



Council on Law Enforcement Education and Training



## Basic Peace Officer Certification Academy (BPOC) Program

### ACADEMY APPLICATION (Form BPOC-5A)

The procedure for enrolling in a Basic Peace Officer Certification Academy Program (BPOC) Basic Peace Officer Academy is as follows:

1. RETURN COMPLETED APPLICATION ALONG WITH REQUIRED DOCUMENTS TO THE INSTITUTION BY **May 14, 2021**. Applicant will not be allowed to attend basic peace officer academy training unless this application is 100% completed and submitted to the Institution for review prior to prior to attendance.
2. Upon receipt of a **100% completed application**, the BPOC Institution (Director) will review the information contained with the application and attest the student is, at the time of attestation, suitable for future peace officer employment as a defined in 70 OS 3311 (70 OS 3311.16).
3. This package includes Sections:
  - A. Application to Attend (page 2)
  - B. Weapon Selection form (page 4)
  - C. Basic Academy Uniform and Equipment Requirements (page 5) **KEEP THIS PAGE FOR YOURSELF**
  - D. Department of Mental Health and Substance Abuse Services Consent for Release of Confidential Information (page 6) - Must be signed by applicant. NOTE: This page is date sensitive.
  - E. Affidavit Verifying Lawful Presence in the United States of America (page 7) - Must be completed/signed by applicant and witnessed by notary.
  - F. Medical and Fitness Information
    - a. Medical and Fitness Questionnaire (pages 8-9) – Must be signed by physician.
    - b. Physician Release (page 10) - Must be completed/signed by physician.
    - c. Physical Assessment for Safe Participation Test Instructions (page 11)
    - d. Official Waiver of Liability and Release of All Claims (page 12) - Must be signed by applicant.
  - G. Proof of Reading, Writing and Comprehension Examination (page 13)
  - H. Authority to Release Information and Participant Notification (page 14) - Must be completed and signed by applicant and witnessed by notary.
  - I. Acknowledgment of Conditions to Attend (page 15) - Includes certification that applicant is a full-time, salaried police or peace officer and must be signed by the Chief, Sheriff or Agency Head, and witnessed by a notary.
4. Applicants may be rejected for:
  - A. Failure to complete the Academy Application Packet, failure to successfully pass the Cadet Physical Assessment for Safe Participation, failure to successfully pass the reading, writing, and comprehension examination, or failure to provide any requested documents.
  - B. Intentional omission or falsification of any question on this form is a felony punishable by imprisonment in the Department of Corrections for a term of not less than two (2) years, nor more than five (5) years, or by a fine not exceeding Two Thousand Dollars (\$2,000.00), or by both such fine and imprisonment.
5. All applicants should be aware that public areas of the BPOC facility may be subject to visual and audio recording.

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

**INSTRUCTIONS FOR APPLICANT:** The information you provide in this Basic Academy Application Packet will be used to determine whether or not you meet the requirements for acceptance into basic peace officer academy training. This form must be typed or printed clearly in black ink. All statements in this form are subject to verification. You will be required, prior to acceptance for the basic academy, to answer all questions and forms completely and accurately. This application must be completed and returned **on May 14, 2021**.

**Please read page 1, Application Procedure, prior to submitting this packet.**

**SECTION A: APPLICATION TO ATTEND**

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**APPLICANT INFORMATION**

SSN: \_\_\_\_\_ Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

DOB: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Home/Daytime Telephone: \_\_\_\_\_ Cell phone \_\_\_\_\_ E-mail \_\_\_\_\_

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

Street

City

State

Zip

**Education:**

HS Diploma Year: \_\_\_\_\_ School: \_\_\_\_\_  GED Year: \_\_\_\_\_ Where: \_\_\_\_\_

College # Hours: \_\_\_\_\_ Degree: \_\_\_\_\_

University/College Attended: \_\_\_\_\_

70 OS 3311.16 B requires all participants to submit all background requirements as set forth in Section 3311 of Title 70. Provided below is Subsection E of 3311 of Title 70, the guiding section for background investigations

E. 1. No person shall be eligible for employment as a peace officer or reserve peace officer until the employing law enforcement agency has conducted a background investigation of such person consisting of the following:

a. a fingerprint search submitted to the Oklahoma State Bureau of Investigation with a return report to the submitting agency that such person has no felony record,

b. a fingerprint search submitted to the Federal Bureau of Investigation with a return report to the submitting agency that such person has no felony record,

c. such person has undergone psychological evaluation by a psychologist licensed by the State of Oklahoma and has been evaluated to be suitable to serve as a peace officer in the State of Oklahoma,

d. the employing agency has verified that such person has a high school diploma or a GED equivalency certificate as recognized by state law,

e. such person is not participating in a deferred sentence agreement for a felony, a crime involving moral turpitude or a crime of domestic violence, and does not have any criminal charges pending in any court in this state, another state, in tribal court or pursuant to the United States Code,

f. such person is not currently subject to an order of the Council revoking, suspending, or accepting a voluntary surrender of peace officer certification,

g. such person is not currently undergoing treatment for a mental illness, condition or disorder. For purposes of this subsection, "currently undergoing treatment for mental illness, condition or disorder" means the person has been diagnosed by a licensed physician, psychologist, or licensed mental health professional as being afflicted with a substantial disorder of thought, mood, perception, psychological orientation or memory that significantly impairs judgment, behavior, capacity to recognize reality, or ability to meet the ordinary demands of life and such condition continues to exist,

h. such person is twenty-one (21) years of age. Provided, this requirement shall not affect those persons who are already employed as a police or peace officer prior to November 1, 1985, and

i. such person has provided proof of United States citizenship or resident alien status, pursuant to an employment eligibility verification form from the United States Citizenship and Immigration Services.

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

The following pertains to paragraph E.1. a – d, above. (All boxes must be completed)

<input type="checkbox"/>	Attached to this application is the fingerprint report received from the OSBI at my request.
<input type="checkbox"/>	Attached to this application is the fingerprint report received from the FBI at my request
<input type="checkbox"/>	Attached to this application is a notification of psychological evaluation for peace officers
<input type="checkbox"/>	Attached are copies of my high school diploma, GED equivalency or college transcripts.

The following pertains to paragraph E.1. e – I, above (All boxes must be completed)

Are you participating in a deferred sentence agreement for a felony, a crime involving moral turpitude or a crime of domestic violence, and does not have any criminal charges pending in any court in this state, another state, in tribal court or pursuant to the United States Code?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you currently subject to an order of the Council revoking, suspending, or accepting a voluntary surrender of peace officer certification?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you currently undergoing treatment for a mental illness, condition or disorder?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you twenty-one (21) years of age?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you a United States citizenship or resident alien status, pursuant to an employment eligibility verification form from the United States Citizenship and Immigration Services?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Section 3311 J of Title 70, in addition to Section 3311 E of Title 70, provides other restrictions from future employment as a peace officer in the state of Oklahoma.	
Are you subject to the entry of a final order of protection against you?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you currently subject to a revocation or voluntary surrender of police or peace officer certification in another state for a violation of any law or rule or in settlement of any disciplinary action in such state?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been involuntarily committed to an Oklahoma state mental institution?	<input type="checkbox"/> YES <input type="checkbox"/> NO

**INSTITUTION INFORMATION**

Institution: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip

BPOC Director: \_\_\_\_\_  
Name

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

**SECTION B: WEAPON SELECTION**

A weapon choice of revolver **or** semi-automatic pistol is offered for training in the Firearms portion of the Basic Academy. The following guidelines must be followed when making a weapon selection:

1. Each student must successfully complete the Basic Law Enforcement Academy Firearms training block using the same, or a like weapon, throughout. (For example: if a student begins the class with a Smith & Wesson, double-action only, semi-automatic pistol, they must complete the class with that pistol or a second double-action only, semi-automatic pistol.) Further, after the training has begun, if a student is committed to shooting a semi-automatic pistol, they may not switch to a revolver or from a revolver to a semi-automatic pistol.
2. All weapons will be inspected on the first day of the Firearms training block. Weapons used during Firearms training will not be altered from factory condition.
3. Changes in weapon choice will not be permitted after the first week of the basic academy due to the advanced planning that is necessary to obtain ammunition, armorers, and instructors for the various weapons.
4. Back-up weapon/repair parts. Due to the number of different makes and models of semi-auto pistols which are available and may be brought to the academy, the firearms training staff is unable to maintain a stock of spare parts to repair weapon malfunctions. Therefore, to insure completion of the firearms training, students should bring a like back-up weapon and/or spare parts.

**WEAPON SELECTION: CHECK TYPE OF WEAPON, AND MODEL FOR REVOLVER.  
IF SEMI-AUTO PISTOL, CHECK MANUFACTURER AND CALIBER.**

<input type="checkbox"/>	<b>REVOLVER</b> (Check model below).
<input type="checkbox"/>	.38/.357 Cal. Smith and Wesson Revolver
<input type="checkbox"/>	.38/.357 Cal. Ruger Revolver
<input type="checkbox"/>	.38/.357 Cal. Colt Revolver (Students carrying the Colt Revolver will need to bring a backup weapon because repair parts are not available.)

<input type="checkbox"/>	<b>SEMI-AUTO PISTOL</b> (Check model and caliber below)	
	<b>MODEL</b>	<b>CALIBER</b>
<input type="checkbox"/>	Smith and Wesson	<input type="checkbox"/> 9 mm
<input type="checkbox"/>	Colt (Single Action Only)	<input type="checkbox"/> 10 mm
<input type="checkbox"/>	Ruger	<input type="checkbox"/> .40 cal
<input type="checkbox"/>	Glock	<input type="checkbox"/> .45 cal
<input type="checkbox"/>	Sig Sauer	<input type="checkbox"/> .357 cal
<input type="checkbox"/>	Beretta	
<input type="checkbox"/>	H&K	
<input type="checkbox"/>	Kimber	
<input type="checkbox"/>	Springfield	
<input type="checkbox"/>	FNH USA	
<input type="checkbox"/>	Walther	

## SECTION C: BASIC ACADEMY UNIFORM AND EQUIPMENT REQUIREMENTS

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### ACADEMY DRESS CODE

#### 3. Academy Uniforms

The institution shall prescribe student basic academy uniform. The uniform shall be short or long sleeve shirt, uniform pants and foot wear.

3.1 In the absence of a prescribed uniform, cadets will be required to wear slacks, and a collared dress shirt. If denim jeans are a part of the cadets official uniform they must be clean, pressed, and absent any holes or fraying. **ABSOLUTLY NO T-SHIRTS WILL BE ALLOWED FOR STUDENT CLASSROOM WEAR.**

#### Equipment/Supplies Applicant Required for Training:

##### *Academics/Classroom Instruction*

- Number 2 lead pencils or mechanical pencils are recommended.
- Pens – black or blue ink only.
- Calculator with square root function - The student should be familiar with the calculator he/she is using.
- Binder/notebook and print/copy paper (A thumb drive with the curriculum will be provided to each student within the first week. If not provided by the institution, the student must print/copy his/her own curriculum.)
- Rain gear and weather appropriate clothing. **NO** red or orange rain gear or clothing allowed for students. These colors are reserved for instructors.

##### *Firearms Training*

- Handgun – Selection process on previous page.
- .12 gauge pump-action shotgun, barrel length of 18” to 20” (Mossberg or Remington only)
- .223 or 5.56 caliber AR style patrol rifle
- Ear protection - It is recommended that the Student use both a “muff” style hearing protector in combination with the “foam” in-ear style protection.
- Eye protection - Quality sunglasses are an acceptable form of eye protection, as are prescription glasses.
- A brimmed hat or a hat with a bill (**NO** red or orange hats are allowed for students.)
- A black marker for identifying targets
- A handgun and shotgun as outlined in Section B. Weapon Selection portion of this application
- A quality law enforcement-type flashlight
- **If carrying Revolver:** Three (3) speed loaders with a pouch for your belt.
- **If carrying Semi-Automatic:** A minimum of four (4) single stack magazines, or three (3) double stack magazines and a pouch for your belt.
- **Duty Holster.** Holster must have weapon retaining device (thumb break), and covered trigger guard.
- Regulation, police quality, double-locking handcuffs (Smith and Wesson, Peerless, or Hyatt are recommended.)
- Cleaning kits for handgun/shotgun/patrol rifle.

**NOTE: If not provided by the institution, ammunition must be from factory quality, no reloads** (Winchester, Remington, Federal, etc.).

##### *Custody and Control/Defensive Tactics*

- Male students are required to have groin protection.
- Female students are required to have a supportive sports bra.
- Sweat tops or T-shirts are permitted and should be dark in color with no lettering or graphics. **Neither T-shirts nor sweatshirts will be worn if the sleeves have been removed.**
- During Custody Control/Defensive Tactics training, the students may wear full-leg workout pants, Karate gi pants, or sweat pants (preferably dark colors). **BDU style pants MAY NOT be worn.** Pants shall have no exposed buttons, zippers, or snaps. **NO shorts are permitted.**
- The only approved footwear for this training is either socks or wrestling shoes. Wrestling shoes are strongly suggested. They will prevent some injuries and allow the student to brace, without slipping, for some techniques. **Bare feet are not allowed.**
- Dark colored clothing is recommended. It will prevent any modesty issues when the Cadet has soaked his/her clothing with sweat. **NO** red or orange clothing is allowed for students.
- Personal headgear meeting or exceeding the specifications of Full90 Premier FIFA Soccer Head guard, which can be found at [soccer.epicsports.com/prod/73628/full90-premier-fifa-soccer-headguard.html](http://soccer.epicsports.com/prod/73628/full90-premier-fifa-soccer-headguard.html). **It does not have to be this specific brand, but it must meet the same specifications.**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

**SECTION D: DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES CONSENT FORM**

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**DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES  
CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION**

I, \_\_\_\_\_, SSN: \_\_\_\_\_ SEX: \_\_\_\_\_ DOB: \_\_\_\_\_  
(Print full name including middle initial)

authorize the Department of Mental Health and Substance Abuse Services to release to Jerry McConnell, BPOC Director, Moore Norman Technology Center information concerning whether I have ever been involuntarily committed to an Oklahoma state mental institution. This authorization is given as part of my CLEET application for:

**Peace Officer Certification**

This consent shall expire upon notification from CLEET that I am accepted to attend or denied attendance in basic peace officer academy training.

I hereby acknowledge that this consent for the release of information is given freely and voluntarily. I understand that I may revoke this consent (in writing) at any time unless action has already been taken based upon it, and that in any event **this consent expires in ninety (90) days from the date of signing** or upon the condition(s) described above, unless a longer period has been specified above.

**THE INFORMATION AUTHORIZED FOR RELEASE MAY INCLUDE RECORDS WHICH MAY INDICATE THE PRESENCE OF A COMMUNICABLE OR VENEREAL DISEASE WHICH MAY INCLUDE, BUT ARE NOT LIMITED TO, DISEASES SUCH AS HEPATITIS, SYPHILIS, GONORRHEA, AND THE HUMAN IMMUNODEFICIENCY VIRUS, ALSO KNOWN AS ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS). [63 O. S. § 1-502.2] (B)**

Notice to individuals or entities releasing alcohol and drug abuse treatment records:

There shall be a statement in bold face, stamped upon each page of the information released stating, "This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient."

\_\_\_\_\_  
Signature of CLEET Applicant

\_\_\_\_\_  
Date

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

**SECTION E: AFFIDAVIT VERIFYING LAWFUL PRESENCE IN THE UNITED STATES OF AMERICA**

BPOC Director, Moore Norman Technology Center  
4701 12th Avenue N.W. Norman, OK. 73069

**AFFIDAVIT VERIFYING LAWFUL PRESENCE  
INTHEUNITEDSTATESOFAMERICA**

**Instructions:** All natural persons fourteen (14) years of age or older and present in the United States, applying for certification by CLEET are required to provide CLEET with verification of lawful presence in the United States by executing an Affidavit before a notary. Please complete the following affidavit. Select one of the options below by placing your initials on the line in front of the appropriate option, have the form notarized and return to the address on the top of this form.

**Affidavit of:** Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Initial: \_\_\_\_\_  
*[Print or type Applicant's Full Name]*

STATE OF OKLAHOMA                                    )  
  )  
ss: COUNTY OF \_\_\_\_\_                                    )

I, \_\_\_\_\_, of lawful age, being first duly sworn, upon oath states, under penalty of  
*(Applicant's name)*

perjury as follows: **(Initial one Option below)**

\_\_\_\_\_ **Option 1 - Verification of Citizenship:** I am a United States Citizen.

\_\_\_\_\_ **Option 2 - Affidavit Verifying Qualified Alien Status:** I am a qualified alien under the federal Immigration and Naturalization Act, and I am lawfully present in the United States. For verification purposes, the U.S. Citizenship and Immigration Service requires the I-94 Number and Alien Number. Please list your number(s) below.

I-94 Number: \_\_\_\_\_ Alien Number: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Applicant)

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 2

\_\_\_\_\_. Signature Notary Public: \_\_\_\_\_

Commission # \_\_\_\_\_ My Commission expires: \_\_\_\_\_

(Seal)

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

**SECTION F: MEDICAL AND FITNESS INFORMATION**

**Section F1: Medical Questionnaire** This medical information is correct as of \_\_\_\_\_

Name:		Sex: <input type="checkbox"/> M <input type="checkbox"/> F	
Address:		Blood Type:	
Phone(s)	Home:	Work:	
Social Security #:		Birth Date:	
Primary Care Physician:		Phone:	
Current Specialty Physician (if necessary):		Phone:	
Emergency Contact:		Relation:	
Address:		Phone:	
Preferred Hospital:			
Insurance Company:		Group #:	ID #:
Bleeding Problems? <input type="checkbox"/> Y <input type="checkbox"/> N		If Yes, Please Explain:	
Pacemaker? <input type="checkbox"/> Y <input type="checkbox"/> N Model #:	Heart Valve? <input type="checkbox"/> Y <input type="checkbox"/> N Name/Type:	Implants? <input type="checkbox"/> Y <input type="checkbox"/> N Name/Type:	
Purpose of Medication	Prescription Name	Dose	How Often?
Location medications are kept while at basic academy:			
<b>ALLERGIES: Medication/Food to Be Avoided:</b>		<b>Symptoms Expected if Consumed:</b>	
<b>Are there any physical and/or medical conditions that might limit your active participation in a self-defense and moderately strenuous physical conditioning program?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>If YES, please explain:</b>  			

I CERTIFY THAT I HAVE READ THE ABOVE STATED INFORMATION PROVIDED BY \_\_\_\_\_  
 BASED ON MY PHYSICAL EXAMINATION OF THE PATIENT, AND PRESUMING NO PREVIOUS INJURIES OR MEDICAL CONDITIONS HAVE BEEN OMITTED, I AM IN AGREEMENT WITH THE INFORMATION PROVIDED ON THE MEDICAL QUESTIONNAIRE.

\_\_\_\_\_  
 Printed Name of Treating Physician

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Treating Physician

\_\_\_\_\_  
 Physician Contact Phone



Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

YES	NO	LEVEL OF PHYSICAL ACTIVITY (check Yes or No)		
<input type="checkbox"/>	<input type="checkbox"/>	Are you currently involved in a regular exercise program such as walking, swimming, cycling, or jogging?		
<input type="checkbox"/>	<input type="checkbox"/>	Do you regularly walk or run one or more miles continuously?		
<input type="checkbox"/>	<input type="checkbox"/>	Do you practice weight lifting or calisthenics?		
<input type="checkbox"/>	<input type="checkbox"/>	Do you perform stretching exercises on a regular basis?		
<input type="checkbox"/>	<input type="checkbox"/>	Do you currently smoke cigarettes?		
<input type="checkbox"/>	<input type="checkbox"/>	If YES, how many cigarettes per day? _____ If you smoked in the past, when did you quit? _____		
<input type="checkbox"/>	<input type="checkbox"/>	Is there a family history of heart disease, hypertension, stroke, diabetes, lung disease or epilepsy?		
		If YES, please provide information regarding who the relative is, the medical problem, and the age at onset or death.		
		RELATIVE(S)	MEDICAL CONDITION	APPROXIMATE AGE AT ONSET OR DEATH
PLEASE LIST ANY SURGERY (even minor) YOU HAVE EVER HAD:				
DATE		TYPE		HOSPITAL/MEDICAL FACILITY
HAVE YOU EVER BEEN DIAGNOSED OR TREATED FOR ANY OF THE FOLLOWING?				
YES	NO	CONDITION	DATE	PHYSICIAN/HOSPITAL
<input type="checkbox"/>	<input type="checkbox"/>	High Blood Pressure		
<input type="checkbox"/>	<input type="checkbox"/>	Any Cardiac Problem (including surgery/pacemaker)		
<input type="checkbox"/>	<input type="checkbox"/>	Arthritis		
<input type="checkbox"/>	<input type="checkbox"/>	Convulsions		
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes		
<input type="checkbox"/>	<input type="checkbox"/>	Any Head or Neck Injury		
<input type="checkbox"/>	<input type="checkbox"/>	Any Back Problems		
<input type="checkbox"/>	<input type="checkbox"/>	Any Hip Problems		
<input type="checkbox"/>	<input type="checkbox"/>	Any Ligament Damage (elbow, wrist, knee, joint)		
<input type="checkbox"/>	<input type="checkbox"/>	Knee/Joint Problems		
<input type="checkbox"/>	<input type="checkbox"/>	Any Rupture or Hernia		
<input type="checkbox"/>	<input type="checkbox"/>	Asthma or Respiratory Condition		
<input type="checkbox"/>	<input type="checkbox"/>	AIDS		
<input type="checkbox"/>	<input type="checkbox"/>	Any Vision Problems (except those corrected by glasses or contact lenses)		
<input type="checkbox"/>	<input type="checkbox"/>	Other Problems (please list):		

I CERTIFY THAT I HAVE READ THE ABOVE STATED INFORMATION PROVIDED BY \_\_\_\_\_

BASED ON MY PHYSICAL EXAMINATION OF THE PATIENT, AND PRESUMING NO PREVIOUS INJURIES OR MEDICAL CONDITIONS HAVE BEEN OMITTED, I AM IN AGREEMENT WITH THE INFORMATION PROVIDED ON THE MEDICAL QUESTIONNAIRE.

\_\_\_\_\_  
Printed Name of Treating Physician

\_\_\_\_\_  
Signature of Treating Physician

Date

Physician Contact Phone

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

**SECTION F2: Physician Release**

Patient's Name: \_\_\_\_\_

BPOC applicants/cadets are required to perform a variety of essential physically demanding tasks including the following:

- Running
- Step and Slide Exercises (To the Left and Right)
- Diagonal and Rear Shuffle (To the Left and Right)
- Crawling on Stomach
- Bear Crawl
- Obstacle Dodge (Running in a Zig-Zag Manner around Obstacles)
- Weight Drag (Dragging a 95 lb. weight, 20 feet)
- Drive emergency vehicles
- Practice handcuffing
- Engage in baton and weapon retention techniques
- Qualify with both a handgun, rifle and shotgun
- Run, jump, wrestle and be thrown to the ground
- Participate in practicum activities
- Role-play in a number of job related scenarios which require strength, agility and endurance

Specifically, while learning Defensive Tactics and Custody and Control, the student must have leg strength and endurance necessary for instilling, through repetition, the balanced, dynamic footwork necessary for successful defense.

- Falls and Recoveries: The student will be taught to safely impact the ground from any direction and tactically recover to a standing fighting stance. This is necessary to safeguard the student not only from attacks on the street, but to allow for the practice training of throws and take downs that are taught later as a necessary officer skill when arrest requires physical force to be exerted.
- Active Countermeasures: The student will be required to deliver a variety of full speed, full power strikes and kicks, sometimes with accentuated joint angles. The student will also be required to receive and endure such strikes, from a training partner, while holding impact bags.
- Throws and Take Downs: The student must receive and deliver full power dynamic throws resulting in full impact with the ground. The student must endure and deliver continuous applications to instill muscle memory and he or she must continue to recover in a tactical manner.
- Stabilizations: As a prerequisite to combat cuffing, the student must endure and apply repeated locks, pins and applications of body weight while learning forced ground stabilizations.
- Joint Locks: The student must endure and deliver repeated applications of maximum threshold joint locks to all parts of the body, including the neck, shoulder, elbow, wrist, fingers, hips, knees, ankles and toes.
- Handcuffing: Using various positions, locks and holds, the student will endure and deliver repeated applications of steel handcuffs to the wrists.
- Batons: The student must deliver full speed, full power baton strikes and receive same while holding impact bags. Using the rigid baton, the student will also endure and apply locks, leverage and pressures to sensitive body areas.
- Weapon Retention and Disarming: The student must have sufficient grip strength to maintain a secure grip of holstered or unholstered weapons. The student must be capable of balanced dynamic movement and delivery of full power strikes. The student will also be required to move evasively from a variety of positions while maintaining a balanced structure and control of an adversary's weapon.

I CERTIFY THAT I HAVE READ THE ABOVE STATED DESCRIPTION OF THE ACTIVITIES FOR WHICH THE PATIENT WILL BE INVOLVED. I UNDERSTAND THAT HE/SHE WILL BE ENGAGED IN THE HIGHLY STRESSFUL AND RIGOROUS ACTIVITIES OF LAW ENFORCEMENT TRAINING.

BASED ON MY KNOWLEDGE AND EVALUATION OF \_\_\_\_\_, I CERTIFY THAT:

\_\_\_\_\_ **There are no contraindications** to the individual being capable of performing essential physical tasks. The applicant named above **is** physically qualified and capable of performing all of the above-described physical tasks pertaining to law enforcement training.

\_\_\_\_\_ **There are contraindications** to the individual and it is not recommended that the individual participate. The applicant named above **is not** physically qualified and capable of performing all of the above-described physical tasks pertaining to law enforcement training.

\_\_\_\_\_  
Printed Name of Treating Physician

\_\_\_\_\_  
Signature of Treating Physician

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician Contact Phone

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

### **Section F3: Physical Assessment for Safe Participation Test Instructions**

**(COMPLETE GUIDE FOR STUDENT PHYSICAL ASSESSMENT FOR SAFE PARTICIPATION TEST CAN BE FOUND ON Moore Normans Website under the Basic Peace Officer Certification program.)**

In accordance with Title 70 O.S. § 3311.11, any person who is employed as a peace officer within the State of Oklahoma and who is scheduled to attend the basic law enforcement certification academy shall, prior to admission, be required to provide proof of a score of a minimum of seventy percent (70%) on the Moore Norman Technology Center approved physical assessment test. The purpose of this test is to ensure the applicant is in sufficient physical condition to safely participate and/or avoid unnecessary injury during basic law enforcement training.

#### Test Review and Practice

The test guide outlines the components of the Physical Assessment for Safe Participation Test, and may be pre-screened or practiced prior to testing.

#### Test Administration

The Physical Assessment for Safe Participation Test will be administered by the institution prior to admission into basic peace officer academy training. Two testing days will be offered to allow the student four opportunities to successfully complete the test.

#### Passing the Safe Participation Test

Applicants will be administered the tests up to a total of four times - two times each of the two testing days, at times which allow the student more than one hour of rest between attempts. Disqualification counts as one of the four overall attempts. In the event the applicant fails or is disqualified on both tests on the first day and fails or is disqualified on both attempts on the second day he/she will not be allowed to begin the scheduled basic peace officer academy.

#### Physician Release (Titled Section F2 in this document)

All applicants must, prior to participating in the Test for Safe Participation, obtain a medical release signed by a physician stating that the applicant is physically capable and medically able to safely participate in the physical assessment test. Applicants will NOT be allowed to participate in the test without a signed medical release.

#### Waiver of Liability (Titled Section F4 in this document)

All applicants for the basic peace officer academy must, prior to participating in the Physical Assessment for Safe Participation Test, sign a Waiver of Liability and Release of All Claims form ("Waiver form"). Applicants will NOT be allowed to participate in the test without signing the Waiver Form.

#### What to Wear During the Test

Tennis shoes are recommended, as are sweat pants with a drawstring and a T-Shirt. To prevent sweat pants from moving down the legs and coming off during the stomach crawl component, applicants should tighten their sweat-pant drawstrings to ensure a tight fit. Shorts are not recommended for safety reasons. Applicants should NOT wear watches, rings or other items which could harm them while taking the test. **CLOTHING SHALL HAVE NO EXPOSED BUTTONS, ZIPPERS OR SNAPS.**

#### What Applicants Should do Prior to Taking the Test

Just prior to taking the test, applicants should consider jogging lightly, performing some jumping jacks to get their blood flowing, and stretching to prepare themselves for the short burst of physical exertion in which they are about to engage.

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

**SECTION F4: Official Waiver of Liability and Release of All Claims  
CLEET Physical Assessment for Safe Participation**

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**Instructions: Please read this form carefully and completely. Then sign and date the form at the bottom.**

I understand that a detailed description of the Physical Assessment for Safe Participation Test is available on the CLEET website, and I am aware of what this test entails. I further declare and represent that I am now in good health, that I am familiar with and understand the nature of the Physical Assessment for Safe Participation Test; that I am physically and medically fit to participate in the test; and that my personal attire is safe and fit for participation in the test. I personally assume any and all risks of injury with respect to all matters pertaining to my participation in the test, including death, damage, or loss which I may sustain as a result of participating in any activities associated with the test.

I hereby consent and agree to all of the following terms and conditions.

**Acknowledgment of Risk** As a participant in the Physical Assessment for Safe Participation Test, I recognize and acknowledge that there are certain risks of physical injury. I agree to assume the full risk of any injury, including death, damage or loss which I may sustain as a result of participating in any and all activities connected with or associated with the test.

**Waiver of Liability and Release of All Claims** I do hereby for myself, heirs, executors and administrators, and other parties claiming under or through me, fully waive, relinquish, release, and forever quit-claim and discharge CLEET and all its elected officials, trainers, officers, agents, employees, servants, monitors, and examiners from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related in any way to any loss, damage, or injury (including death) that may be sustained by me while participating in the Physical Assessment for Safe Participation Test, or upon the premises where the test is being conducted, whether the loss, damage, injury, or death results from the negligence of CLEET or its officials, trainers, officers, agents, employees, servants, monitors, or examiners, or is otherwise caused.

**Indemnity and Defense** I do hereby agree, for myself, heirs, executors, and administrators, and other parties claiming under or through me, to indemnify and hold harmless and defend CLEET and its officials, trainers, officers, agents, employees, servants, monitors, and examiners from any and all claims, suits or demands, actions, or causes of action whatsoever arising out of or related in any way to loss, damage, or injury (including death) that may be sustained by me while participating in the Physical Assessment for Safe Participation Test, or upon the premises where the test is being conducted.

**Other** I understand that the test administration staff may remove me from the test if they believe I might endanger myself or be a danger to others.

I hereby certify and declare that I have read all of the foregoing terms, conditions, and declarations, and I fully understand and agree to them.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

**SECTION G: READING, WRITING AND COMPREHENSION TEST**

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In accordance with Title 70 O.S. §3311.11, any person who is employed as a peace officer within the State of Oklahoma and who is scheduled to attend the basic law enforcement academy conducted by CLEET shall, within ninety (90) days of hire and prior to CLEET admission, be required to score a minimum of seventy percent (70%) on a reading, writing, and comprehension examination approved by CLEET. As an applicant to a CLEET approved BPOC Institution you are required to complete this testing prior to admission into basic peace officer academy training. The purpose of this test is to assure you can read and write on a level necessary to perform the requirements of the basic academy.

You may use the following link to the Career Tech website to locate the location nearest you to schedule the Police Officers Selection and Screening Exam (POSSE) Test.

<http://www.okcareertech.org/about/state-agency/divisions/testing/health-certification-program-hcp/oklahoma-posse>

**(Attach Proof of Passing POSSE Test Behind This Page)**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

**SECTION H: AUTHORITY TO RELEASE INFORMATION AND PARTICIPANT NOTIFICATION WAIVER**

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I hereby authorize any individual or any agency, governmental, private or otherwise, to release any information regarding my present and past employment; medical information regarding diagnosis and treatment of medical conditions which may affect my performance in the basic academy; any information relating to my criminal history; any education records, or any other information which is deemed confidential, to the BPOC Director, Moore Norman Technology Center. I further authorize the Moore Norman Technology Center or its authorized representative to release to any law enforcement agency, or other governmental agency, any information contained in this application or my permanent training file, including, but not limited to, psychological reports, mental health reports, medical reports, academic records, promissory note information and disciplinary reports.

This completed and signed application serves to notify the applicant that some phases of training offered herein may be physically demanding and rigorous in nature. Applicants should be in reasonably good physical condition to successfully complete the required training.

1. Falsification of any document, form, or instrument, cheating on any test, regardless of manner, violation of any federal or state law or local ordinance, or any CLEET or approved institution policy may result in immediate dismissal. Students shall be under direct control of CLEET or approved institution personnel in all training, testing, lodging, meals, or other applicable areas, regardless of the hours. Disrespect to any training personnel, student, or citizen, and any action that may bring disrespect to the Council on Law Enforcement Education and Training, or the Institution will not be tolerated.
2. Additional rules for individual academies will be provided at the beginning of each academy. Any violation of the rules will result in a letter of explanation, outlining the violation and the disposition taken.
3. Oklahoma law requires CLEET to make inquiry to determine that any applicant for peace officer certification is not currently undergoing treatment for a mental illness, condition or disorder and that the applicant has never been involuntarily committed to an Oklahoma state mental institution.

I certify that I am not currently undergoing treatment for a mental illness, condition or disorder nor have I ever been involuntarily committed to an Oklahoma state mental institution. I understand that in compliance with Oklahoma statutes Moore Norman Technology Center will make inquiry of the Oklahoma Department of Mental Health and Substance Abuse Services to determine any involuntary commitment to an Oklahoma state mental institution.

I certify that the statements made by me in this application are true and that I understand that any misrepresentation is sufficient cause for dismissal from the offered training and is a felony punishable by imprisonment in the Department of Corrections for a term of not less than two (2) years nor more than five (5) years, or by a fine not exceeding Two Thousand Dollars (\$2,000.00), or by both such fine and imprisonment. I certify that I have met the educational requirement and do not have a conviction of a felony, a crime of moral turpitude, or a crime of domestic violence, nor am I participating in a deferred sentence for a felony, a crime involving moral turpitude or a domestic violence offense. I accept personal responsibility for any injury that I might incur during training and relieve Moore Norman Technology Center and CLEET personnel of any financial or other liability

\_\_\_\_\_  
(Original Signature of Applicant) \_\_\_\_\_ Date

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 2

\_\_\_\_\_. Signature NotaryPublic: \_\_\_\_\_

Commission # \_\_\_\_\_ My Commission expires: \_\_\_\_\_

(Seal)

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

**SECTION I: ACKNOWLEDGMENT OF CONDITIONS TO ATTEND**

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**INSTITUTION BPOC DIRECTOR'S STATEMENT:**

I certify that I have read the conditions of the applicant's acceptance and participation. I further certify that I have made a reasonable inquiry and found that the applicant is not currently undergoing treatment for a mental illness, condition, or disorder. For purposes of Title 70 O.S. § 3311, subsection E, "currently undergoing treatment for mental illness, condition, or disorder" means the person has been diagnosed by a licensed physician or psychologist as being afflicted with a substantial disorder of thought, mood, perception, psychological orientation, or memory that significantly impairs judgment, behavior, capacity to recognize reality, or ability to meet the ordinary demands of life and such condition continues to exist. I understand that in the event of illness or injury to applicant, the full medical expenses will be borne by applicant. I have read and reviewed the completed information contained in this packet and certify that it is correct. I understand that submitting any false or fraudulent information is a felony punishable by imprisonment in the Department of Corrections for a term of not less than two (2) years nor more than five (5) years, or by a fine not exceeding Two Thousand Dollars (\$2,000.00), or by both such fine and imprisonment.

\_\_\_\_\_

\_\_\_\_\_

Signature of Proposed BPOC Director

Date Signed

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 2

\_\_\_\_\_. Signature Notary Public: \_\_\_\_\_

\_\_\_\_\_

Commission # \_\_\_\_\_ My Commission expires: \_\_\_\_\_

(Seal)