USE THIS APPLICATION FOR:

- BASIC LAW ENFORCEMENT TRAINING
- BASIC CORRECTIONAL OFFICER TRAINING

Daytona State College pledges nondiscrimination, equal access, equal education opportunity and equal employment opportunity to all persons regardless of race, ethnicity, religion, national origin, age, gender, disability, martial status, ancestry or political affiliation. Our pledge covers recruitment, admission, registration, financial assistance, counseling, advising, course offerings, extracurricular programs, facilities, health services, athletics, employment and its privileges and benefits. For more information about the College’s equal access and equal opportunity policies, procedures and practices, call the Director of Institutional Equity at (386) 506-3916.

- PLEASE READ ALL INFORMATION IN THIS PACKET VERY CAREFULLY.
- ALL QUESTIONS MUST BE ANSWERED. If the question does not pertain to you, indicate so by writing NA in the space.
- ALL SECTIONS MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC. Failure to do so will disqualify your application from consideration.
- APPLICANTS MUST COMPLETE ALL REQUIREMENTS ON PAGE 4 BEFORE TURNING IN APPLICATION TO TRAINING CENTER. This includes taking the Basic Abilities Test (CJBAT) with passing scores.
- ALL INCOMPLETE APPLICATIONS WILL BE RETURNED BY MAIL TO THE APPLICANT.

PLEASE INCLUDE COPIES OF ANY REQUESTED DOCUMENTS. THE TRAINING CENTER WILL NOT MAKE COPIES FOR YOU. NO PARTS OF THIS APPLICATION WILL BE RETURNED.

Revised 3-22-2013
To: Prospective Applicant

From: Director, Criminal Justice Training Center

Subject: Law Enforcement and Correctional Officer Application

We are pleased that you are pursuing a career in Criminal Justice.

The Law Enforcement Recruit Training Program (Academy) is 770 hours in length and consists of 16 courses required by the State of Florida for law enforcement certification.

The Training Center offers two different times for the programs:

- A part-time program, +/- 24 hours per week, usually Monday through Thursday from 6pm - 10pm and all day Saturday, 8am - 5pm. We offer one part-time class each year, normally scheduled to start in March and end in December each year. Enrollment is limited to 30 students.

- A full-time program, +/- 40 hours per week, usually Monday through Friday, 8am - 5pm. Some sessions are conducted from 1 pm to 10 pm, and there may be some limited Saturday classes on the schedule. Some weeks are scheduled Monday through Thursday, 8 am to 7 pm to accommodate two hours of physical training at the end of the academic day. We offer four full time classes each year, normally scheduled to start in January, March, August and October each year. Depending on holidays, these programs last five to six months. Students are provided with a complete schedule at the beginning of the program.

The Correctional Officer Recruit Training Program (Academy) is approximately 552 hours in length and consists of 11 courses required by the State of Florida for correctional officer certification.

The Training Center only offers full time programs: This program is +/- 40 hours per week, usually Monday through Friday from 8 am – 5 pm. Some sessions are conducted from 1 pm to 10 pm, and there may be some limited Saturday classes on the schedule. We offer three full time classes each year, normally scheduled to start in January, May and August each year.
Approximate Cost for Basic Recruit Academies

**Law Enforcement Academy**: (approximate cost for both full time and part time programs)

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<thead>
<tr>
<th></th>
<th>IN STATE</th>
<th>OUT OF STATE</th>
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<tbody>
<tr>
<td>Tuition</td>
<td>$2310.00</td>
<td>$9135.00</td>
</tr>
<tr>
<td>Lab Fee</td>
<td>615.00</td>
<td>615.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$2,925.00</strong></td>
<td><strong>$9,750.00</strong></td>
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Financial aid is available for the Law Enforcement course through the Financial Aid Department in building 100, room 105, Daytona Beach campus. Also **PLEASE BE AWARE** that the figures above are estimates and these figures can change due to FDLE changes in Curriculum and changes in tuition rates and lab fees.

**Correctional Officer Academy:**

<table>
<thead>
<tr>
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<th>IN STATE</th>
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<tbody>
<tr>
<td>Tuition</td>
<td>$1680.00</td>
<td>$6510.00</td>
</tr>
<tr>
<td>Lab Fee</td>
<td>365.00</td>
<td>365.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$2,045.00</strong></td>
<td><strong>$6,875.00</strong></td>
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</table>

Financial aid is **NOT** available for the Correctional Officer course. Also **PLEASE BE AWARE** that the figures above are estimates and these figures can change due to FDLE changes in Curriculum and changes in tuition rates and lab fees.

**Miscellaneous cost associated with Academies:**

<p>| | |</p>
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<tbody>
<tr>
<td>Uniform/books</td>
<td>500.00</td>
</tr>
<tr>
<td>Physical exam</td>
<td>150.00</td>
</tr>
<tr>
<td>Basic Abilities Test</td>
<td>40.00</td>
</tr>
<tr>
<td>State Exam</td>
<td>100.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$790.00</strong></td>
</tr>
</tbody>
</table>
THE APPLICATION PROCESS

Make sure all boxes have been completed before returning to Training Center.

CHECK LIST

X Request a basic law enforcement application from training center.

☐ File for admission to DSC - in building 100, Daytona Campus and change your program code to:
The Program Pre-Code for Law Enforcement is 1151
The Program Pre-Code for Correctional Officer is 1150

COMPLETE THE FOLLOWING FORMS (IN PACKET)

☐ Initial Application (pages 6-13)
☐ Affidavit of Applicant (page 14)
☐ Criminal History/Background Authorization (page 15)
☐ Criminal History Disclosure Form (must answer all questions) (page 16-19)
☐ Illegal Drug Use/History Form (page 20)
☐ Take and pass Basic Abilities Test (BAT) – Schedule enclosed page 21

☐ Take physical forms to a certified Doctor and have forms filled out and signed by physician. Also, you must include copies of an EKG and urinalysis drug screen (pre-employment) (page 23-31)

INCLUDE A COPY OF EACH OF THE FOLLOWING

☐ Birth certificate
☐ High School Diploma or GED
☐ Valid Florida Driver's License (If out of state, must obtain FL license before start of class)
☐ Social Security Card
☐ Department of Motor Vehicles Record (This can be obtained at any local Clerk of Traffic Court Office.)
☐ DD 214, if you have prior military experience

All of the paperwork from the above checklist, to include taking the CJBAT test, must be turned in AS A COMPLETE PACKAGE in person to office staff. ATC- Room 107, 1770 Technology Blvd. Daytona Beach, FL. If the package is not complete the office staff will return the application packet.
APPLICATION PROCESS

The purpose of the application process is to seat the 30 applicants best qualified to become a Law Enforcement or Correctional Officer. The process was developed by the Criminal Justice Training Center at Daytona State College with the assistance of the Law Enforcement and Correctional Assessment Committees and the endorsement of the Criminal Justice Advisory Committee.

The Training Center Director and the Assessment Committee will review all applications. Selection for this academy will be based on a point system. You will receive points for BAT scores, TABE score, traffic record, military, education, criminal history and medical documentation.

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

1.) Insufficient score on the CJBAT test.
2.) Criminal history which will preclude certification by the State of Florida.
3.) Unfavorable background, criminal record or driving history, which will exclude the applicant from employment consideration.
4.) Incomplete or improperly filled out application forms.
5.) Any physical condition, which, without reasonable accommodations, precludes you from becoming a Law Enforcement or Correctional Officer.
6.) The unexplained presence of any controlled substance detected during the laboratory tests. (If controlled substances are detected, you must provide the Training Center Director with evidence that you lawfully used or ingested the controlled substance in question)

You will be notified by mail within one month of the start date of the training academy. This letter will indicate whether you have been selected to participate in the next step of the application process. **DO NOT contact the training center prior to receipt of this letter to determine your status.**

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

Please write to: Director of Criminal Justice Training Center
Daytona State College – Advanced Technology Center
1770 Technology Blvd.
Daytona Beach, FL 32114
Check One: Law Enforcement

Please circle one:

Law Enforcement: Full Time: January March May August October
Part Time: March only

Corrections: Full Time Only: January May September

CRIMINAL JUSTICE TRAINING CENTER
INITIAL APPLICATION

COMPLETE ALL SECTIONS – ALL SECTIONS MUST BE NOTARIZED. SIGN ONLY AFTER READING FULLY AND THEN ONLY IN THE PRESENCE OF A NOTARY PUBLIC.

1. FULL LEGAL NAME

LAST NAME FIRST NAME MIDDLE NAME MAIDEN

List any other names or aliases you have used:

2A. PRESENT LEGAL ADDRESS (P.O. Box is NOT acceptable)

# & Street Apt. #

City State Zip

2B. PRESENT MAILING ADDRESS

# & Street Apt. #

City State Zip

DATE OF BIRTH: ____________________

SOCIAL SECURITY NUMBER: ____________________

Are you a permanent resident of the State of Florida? Yes ___ No ___

How long have you resided in the State of Florida? ____________________

Home Telephone: ____________________ Business Telephone: ____________________

Other Telephone number where you can be reached: ____________________
3. HEIGHT: _______ Ft. _______ In.
   WEIGHT: ________

4. CITIZENSHIP: ___________________________________________
   NATURALIZED:  Yes ___ No ___
   If Naturalized, certificate number and court: ________________________________

5. MARITAL STATUS:
   Married _____ Separated _____
   Single _____ Divorced _____
   Number of Dependents (excluding yourself) ______

6. EDUCATIONAL INFORMATION:
   High School Diploma: Yes ___ No ___
   GED: Yes ___ No ___
   From: __________________________________________________________________
   Name of School      City & State
   Date Received: _________________

   Associate Degree: Yes ___ No ___
   Currently Enrolled: ___
   Major: _________________________
   From: _________________________
   _________________________
   Date Received: _________________
Bachelor’s Degree:  Yes ___  No ___  Currently Enrolled ___

    Major: ___________________________
    From: _____________________________
          _____________________________
    Date Received: _____________________

Master’s Degree:  Yes ___  No ___  Currently Enrolled ___

    Major: ___________________________
    From: _____________________________
          _____________________________
    Date Received: _____________________

7A. EMPLOYMENT HISTORY:  (List ALL previous employment, unemployment and school attendance for the past 10 years)

Employer: _________________________________________________________________
Immediate Supervisor: _______________________________________________________  
Telephone: (_____) _____________________
Address: _________________________________________________________________
Position: _________________________________________________________________
Dates: (From) _______________  (To) _______________
Reason for Leaving: _______________________________________________________

Employer: _________________________________________________________________
Immediate Supervisor: _______________________________________________________  
Telephone: (_____) _____________________
Address: _________________________________________________________________
Position: _________________________________________________________________
Dates: (From) _______________  (To) _______________
Reason for Leaving: _______________________________________________________
Employer: _____________________________________________________________
Immediate Supervisor: ____________________________________________________
Telephone: (_____) _____________________
Address: ________________________________________________________________
Position: ________________________________________________________________
Dates:  (From) _______________     (To) _______________
Reason for Leaving: _______________________________________________________

Employer: _____________________________________________________________
Immediate Supervisor: ____________________________________________________
Telephone: (_____) _____________________
Address: ________________________________________________________________
Position: ________________________________________________________________
Dates:  (From) _______________     (To) _______________
Reason for Leaving: _______________________________________________________

Employer: _____________________________________________________________
Immediate Supervisor: ____________________________________________________
Telephone: (_____) _____________________
Address: ________________________________________________________________
Position: ________________________________________________________________
Dates:  (From) _______________     (To) _______________
Reason for Leaving: _______________________________________________________

Employer: _____________________________________________________________
Immediate Supervisor: ____________________________________________________
Telephone: (_____) _____________________
Address: ________________________________________________________________
Position: ________________________________________________________________
Dates:  (From) _______________     (To) _______________
Reason for Leaving: _______________________________________________________

(Please list additional positions on a separate sheet)
7B. HAVE YOU EVER BEEN SUBJECT TO ANY EMPLOYMENT DISCIPLINARY ACTION?

Yes _____  No _____

If Yes, explain all circumstances below. (Include names and positions of supervisors involved.)

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

8. MILITARY SERVICE:  Yes ___  No ___

Branch: ________________________________  Date: __________________________

Rank at Discharge: _____________________________________________________________

Current Military Status: _________________________________________________________

Discharge Status: _____________________________________________________________

Have you ever held a Security Clearance? ________________________________

9. Have you ever been treated for a Mental or Emotional Disorder in your lifetime?

Yes _____  No _____

If Yes, explain details:

10A. Have you ever sustained any injury wherein you filed a Workman’s Compensation claim?

Yes _____  No _____

If Yes, explain details:
10B. Have you ever sustained any injury that could prevent or impair you from full service in the capacity of a Law Enforcement or a Correctional Officer?

Yes ______  No ______

If Yes, explain details:

10C. Have you ever sustained a back or spinal injury?

Yes ______  No ______

If Yes, explain details:

11. Have you ever taken any narcotics other than those prescribed to you for a specific aliment by a physician?     Yes ___     No ___

If Yes, explain: (Include ANY use of marijuana, cocaine, hashish, barbiturates, or any other drug.)

11A. Do you presently smoke?     Yes ___     No ___
If Yes, how much? __________
If No, have you ever smoked?     Yes ___     No ___

11B. Do you use alcoholic beverages?     Yes ___     No ___
If Yes, how much and how often?

12. Were you referred to this Training Center by a police agency?     Yes ___     No ___

If Yes, which agency? __________________________________________________________

Who did you talk to at that agency:

Name:  _______________________________________________

Rank:  _______________________________________________

Telephone Number:  ____________________________________

13. Have you attended any other Criminal Justice Training Center?     Yes _____No _____
If Yes, explain details:
14. List five (5) personal references other than relative or employers:

This section MUST BE COMPLETED

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<tr>
<th>NAME</th>
<th>ADDRESS</th>
<th>PHONE</th>
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15A. I certify that all of the information provided in this application is true and correct to the best of my knowledge and belief.

__________ initial here

15B. I understand that any omission or misrepresentation, intentional or otherwise, is cause for immediate removal from the Law Enforcement, Correctional Officers or Correctional Probation Officers Training Program.

__________ initial here

15C. I certify that the Criminal Justice Training Center at Daytona State College is hereby authorized to fully investigate any and all background information and records relating to my suitability for certification as a Law Enforcement or a Correctional Officer and may release the same to any requesting agency in the future.

__________ initial here
15D. I specifically authorize the Criminal Justice Training Center at Daytona State College to request any and all records or information relating to my personal, medical, educational, arrest or employment history from any source.

__________ initial here

15E. I hereby waive any claim or claims now or in the future that I may have relating to any inquiry conducted by the Criminal Justice Training Center at Daytona State College regarding this application.

__________ initial here

15F. I hereby authorize the Criminal Justice Training Center at DSC to release any information or statement executed by me or generated as a result of my application and/or attendance in the Basic Recruit Academies at DSC (ie: application information, grades, etc.)

__________ initial here

If it is found that you are ineligible statutorily to enter or remain in this academy, you will be removed at that time and not be eligible for any refund of tuition. This would include but not be limited to the Academy or State discovering that a conviction for a crime that was either sealed or expunged that would have precluded you from entry if found at or before the training program began, is found after the Academy is started.

__________________________  ______________________________
Date Signedature of Applicant

WITNESS, my hand and official seal, this ______ day of ____________________ A.D. 20_____.

Personally known to me _____ or Identification produced_____ Identification: _________________________.

____________________________________________
Notary Public

My Commission Expires: _______________________

NOTE: WE WILL NOT ACCEPT OR ACT ON ANY PORTION OF THE APPLICATION WITHOUT THE FOLLOWING ITEMS: THE TRAINING CENTER WILL NOT MAKE COPIES.

Copy - Birth Certificate       Copy - Social Security Card
Copy - High School Diploma or GED  Copy - Department of Motor Vehicles Record
Copy - Current Driver’s License  Copy - Military Discharge or Separation Papers
Copy - CJBAT Results
AFFIDAVIT OF APPLICANT

NAME: _________________________________________________________________________
(Print) Last, First Middle

(Please read carefully before signing)

I fully understand that in order to qualify for admission to the Basic Law Enforcement or Correctional Officer Training Program, I must fully comply with the all of the provisions outlined below:

1. Be at least 19 years of age prior to graduation of program
2. Be a citizen of the United States
3. High school diploma or GED.
4. Not have been convicted of any felony, domestic violence 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 false statement shall not be eligible for employment or appointment as an officer, notwithstanding suspension of sentence or withholding of adjudication.
5. Never have received a dishonorable discharge from any of the Armed Forces of the United States
6. Must be able to pass a physical examination by a licensed physician to include a drug screening urinalysis
7. Be of good moral character
8. Currently possess a valid driver’s license

I am aware that employment is not guaranteed upon successful completion of this basic course. I also understand that all information furnished by me to DSC’s Criminal Justice Training Center may be furnished to any requesting law enforcement/correctional agency during future background checks or inquiries.

I further understand that by executing this document I am attesting that I have met the qualifications as specified. I certify that all information I will furnish in conjunction with my application is true and correct.

NOTICE:

This document shall constitute an official statement within the purview of Section 837.06, Florida Statues, and is subject to verification by the employing agency and/or Criminal Justice Standards & Training Commission. Any omission, intentional or otherwise, when submitting this application or false execution of this affidavit shall constitute a misdemeanor of the second degree and disqualifies you from employment as an officer.

SIGNATURE: __________________________

DATE:  __________________________________________

Witness, my hand and official seal, this __________ day of _______________________ A.D. 20_____.

Personally known to me _____ or Identification produced _____ Identification: __________________________

_________________________________
NOTARY PUBLIC SIGNATURE
CRIMINAL HISTORY/BACKGROUND AUTHORIZATION

I authorize the staff of the Criminal Justice Training Center, Daytona State College, or their authorized representative, to enter my name and personal data into the NCIC/FCIC computer for a criminal history check.

NAME: ____________________________________________   _____________

LAST, FIRST MIDDLE _____________ (MAIDEN)

ADDRESS: _________________________________________

________________________________________

City State Zip Code

TELEPHONE: (            )                                       .

SOCIAL SECURITY # :                -            -          .

DATE OF BIRTH: _________________________

RACE: __________________________________

SEX: ____________________________________

I CERTIFY THAT ALL OF THE INFORMATION CONTAINED HEREIN IS ACCURATE, TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE: ________________________________

DATE:  ___________________________

Witness, my hand and official seal, this ________________ day of _______________________  A.D.   20_______.

Personally known to me ____ or Identification produced ____ Identification: ______________________________.

_________________________________

NOTARY PUBLIC
CRIMINAL HISTORY DISCLOSURE

THERE WILL BE NO EXCEPTION TO THE FOLLOWING REQUIREMENT, SO PLEASE DO NOT CALL THIS OFFICE EXPECTING SPECIAL DISPENSATION.

The following pages **MUST** be filled out in its entirety for each and every prior arrest, summons, citation, and/or notice to appear, regardless of the circumstances, case disposition, and where in the United States it occurred. **List all offences on pages 16-17.** This includes the following:

A. Felonies (attach an official copy of the police report and case disposition)
B. Misdemeanors (attach an official copy of the police report and case disposition)
C. Juvenile offenses
D. Ordinances
E. Traffic Offenses, including citations (speeding tickets). Even if you do not remember the exact date of a citation, you must disclose it.

Applicants must attach a copy of your driving record even if you do not have any traffic offenses

F. Ordinance violations
G. Notices to appear

ANY omission, intentional or otherwise, with regard to any prior offense will preclude your admission to the Law Enforcement or Correctional Officer Training Program at DSC.

All information obtained will be used solely for the purpose of police application screening. Additional forms may be obtained from the Criminal Justice Training Center Office, or you may make copies as needed.

NAME: ________________________________________ DATE: __________________________

SS #: __________________________________________

Has your record been sealed or expunged? ☐ Yes ☐ No

Have you ever been charged with or had a capias (warrant) issued for you due to your failure to appear in court? ☐ Yes ☐ No

If yes, explain: ________________________________________________________________
If you have NO PRIOR RECORD OF ANY KIND (this includes traffic citations), check the box below that states, “I certify that I have never been arrested or charged with any felony, misdemeanor, ordinance, juvenile or traffic citation (criminal or non criminal).”

☐ I certify that I have never been arrested or charged with any felony, misdemeanor, ordinance, juvenile or traffic citation (criminal or non criminal)

Also make sure you have filled out the above section of this form, answered the questions above and checked the appropriate boxes, before signing in the presence of a Notary Public.

THIS FORM MUST BE SIGNED IN FRONT OF A NOTARY PUBLIC. IT DOES NOT MATTER IF YOU DO OR DO NOT HAVE A CRIMINAL HISTORY.

I CERTIFY THAT ALL OF THE INFORMATION CONTAINED HEREIN IS ACCURATE, TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Applicant Signature: ______________________________________ Date: ____________________________

Witness, my hand and official seal, this ________________ day of ______________________ A.D. 20_____.
Personally known to me ____ or Identification produced ____ Identification: ________________________________.

____________________________________
NOTARY PUBLIC
CRIMINAL HISTORY DISCLOSURE FORM

NAME: _____________________________  DATE: _____________________
S/S #: ______________________________

Felonies & Misdemeanors attach an official copy of the police report and case disposition

Agency: ___________________________________________
City & State: ________________________________________
Date of Offense: ___________________________________
Nature of Offense: _________________________________
Circumstances of Offense: ________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Felonies & Misdemeanors attach an official copy of the police report and case disposition

Agency: ___________________________________________
City & State: ________________________________________
Date of Offense: ___________________________________
Nature of Offense: _________________________________
Circumstances of Offense: ________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

_____________________________________________________________________

Page 18
CRIMINAL HISTORY DISCLOSURE FORM

NAME: _____________________________  DATE: _____________________
S/S #: ______________________________

Felonies & Misdemeanors attach an official copy of the police report and case disposition
Agency: ___________________________________________
City & State: ________________________________________
Date of Offense: _____________________________________
Nature of Offense: ___________________________________
Circumstances of Offense: ________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Felonies & Misdemeanors attach an official copy of the police report and case disposition
Agency: ___________________________________________
City & State: ________________________________________
Date of Offense: _____________________________________
Nature of Offense: ___________________________________
Circumstances of Offense: ________________________________________________
_____________________________________________________________________
_____________________________________________________________________
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_____________________________________________________________________
_____________________________________________________________________

Page 19
ILLEGAL DRUG USE

1. Have you ever used any illegal drugs, inhalants, or any other legal substances, to get high? (Marijuana, speed, LSD, paint thinners, aerosol, glue, etc....)
   
   Yes ______   No ______

   If Yes, explain details:

2. Have you ever been involved in the purchase of any illegal drugs? (Any amount)
   
   Yes ______   No ______

   If Yes, include type of drug, the amount, the circumstances, and the last time:

3. Have you ever been involved in the sale of illegal drugs, either directly or indirectly?
   
   Yes ______   No ______

   If Yes, include type of drug, the amount, the circumstances, and the last time:

I CERTIFY THAT ALL OF THE INFORMATION CONTAINED HEREIN IS ACCURATE, TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Applicant Signature: ________________________________  Date: ____________________________

Witness, my hand and official seal, this ___________ day of _______________________ A.D. 20_______.

Personally known to me ____ or Identification produced ____ Identification:

_____________________________

Notary Public
**BASIC ABILITIES TEST**

The Florida Department of Law Enforcement mandated the Basic Abilities Test in January 2002. Students are required to pass the Basic Abilities Test before entrance into an academy in the State of Florida is permitted. Here at Daytona State College, students will take the Criminal Justice Basic Abilities Test (CJBAT).

**Students must pass the *CJBAT to get into any of the academies here at the Criminal Justice Training Center.**

The CJ-BAT is administered on all of our campuses. Registration is required prior to testing. For registration and testing schedules, please contact Assessment Services at:

- (386) 506-3067 (Daytona) Building 100 – Room 107
- (386) 785-2029 (DeLand)
- (386) 789-7307 (Deltona)
- (386) 246-4844 (Flagler)
- (386) 423-6328 (New Smyrna Beach)

**COST:** the CJ-BAT is $40.00......*Specify – Law Enforcement or Corrections*

The CJ-BAT is a computerized test. Test time is 2½ hours. More information on the CJ-BAT can be found at: [www.iosolutions.org/examinations.html](http://www.iosolutions.org/examinations.html)

The CJ-BAT measures the following 16 abilities:

- Deductive Reasoning
- Perceptual Speed
- Inductive Reasoning
- Problem Sensitivity
- Flexibility of Closure
- Selective Attention
- Speed of Closure
- Spatial Orientation
- Information Ordering
- Time Sharing
- Memorization
- Visualization
- Oral Comprehension
- Written Comprehension
- Oral Expression
- Written Expression

**RETAKE POLICY:**

CJBAT – You may take the CJBAT 3 times without a waiting period between those 3 times. Once you have taken it 3 times you must wait 1 year to take it again.

**Scores must be attached when the application is turned in.** So plan accordingly.

If you have any questions, contact Assessment Services at (386) 506-3067.
Criminal Justice Training Center at Daytona State College

STUDENT PHYSICAL EXAMINATION

SSN: _______ - _______ - _______     Date: ________________

Applicants Name: ____________________________________________________________________

Last      First     MI

Which program are you applying for:

Law Enforcement: __________  Corrections: __________

What medication are you currently taking? _________________________________________________
____________________________________________________________________________________

I hereby give my consent and permission for the Criminal Justice Training Center at Daytona State College to use the attached material for the purpose of Law Enforcement/Corrections applicant screening and may disclose this information to the FDLE/CJSTC or any Agency making an inquiry.

__________________________________    _________________
Applicant Signature        Date

To Examining Physician:

Yes _____  No _____  1. Does this applicant smoke?

Yes _____  No _____  2. Is this applicant overweight?

Yes _____  No _____  3. Is there evidence of applicant’s use of narcotics or misuse of drugs or alcohol?

Yes _____  No _____  4. Are there any health problems for which you recommend treatment? If yes, please explain:___________________________________

                          __________________________________

Yes _____  No _____  5. In your opinion, is the applicant physically able to participate in Basic Law Enforcement or Corrections training to include physical education, defensive tactics, controlling techniques and firearms, training? If no, please explain:___________________________________

                          __________________________________

__________________________________    _________________
Physician’s Signature        Date

Please note: This must be turned in to the training center with the CJSTC Form 75B, copy of EKG, and Urinalysis Drug Screen (Pre-employment).
Physical Fitness Training Plan: Overview for Physician

Physical fitness is most easily understood by examining its components, or "parts." There is widespread agreement that these four components are basic.

1. **Cardiorespiratory Endurance** – the ability to deliver oxygen and nutrients to tissues, and to remove wastes, over sustained periods of time. Long runs and swims are among the methods employed in measuring this component.

2. **Muscular Strength** – the ability of a muscle to exert force for a brief period of time. Upper-body strength, for example, can be measured by various weight-lifting exercises.

3. **Muscular Endurance** – the ability of a muscle, or a group of muscles, to sustain repeated contractions or to continue applying force against a fixed object. Pushups are often used to test endurance of arm and shoulder muscles.

4. **Flexibility** – the ability to move joints and use muscles through their full range of motion. The sit-and-reach test is a good measure of flexibility of the lower back and backs of the upper legs.

THE WORKOUT SCHEDULE

The physical fitness training plan will include something from each of the four basic fitness components described above. Each workout will begin with a warm-up and end with a cool down. As a general rule, the workouts will be spaced throughout the week and avoid consecutive days of hard exercise. Approximately three (3) hours each week, throughout the duration of the basic academy, will be dedicated to physical fitness training.

Here are the amounts of activity necessary for the average, healthy academy cadet to maintain and/or increase his or her overall level of fitness. Included are some of the popular exercises we will be using in each category.

**WARMUP** – five to ten minutes of exercises such as walking, slow jogging, knee lifts, arm circles or trunk rotations. Low intensity movements that stimulate movements to be used in the activity can also be included in the warm-up.

**MUSCULAR STRENGTH** – approximately two 20 minute sessions per week that include exercises for all the major muscle groups. Lifting weights is the most effective way to increase strength. The use of fitness cords and bands can be used to reduce the risk of injury and to keep equipment costs at a minimum.
MUSCULAR ENDURANCE – approximately three 30 minute sessions each week that include exercises such as calisthenics, pushups, sit-ups, pull-ups, and weight training for all the major muscle groups. The use of fitness cords and bands can be used to reduce the risk of injury and to keep equipment costs at a minimum.

CARDIORESPIRATORY ENDURANCE – approximately three 20 minute bouts of continuous aerobic (activity requiring oxygen) rhythmic exercise each week. Popular aerobic conditioning activities include brisk walking, jogging, swimming, cycling, rope-jumping, rowing, cross-country skiing, and some continuous action games like racquetball and handball.

FLEXIBILITY – ten to twelve minutes of stretching exercises performed slowly without a bouncing motion. This can be included after a warm-up or during a cool down.

COOL DOWN – approximately five to ten minutes of slow walking, low-level exercise, combined with stretching.

Sample One (1) Hour Workout:

1. Warm Ups: Trunk Rotations, Arm Circles, Lunges, Stretching – 10 Min
2. Muscular Endurance: Push Ups, Sit Ups, Pull Ups – 10 Min
3. Cardio Respiratory Endurance: 30 Minute Class Run – 30 Min
4. Flexibility/Cool Down: Slow Walk, Stretching – 10 Min

*Pace will vary based on fitness level of group running; classes can be broken into different groups based on individual fitness level (i.e., beginning, advanced, etc.).
OC Spray: MSDS Information for Physician

PUNCH/M-3

FSC: 1377  MSDS Date: 09/29/1992  MSDS Num: BXDCP
Submitter: N EN  LIIN: 00N058488  Tech Review: 04/04/1995  Status CD: C
Product ID: PUNCH/M-3  MFN: 01
Article: N  Kit Part: N
Responsible Party  Cage: AERKX
Name: AERKO INTERNATIONAL
Address: 3410 N E 5TH AVE  Box: 23884
City: FT LAUDERDALE  State: FL  Zip: 33307
Country: US
Info Phone Number: 305-565-8475
Emergency Phone Number: 800-424-9300(CHEMTREC)
Preparer's Name: N/P
Proprietary Ind: Y  Review Ind: N
Published: Y  Special Project CD: N

Health Hazards Data

LD50 LC50 Mixture  NONE SPECIFIED BY MANUFACTURER.
Route Of Entry Inds - Inhalation: YES  Skin: YES  Ingestion: NO
Carcinogenicity Inds - NTP: NO  IARC: NO  OSHA: NO

Health Hazards Acute And Chronic

SKIN: ONLY MINOR SENSATION W/SKIN CONTACT IN MOST AREAS. INHAL: INFLAMMATORY. CAUSES BLOOD FLOW TO AFFECTED AREA CAUSING FEELING OF RESTRICTED AIRWAY. INGEST: SEVERE BURNING HEARTBURN SENSATION MAY CAUSE NAUSEA. EYE: PROD IS AN EYE IRRIT. TEARING & REDNES MAY OCCUR.
Explanation Of Carcinogenicity
NOT RELEVANT.
Signs And Symptoms Of Overexposure
SEE HEALTH HAZARDS.
Medical Condition Aggravated By Exposure
NONE SPECIFIED BY MANUFACTURER.

First Aid Information

EYES: FLUSH EYES W/LGE QTYS OF WATER FOR AT LEAST 15 MINUTES TO HELP SPEED RECOVERY. FACE SUBJECT INTO WIND/FORCED AIR SOURCE SUCH AS FANS/AIR CNDTNG OUTLET. SKIN: WASH AFFECTED AREA W/SOAP & WATER TO AVOID TRANSFER TO MORE SENSITIVE AREAS. INHAL: REMOV PERSONS TO FRESH AIR. INGEST: CALL MD IMMEDIATELY(FP N).

Spill Release Procedures
VENT AREA. REMOVE ALL POSSIBLE SOURCES OF IGNITION. AVOID PROLONGED BREATHING OF VAPORS.
CONFINE SPILL WITH INERT ABSORBENT. WEAR PROTECTIVE EQUIPMENT DURING CLEAN UP.

**Neutralizing Agent**

NONE SPECIFIED BY MANUFACTURER.

**Waste Disposal Methods**

INCINERATE IN AN APPROVED INCINERATOR OR DISPOSE OF IN ACCORDANCE W/LOCAL, STATE & FEDERAL REGULATIONS.

**Handling and Storage Precautions**

STORE IN A COOL DRY AREA AWAY FROM SOURCES OF IGNITION. WHEN STORING LARGE QUANTITIES, STORE IN BUILDING DESIGNED & PROTECTED AGAINST FIRE.

**Other Precautions**

DO NOT STORE IN DIRECT SUNLIGHT OR ABOVE 120F. "FORINDUSTRIAL USE ONLY". DO NOT TAKE INTERNALLY. IF INGESTED, DO NOT INDUCE VOMITING. CONSULT MD.

**Fire and Explosion Hazard Information**

- **Flash Point Method**: N/P
- **Flash Point**: 53.0°F, 11.7°C
- **Autoignition Temp**: N/A
- **Lower Limits**: >2.5%
- **Upper Limits**: 12.0%

**Extinguishing Media**

- FOAM,
- WATER,
- CO2,
- DRY CHEMICAL.

**Fire Fighting Procedures**

WEAR NIOSH/MSHA APPRVD SCBA & FULL PROT EQUIP(FP N). FOG NOZZ SHOULD BE USED TO COOL CLSD CNTNRS TO PVNT PRESS BUILDP. MOVE UNDMG CNTNRS FROM FIRE AREA(SUPDAT)

**Unusual Fire/Explosion Hazard**

DO NOT EXPOSE TO HEAT/FLAME/STORE ABOVE 120F AS HIGH INTERNAL PRESS MAY CAUSE LEAKING.

**Control Measures**

**Respiratory Protection**

USE NIOSH/MSHA APPROVED CHEMICAL/MECHANICAL TYPE FILTER SYSTEM TO REMOVE A COMBINATION OF PARTICLES, GAS & VAPOR. USE AIR LINE IF NECESSARY.

**Ventilation**

USE ADEQ VENT IN VOLUME & PATTERN TO KEEP LEL & TLV'S BELOW RECOMM LEVEL TO PRDCE EXPOS/FIRE.

**Protective Gloves**

- RUBBER GLOVES.

**Eye Protection**

- ANSI APPRVD CHEM WORKERS GOGGS(FP N).

**Other Protective Equipment**

- PVNT PLNGD SKIN CONT TO CONTAMD CLTHG. EMERGENCY EYEWASH & DELUGE SHOWER MEETING ANSI DESIGN CRITERIA(FP N).

**Work Hygienic Practices**

NONE SPECIFIED BY MANUFACTURER.
Supplemental Safety and Health


### Physical/Chemical Properties

<table>
<thead>
<tr>
<th>Property</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCC:</td>
<td>NRC/State LIC No:</td>
</tr>
<tr>
<td>Net Prop WT For Ammo:</td>
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</tr>
<tr>
<td>Boiling Point:</td>
<td>B.P. Text: 180F, 82C</td>
</tr>
<tr>
<td>Melt/Freeze Pt:</td>
<td>M.P/F.P Text: N/K</td>
</tr>
<tr>
<td>Decomp Temp:</td>
<td>Decomp Text: N/K</td>
</tr>
<tr>
<td>Vapor Pres: SEE INGS</td>
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</tr>
<tr>
<td>Vapor Density:</td>
<td>2.1</td>
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<tr>
<td>Volatile Org Content %:</td>
<td>Spec Gravity: 0.786 @ 60F</td>
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<tr>
<td>VOC Pounds/Gallon:</td>
<td>PH: N/K</td>
</tr>
<tr>
<td>VOC Grams/Liter:</td>
<td>Viscosity: N/P</td>
</tr>
<tr>
<td>Evaporation Rate &amp; Reference:</td>
<td>1.7 (BUTYL ACETATE=1)</td>
</tr>
<tr>
<td>Solubility in Water:</td>
<td>N/K</td>
</tr>
<tr>
<td>Appearance and Odor:</td>
<td>AMBER TO LIGHT RED W/ PUNGENT, HIGH BITE NOTICEABLE TASTE IN THROAT.</td>
</tr>
<tr>
<td>Percent Volatiles by Volume:</td>
<td>SUPDAT</td>
</tr>
</tbody>
</table>

### Reactivity Data

<table>
<thead>
<tr>
<th>Property</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stability Indicator:</td>
<td>YES</td>
</tr>
<tr>
<td>Stability Condition To Avoid:</td>
<td>HEAT, OPEN FLAMES, ELECTRICAL &amp; STATIC DISCHARGES.</td>
</tr>
<tr>
<td>Materials To Avoid:</td>
<td>STRONG ACIDS, ALKALIES &amp; OXIDIZERS.</td>
</tr>
</tbody>
</table>

### Hazardous Decomposition Products

NONE SPECIFIED BY MANUFACTURER.

### Toxicological Information

N/P

### HMIS HAZCOM Label

<table>
<thead>
<tr>
<th>Property</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Product ID:</td>
<td>PUNCH/M-3</td>
</tr>
<tr>
<td>Cage:</td>
<td>AERKX</td>
</tr>
<tr>
<td>Assigned IND:</td>
<td>Y</td>
</tr>
<tr>
<td>Company Name:</td>
<td>AERKO INTERNATIONAL</td>
</tr>
<tr>
<td>Street:</td>
<td>3410 N E 5TH AVE</td>
</tr>
<tr>
<td>City:</td>
<td>FT LAUDERDALE</td>
</tr>
<tr>
<td>State:</td>
<td>FL</td>
</tr>
<tr>
<td>Zipcode:</td>
<td>33307</td>
</tr>
<tr>
<td>Country:</td>
<td>US</td>
</tr>
<tr>
<td>Health Emergency Phone:</td>
<td>800-424-9300 (CHEMTREC)</td>
</tr>
<tr>
<td>Label Required IND:</td>
<td>Y</td>
</tr>
<tr>
<td>Date Of Label Review:</td>
<td>04/04/1995</td>
</tr>
<tr>
<td>Status Code:</td>
<td>C</td>
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<tr>
<td>MFG Label NO:</td>
<td></td>
</tr>
<tr>
<td>Label Date:</td>
<td>04/04/1995</td>
</tr>
<tr>
<td>Year Procured:</td>
<td>N/K</td>
</tr>
<tr>
<td>Origination Code:</td>
<td>G</td>
</tr>
<tr>
<td>Chronic Hazard IND:</td>
<td>N</td>
</tr>
</tbody>
</table>
Hazard And Precautions

EXTREMELY FLAMMABLE. SKIN: ONLY MINOR SENSATION W/SKIN CONTACT IN MOST AREAS. INHAL: INFLAMMATORY, CAUSES BLOOD FLOW TO AFFECTED AREA CAUSING FEELING OF RESTRICTED AIRWAY. INGEST: SEVERE BURNING HEARTBURN SENSATION MAY CAUSE NAUSEA. EYE: P R OD IS AN EYE IRIT. TEARING & REDNESS MAY OCCUR. CHRONIC: NONE LISTED BY MANUFACTURER.

This information is derived from the Hazardous Material Information System which is utilized by the U.S. Department of Defense. IntraWEB, LLC and its Distributors in no manner whatsoever, expressly or implied warrants, states, or intends said information to have any application use or viability by or to any person or persons. Any person utilizing this information should seek competent professional advice to verify and assume responsibility for the suitability of this information to their particular situation.
### Physical Fitness Assessment

**Florida Department of Law Enforcement**

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

<table>
<thead>
<tr>
<th>1. Applicant’s Name:</th>
<th>Last First MI</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Applicant’s Address:</td>
<td></td>
</tr>
<tr>
<td>3. Enter Last Four Digits of Social Security Number:</td>
<td></td>
</tr>
<tr>
<td>4. Training School:</td>
<td></td>
</tr>
<tr>
<td>5. The Applicant Is Requesting Admission Into a Basic Recruit Training Program for One of the Following Disciplines:</td>
<td>Law Enforcement ☐ Correctional ☐ Correctional Probation ☐</td>
</tr>
<tr>
<td>6. Student Participation in Basic Recruit Training Program Activities.</td>
<td>A student enrolled in a basic recruit training program (BRTP) is required to participate in the following activities:</td>
</tr>
<tr>
<td>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).</td>
<td></td>
</tr>
<tr>
<td>B. Physical Fitness Conditioning and Physical Fitness Testing:</td>
<td>A BRTP student shall participate in physical fitness conditioning and a fitness test and includes the following measures:</td>
</tr>
<tr>
<td>• Vertical Jump</td>
<td>• One Minute Sit Ups</td>
</tr>
<tr>
<td>C. The training center director has attached the training school's physical fitness conditioning program: Yes ☐</td>
<td></td>
</tr>
<tr>
<td>7. Medical Conditions Regarding OC/CS Contamination.</td>
<td>A BRTP student should be aware of the following personal considerations that may restrict participation in the chemical agent contamination of the BRTP 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 petit 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.</td>
</tr>
<tr>
<td>8. BRTP 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.</td>
<td></td>
</tr>
<tr>
<td>9. Student’s Printed Name:</td>
<td></td>
</tr>
<tr>
<td>10. Student’s Signature: __________________________ Date:</td>
<td></td>
</tr>
<tr>
<td>11. Prior Exposure to OC or CS.</td>
<td>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:</td>
</tr>
<tr>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>12. Physician Attestation. 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, impairments, 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.</td>
<td></td>
</tr>
<tr>
<td>☐ 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.</td>
<td></td>
</tr>
<tr>
<td>☐ 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.</td>
<td></td>
</tr>
<tr>
<td>13. Physician, Certified Advanced Registered Nurse Practitioner, or Physician Assistant’s Signature</td>
<td>Printed Name</td>
</tr>
<tr>
<td>14. Physician, Certified Advanced Registered Nurse Practitioner, or Physician Assistant’s License Number</td>
<td>Licensing State</td>
</tr>
<tr>
<td>15. Physician, Certified Advanced Registered Nurse Practitioner, or Physician Assistant’s Professional Address</td>
<td></td>
</tr>
<tr>
<td>16. Training Center Director or Designee’s Printed Name:</td>
<td></td>
</tr>
<tr>
<td>Training Center Director or Designee’s Signature: __________________________ Date:</td>
<td></td>
</tr>
</tbody>
</table>
A basic recruit student approved to enter a basic recruit training program (BRTP) shall review and complete form CJSTC-75B to indicate the presence of any medical conditions that may prevent participation in the Physical Fitness Program and Chemical Agent Contamination of the BRTP. A copy of the Physical Fitness Program for law enforcement, correctional, or correctional probation discipline shall be attached to this form for the student to review.

1. **Applicant’s Name.** Enter the applicant’s last name, first name, and middle initial.
2. **Applicant’s Address.** Enter the applicant’s current address, city, state, and zip code.
3. **Applicant’s Social Security Number.** Enter the last four digits of the applicant’s social security number as in this example: 000-00-1234.
4. **Training School Name.** Enter the name of the Commission-certified criminal justice training school where the applicant is enrolled.
5. **Basic Recruit Training Program Discipline.** Place a check mark in one of the box(es) for the law enforcement, correctional, or correctional probation discipline for which the applicant is requesting admission.
6. **Student Participation in Basic Recruit Training Program Activities.** Defensive Tactics (includes chemical agent contamination), Firearms, and Physical Fitness Conditioning and Physical Fitness Testing: High-liability training in defensive tactics, firearms, and chemical agent contamination is a component of the curriculum mandated by the Criminal Justice Standards and Training Commission and participation in the activities is a requirement for successfully completing a BRTP. There is no pass or fail at this time. The test results for each of the five required tests will be recorded on the Academy Physical Fitness Standards Report, form CJSTC-67A as “I” if the student did not perform the test component or “D” if the student was dismissed from the basic recruit training program.

   A. **Defensive Tactics and Firearms Training.** Firearms training requires firing a handgun and long gun creating exposure to lead. Defensive tactics training requires sustained physical exertion and chemical agent contamination to the chemicals oleo-resin capsicum (OC) and/or ortho-chlorobenzal-malononitrite (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 ortho-chlorobenzal-malononitrite (CS).

8. **Basic Recruit Training Program Activities Certification.** The student shall check the appropriate box to indicate if he or she does or does not have a medical condition that would restrict participation in the BRTP activities indicated in item numbers 6, 6A, and 6B of this form.

9. **Student’s Printed Name.** The student shall print his or her first name, last name, and middle initial.

10. **Student’s Signature and Date.** The student shall provide a signature and date to verify the information provided by the student is true and correct.

11. **Prior Exposure to Chemical Agent Contamination.** The student shall indicate in the appropriate box if he or she has been previously exposed to chemical agent contamination to the chemicals oleo-resin capsicum (OC) and/or ortho-chlorobenzal-malononitrite (CS), and shall attach supporting documentation of such contamination.

12. **Physician, Certified Advanced Registered Nurse Practitioner, or Physician Assistant’s Attestment.** The physician shall check the appropriate box to indicate if the student is capable or not capable of participating in the BRTP activities indicated in item numbers 6, 6A, and 6B of this form.

13. **Physician, Certified Advanced Registered Nurse Practitioner, or Physician Assistant’s Signature, Printed Name, and Examination Date.** The physician shall complete this item to verify his or her examination on the physical fitness program.

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.