date and time of the Physical Fitness Evaluation.

### **Applicant Tracking Contact Sheet**

Complete the Applicant Contact Sheet (below) 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](mailto:Law.Enforcement@fscj.edu).

### **Verification of age**

Applicants must be 19 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 this affidavit form (below) 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

### **FERPA Consent Form**

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.

### **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 (below). This document must be notarized.

### **Medical Examination Forms**

Take the Medical Examination Form (CJSTC Form 75) (below) 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.

### **CJBAT Examination (Law Enforcement Version)**

The Criminal Justice Basic Ability Test (CJBAT) program is a Florida Department of Law Enforcement entrance examination for Law Enforcement and Corrections Officer. The CJBAT is administered only in the State of Florida. Applicants, training schools and criminal justice agencies may access examination pass/fail results on the Florida Department of Law Enforcement website.

The cost of this exam is \$39.00. To schedule exam go to [www.https://home.pearsonvue.com/fdle](https://home.pearsonvue.com/fdle)

Submit your test results with your Phase One paperwork.

**It is the student's responsibility to ensure you are taking the CORRECT test for the class you want. CJBAT for Basic Law Enforcement or COBAT for Corrections. COBAT scores will not be accepted for BLE, and CJBAT scores will not be accepted for Corrections. The Student will need to retake the correct test and will be responsible for the additional testing fee.**

## **Recruit Ride Along Form**

Recruits are to complete a minimum of two civilian observer rides with the police. It is recommend you vary your rides between zones, hours of the day and agencies. The Recruit Ride Along Form (below) will be collected at the end of phase three. Begin your rides now.

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

## **FSCJ Student Vocational Application**

Complete college vocational application at [fscj.edu](http://fscj.edu). Make sure to select Workforce Certificate-Florida Law Enforcement Academy.

**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](mailto: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.



NORTHEAST FLORIDA CRIMINAL JUSTICE CENTER  
FLORIDA STATE COLLEGE AT JACKSONVILLE

APPLICANT PROCESSING CHECKLIST

Applicant Contact Sheet

Verification of Age (Birth Certificate)

Proof of Citizenship (Birth Certificate, Naturalization)

High School Transcripts or Equivalent (Must be sealed)

Affidavit of Criminal/Military History (Must be notarized)

Applicant Waiver Agreement & Statement

FERPA Consent Form

Driver's License (Enlarged copy)

Social Security Card (Enlarged copy)

Proof of Health & Accident Insurance (Military-ID Card Covers)

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 (Must use these forms for Physical Forms)

Contact VA (Regarding VA benefits): [vets@fscj.edu](mailto:vets@fscj.edu) or (904) 357-8890

Financial Aid application at [fafsa.ed.gov](http://fafsa.ed.gov)

Declaration of Residency

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, color, ethnicity, genetic information, national origin, religion, gender, marital status, disability, or age in its programs or activities. Inquiries regarding the non-discrimination policies may be directed to the College's Equity Officer, 501 West State Street, Jacksonville, Florida 32202 | (904) 632-3221 | [equityofficer@fscj.edu](mailto:equityofficer@fscj.edu)



NORTHEAST FLORIDA CRIMINAL JUSTICE CENTER  
FLORIDA STATE COLLEGE AT JACKSONVILLE

APPLICANT CONTACT SHEET

Please Print Neatly

TODAY'S DATE: \_\_\_\_\_

I am interested in the following program:

BLE Day Class       BLE Night Class       Crossover       Corrections

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Last 4 SSN \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Complete Mailing Address: \_\_\_\_\_

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

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

Telephone Numbers:

Cell: \_\_\_\_\_ Home: \_\_\_\_\_

Work: \_\_\_\_\_ Other: \_\_\_\_\_

Best time of day to contact: \_\_\_\_\_ Best number to contact: \_\_\_\_\_

Emergency Contact Information:

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

Telephone Numbers:

Cell: \_\_\_\_\_ 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, color, ethnicity, genetic information, national origin, religion, gender, marital status, disability, or age in its programs or activities. Inquiries regarding the non-discrimination policies may be directed to the College's Equity Officer, 501 West State Street, Jacksonville, Florida 32202 | (904) 632-3221 | [equityofficer@fscj.edu](mailto:equityofficer@fscj.edu).





NORTHEAST FLORIDA CRIMINAL JUSTICE CENTER  
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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, color, ethnicity, genetic information, national origin, religion, gender, marital status, disability, or age in its programs or activities. Inquiries regarding the non-discrimination policies may be directed to the College's Equity Officer, 501 West State Street, Jacksonville, Florida 32202 | (904) 632-3221 | equityofficer@fscj.edu.

# 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 (*enter Name of Non-Criminal Justice Agency*) **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.

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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**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(a), F.A.C.



CJSTC 58

To: Concerned Person or Authorized Representative of Any Organization, Institution or Repository of Records
APPLICANT'S NAME:
DATE OF BIRTH:
LAST FOUR DIGITS OF SOCIAL SECURITYNUMBER:

AGENCY REQUESTING BACKGROUND INFORMATION: Florida State College at Jacksonville

ADDRESS: 4715 Capper Road, Jacksonville, FL 32218

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 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



Florida Department of Law Enforcement

PHYSICIAN'S ASSESSMENT

Incorporated by Reference in Rules 11B-27.002(1)(d) and 11B-35.001(10)(d)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: FSCJ-Northeast Criminal Justice Center

- 5. The Applicant Is Requesting Employment and/or Admission Into a Basic Recruit Training Program in One of the Following Disciplines:
Law Enforcement [X] Correctional [ ] Correctional Probation [ ]

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

- 6. Student Participation in Basic Recruit Training Program. A student enrolled in a basic recruit training program (B RTP) is required to participate in the following activities:
A. Defensive tactics and firearms high-liability training...
B. Physical Fitness Conditioning and Physical Fitness Testing...
C. The training center director has attached the training school's physical fitness conditioning program: Yes [ ] No [ ]

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

- 7. Medical Conditions Regarding OC/CS Contamination. A B RTP student should be aware of the following personal considerations...
8. B RTP Student Certification. I certify that I have reviewed the above information and I do [ ] or do not [ ] have any medical restrictions...

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.

- 12. Physician's Attestation:
[ ] I hereby attest that I have examined the above named applicant and find him/her CAPABLE of participating in basic recruit training and/or performing the essential functions of the law enforcement, correctional, or correctional probation officer job for which the applicant is seeking employment and/or training reflected in number 3 and/or 4 above.
[ ] I hereby attest that I have examined the above named applicant and find him/her NOT CAPABLE of participating in basic recruit training and/or performing the essential functions of the law enforcement, correctional, or correctional probation officer job for which the applicant is seeking employment and/or training reflected in number 3 and/or 4 above.

13. Pre-existing Conditions: Sections 112.18 and 943.13, F.S., require agency knowledge of the following three pre-existing conditions. However, these outcomes do not statutorily disqualify the applicant from employment.

Please respond to the following "in my professional opinion, this examination":

- 13a. Did [ ] or did not [ ] reveal evidence of tuberculosis.
13b. Did [ ] or did not [ ] reveal evidence of heart disease.
13c. Did [ ] or did not [ ] reveal evidence of hypertension.

14. Physician, Certified Advanced Registered Nurse Practitioner, or Physician Assistant's Signature Printed Name Examination 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.



NORTHEAST FLORIDA CRIMINAL JUSTICE CENTER  
FLORIDA STATE COLLEGE AT JACKSONVILLE

RECRUIT RIDE-ALONG / WORK-ALONG

Applicants for the Northeast Florida Criminal Justice Center (NEFCJC) Law Enforcement Basic Recruit Training Program are required to observe law enforcement activities (ride-along) prior to admission. The requirement entails a ride-along with on duty sworn law enforcement officers. The applicants must adhere to all pertinent rules, and submit liability forms as required by the agency. It is the sole decision of the agency to grant permission for a ride-along.

Applicants for the NEFCJC Corrections Basic Recruit Training Program are required to complete a work-along as an observer prior to admission.

**Note to Participating Agency:** The student listed below is being processed for admission to the NEFCJC. Your assistance in granting permission for this ride-along or work-along is appreciated.

\*\*\*\*\*

**To be completed by the student**

Student Name: \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Driver License # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

\*\*\*\*\*

**To be completed by the agency**

Agency Name: \_\_\_\_\_ Point of Contact Phone: \_\_\_\_\_  
Officer Name: \_\_\_\_\_ ID#: \_\_\_\_\_ Shift: \_\_\_\_\_  
Date of Ride: \_\_\_\_\_ Comments: \_\_\_\_\_

\*\*\*\*\*

**To be completed by the agency**

Agency Name: \_\_\_\_\_ Point of Contact Phone: \_\_\_\_\_  
Officer Name: \_\_\_\_\_ ID#: \_\_\_\_\_ Shift: \_\_\_\_\_  
Date of Ride: \_\_\_\_\_ Comments: \_\_\_\_\_

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**To be completed by the agency**

Agency Name: \_\_\_\_\_ Point of Contact Phone: \_\_\_\_\_  
Officer Name: \_\_\_\_\_ ID#: \_\_\_\_\_ Shift: \_\_\_\_\_  
Date of Ride: \_\_\_\_\_ Comments: \_\_\_\_\_

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**STUDENT MUST RETURN THIS FORM WITH THE PHASE THREE APPLICANT PACKET**

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