

State of Oklahoma
Council on Law Enforcement Education and Training
BASIC ACADEMY APPLICATION

The procedure for enrolling in a CLEET Basic Academy is as follows:

1. Employing agency will submit the required Notification of Employment Form within ten (10) days from date of hire. (Required by Title 70 O.S. 3311)
2. **COMPLETE AND RETURN APPLICATION WITHIN 30 DAYS OF RECEIPT. Applicant will not be allowed to attend academy unless the application has been received by CLEET and is 100% COMPLETE.**
3. Upon receipt of a **completed** application, CLEET will confirm the enrollment of the applicant in the assigned academy. Cancellations by the Agency should be reported as soon as possible to permit arrangements for other applicants to attend.
4. This package includes Sections:
 - A. Application to Attend (page 2)
 - B. Weapon Selection form (page 3)
 - C. Basic Academy Uniform and Equipment Requirements (page 4) **KEEP THIS PAGE FOR YOURSELF**
 - D. Department of Mental Health and Substance Abuse Services Consent for Release of Confidential Information (page 5) - *Must be signed by applicant. NOTE: This page is date sensitive.*
 - E. Verification of Lawful Presence in the United States (page 6) - *Must be completed/signed by applicant.*
 - F. Medical and Fitness Information
 - F1. Medical and Fitness Questionnaire (pages 7-8)
 - F2. Physician Release (page 9) - *Must be completed/signed by physician.*
 - F3. Physical Assessment for Safe Participation Test Instructions (page 10)
 - F4. Official Waiver of Liability and Release of All Claims (page 11) - *Must be signed by applicant.*
 - G. Proof of Reading, Writing and Comprehension Examination (page 12)
 - H. Authority to Release Information and Participant Notification (page 13) - *Must be completed and signed by applicant* Acknowledgment of Conditions to Attend (page 14) - Includes certification that applicant is a full-time, salaried police or peace officer and *must be signed by the Chief, Sheriff or Agency Head*
 - I. Promissory Note (*Not applicable to Tech Center BPOC Academy applicants*) (page 15-19)
5. 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.
6. All applicants should be aware that public areas of the CLEET facility may be subject to visual and audio recording.
7. **IF YOU ARE APPLYING TO ATTEND A TECH CENTER BPOC ACADEMY AN APPLICATION FEE OF \$25.00 IS DUE AT THE TIME OF APPLICATION. THAT FEE MUST BE PAID BY MONEY ORDER OR DEPARTMENT CHECK. NO PERSONAL CHECKS WILL BE ACCEPTED.**

Last Name: _____ First Name: _____ MI: _____

INSTRUCTIONS FOR APPLICANT: The information you provide in this Academy Application Packet will be used to determine whether or not you fulfill the requirements for acceptance in the basic academy. This form must be 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 within 30 days of receipt.

SECTION A: APPLICATION TO ATTEND

APPLICANT INFORMATION

SSN: _____ Last Name: _____ First: _____ MI: _____

DOB: _____ Place of Birth: _____ Sex: _____ Race: _____

Cell/Daytime Telephone: (_____) _____ Preferred email: _____

Home Address: _____
Street City State Zip

Mailing Address: _____
Street/P.O. Box City State Zip

Education:

HS Diploma Year: _____ School: _____ GED Year: _____ Where: _____

College # Hours: _____ Degree: _____ Univ/College: _____

- 1. Have you ever been convicted of a felony, a crime involving moral turpitude, or a crime of domestic violence in any state or federal court? Yes No
- 2. Are you currently participating or have you ever participated in a deferred sentence for a felony, a crime involving moral turpitude or a domestic violence offense? Yes No
- 3. Are you currently undergoing treatment for a mental illness, condition or disorder? Yes No
- 4. Have you ever been involuntarily committed to an Oklahoma state mental institution? Yes No

AGENCY INFORMATION

Agency: _____ Phone: _____ Fax: _____

Address: _____
Street City State Zip

Agency Head: _____
Name Title

Training Coordinator: _____
Name Title

I AM APPLYING FOR (SELECT APPROPRIATE CHOICE):

WILL YOU NEED HOUSING AT ADA DURING SKILLS?

____ Next available CLEET academy at Ada facility

____ YES _____ NO

____ Next available CLEET bridge academy at Ada facility

____ YES _____ NO

____ CareerTech BPOC academy Please list tech center and start date: _____
IF YOU SELECT THIS OPTION YOUR APPLICATION MUST BE ACCOMPANIED BY A \$25.00 APPLICATION FEE

Last Name: _____ First Name: _____ 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. 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. During the first week of the academy, students must present a letter from their agency head to change type of weapon.
3. 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.**

_____ **REVOLVER** (Check model below)

_____ .38 Cal. Smith and Wesson Revolver

_____ .38 Cal. Ruger Revolver

_____ .38 Cal. Colt Revolver (Students carrying the Colt Revolver will need to bring a backup weapon because repair parts are not available.)

_____ **SEMI-AUTO PISTOL** (Check model and caliber below)

MODEL

CALIBER

_____ Smith and Wesson

_____ 9 mm

_____ Colt - **Single Action Only**

_____ 10 mm

_____ Ruger

_____ .40 cal.

_____ Glock

_____ .45 cal.

_____ Sig Sauer

_____ .357 cal.

_____ Beretta

_____ H & K - **Model U.S.P. Only**

_____ Kimber

_____ Springfield

SECTION C: BASIC ACADEMY UNIFORM AND EQUIPMENT REQUIREMENTS

ACADEMY DRESS CODE (For Ada Training Facility only—cadets attending a CareerTech BPOC should check directly with the chosen program for uniform and equipment requirements)

3. Academy Uniforms

The prescribed Academy uniform:

- Khaki pants (Dickies/511s/Cargo-type)
- Navy blue polo-style shirt
- Black boots or shoes

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 Cadet 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 Cadet within the first week. The Cadet must print/copy his/her own curriculum.)
- Rain gear and weather appropriate clothing. (**NO** red or orange rain gear or clothing allowed for Cadets.)

Firearms Training

- Handgun – Selection process on previous page.
- .12-gauge pump-action shotgun, barrel length of 18” to 20” (Mossberg or Remington only)
- Ear protection - It is recommended that the Cadet 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. The range has side-shields available if needed.
- A brimmed hat or a hat with a bill (**NO** red or orange hats are allowed for Cadets.)
- 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.

NOTE: No outside ammunition is permitted during the Firearms block of instruction.

Custody and Control/Defensive Tactics

- Male Cadets are required to have groin protection.
- Female Cadets 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 Cadet may wear full-leg workout pants, Karate gi pants, or sweatpants (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 Cadet 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 Cadets.
- Personal headgear meeting or exceeding the specifications of Full90 Premier FIFA Soccer Headguard, which can be found at 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.**

KEEP THIS PAGE FOR YOUR RECORDS

Last Name: _____ First Name: _____ MI: _____

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

**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 the Council on Law Enforcement Education and Training (CLEET) 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 the CLEET basic peace officer academy or I am approved or denied to receive a security guard or investigator license.

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 Name: _____ MI: _____

SECTION E: VERIFICATION OF LAWFUL PRESENCE IN THE UNITED STATES OF AMERICA

Instructions: Anyone applying for certification by CLEET is required to provide CLEET with verification of lawful presence in the United States. Please complete the following verification.

Last Name: _____ First Name: _____ Initial: _____
[Print or type Applicant's Full Name]

I, _____, state under penalty of perjury under the laws of Oklahoma that the following is true and correct.

(Initial one option below)

_____ **Option 1 Verification of Citizenship:** I am a United States Citizen.

_____ **Option 2 Verification of Qualified Alien Status:** I am a qualified resident alien under the federal Immigration and Naturalization Act and I am lawfully present in the United States. For verification purposes, my U.S. Citizenship and Immigration Service I-94 and Alien numbers are as follows:

I-94 Number: _____
Alien Number: _____

Applicant Signature

Date and Place of Signature

Last Name: _____ First Name: _____ MI: _____

SECTION F: MEDICAL AND FITNESS INFORMATION

Section F1: Medical Questionnaire

This medical information is correct as of _____

Name:		Sex: M / 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? Y / N	If Yes, Please Explain:		
Pacemaker? Y / N Model #:	Heart Valve? Y / N Name/Type:	Implants? Y / N Name/Type:	
Purpose of Medication	Prescription Name	Dose	How Often?
Location Medications are Kept while at Basic Academy:			
ALLERGIES: Medication/Food to Be Avoided:		Symptoms Expected if Consumed:	
<p>Are there any physical and/or medical conditions that might limit your active participation in a self-defense and moderately strenuous physical conditioning program? YES_____NO_____</p> <p>If YES, please explain:</p>			

Last Name: _____ First Name: _____ MI: _____

YES	NO	LEVEL OF PHYSICAL ACTIVITY (check Yes or No)		
		Are you currently involved in a regular exercise program such as walking, swimming, cycling, or jogging?		
		Do you regularly walk or run one or more miles continuously?		
		Do you practice weightlifting or calisthenics?		
		Do you perform stretching exercises on a regular basis?		
		Do you currently smoke cigarettes?		
		If YES, how many cigarettes per day? _____ If you smoked in the past, when did you quit? _____		
		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
		High Blood Pressure		
		Any Cardiac Problem (including surgery/pacemaker)		
		Arthritis		
		Convulsions		
		Diabetes		
		Any Head or Neck Injury		
		Any Back Problems		
		Any Hip Problems		
		Any Ligament Damage (elbow, wrist, knee, joint)		
		Knee/Joint Problems		
		Any Rupture or Hernia		
		Asthma or Respiratory Condition		
		AIDS		
		Any Vision Problems (except those corrected by glasses or contact lenses)		
		Other Problems (please list):		

Last Name: _____ First Name: _____ MI: _____

SECTION F2: Physician/Medical Provider Release

Patient's Name: _____

Applicants/Cadets attending the Council on Law Enforcement Education and Training Basic Academy 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 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 cadet 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 un-holstered 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 REVIEWED THE APPLICANT'S MEDICAL QUESTIONNAIRE AND READ THE ABOVE STATED DESCRIPTION OF THE ACTIVITIES IN WHICH THE APPLICANT WILL BE EXPECTED TO PARTICIPATE. 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:

_____ The applicant named above **is** physically qualified and capable of performing all of the above-described physical tasks pertaining to law enforcement training.

_____ 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/Medical Provider

Signature of Treating Physician/Medical Provider

Date

Physician/Medical Provider Contact Phone

Last Name: _____ First Name: _____ MI: _____

Section F3: Physical Assessment for Safe Participation Test Instructions

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 conducted by CLEET shall, prior to admission, be required to provide proof of a score of a minimum of seventy percent (70%) on the CLEET 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 by the hiring agency prior to the offered test by CLEET.

Test Administration

The Physical Assessment for Safe Participation Test will be administered at the K. O. Rayburn Training Center in Ada, Oklahoma. Two testing dates will be available. Specific information about testing dates will be provided once a cadet is scheduled in a particular academy. **CareerTech BPOC applicants need to check with the appropriate Tech Center for test scheduling information.**

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 all attempts, he/she will be notified of the failure and their agency administrator, or designee, shall be notified immediately. The applicant will be directed to return to his/her agency and he/she will not be allowed to begin the scheduled basic 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 CLEET basic 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. This form will also be posted on the CLEET website.

What to Wear During the Test

Tennis shoes are recommended, as are sweatpants and a T-Shirt. To prevent sweatpants 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 allowed 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 Name: _____ MI: _____

SECTION F4: Official Waiver of Liability and Release of All Claims related to CLEET

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 to me upon request 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 such participation.

I further understand that the Basic Peace Officer Academy involves dangers, hazards, and risks including driver training, live firearms training, simulated firearms training, physical agility, defensive tactics, and custody and control training, other activities that may involve risks of injury, loud noises, bright lights, and other potentially dangerous circumstances. I personally assume any and all risks of injury with respect to all matters pertaining to my participation in the Academy, including death, damage, or loss, which I may sustain as a result of such participation.

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 and the Basic Peace Officer Academy, 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 or the Academy.

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 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 and the Basic Peace Officer Academy, or while otherwise upon the premises where the test or training 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 the Basic Peace Officer Academy, or upon the premises where the test or training is being conducted.

Other I understand that basic academy staff may remove me from the test or any phase of training 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 Name: _____ MI: _____

SECTION G: READING, WRITING AND COMPREHENSION TEST

In accordance with state statute, 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.

The purpose of this test is to ensure the applicant can read and write on a level necessary to perform the requirements of the basic academy.

You may use the following link to the CareerTech website to identify 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 Name: _____ MI: _____

SECTION H: AUTHORITY TO RELEASE INFORMATION AND PARTICIPANT NOTIFICATION

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 any authorized representative of the Council on Law Enforcement Education and Training. I further authorize the Council 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.

I acknowledge that some phases of training offered at the CLEET training facility in Ada or at other facilities that may be used from time to time by CLEET may be physically demanding and rigorous in nature. I understand that I need to be in reasonably good physical condition to successfully complete the required training.

1. All applicants must be full-time, salaried peace officers as prescribed by statutes, and must be enrolled and approved prior to attendance.
2. 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 policy may result in immediate dismissal.
3. Students shall be under direct control of CLEET 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 to his or her individual agency will not be tolerated.
4. Additional rules for individual academy 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, being sent to the respective officer's department head.

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 CLEET 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 understand that CLEET is also required, by statute, to immediately inform my employing agency of any involuntary commitment.

I certify the statements made by me in this application (meaning all sections of the basic academy application collectively) are true and correct. 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 requirements and do not have a conviction for a felony, a crime of moral turpitude, or a crime of domestic violence, I have not had nor am I participating in a deferred sentence for a felony, a crime involving moral turpitude, or a domestic violence offense, and I have not had a final protective order entered against me.

I accept personal responsibility for any injury or illness that I might incur or experience during training and relieve CLEET personnel of any financial or other liability.

I state under penalty of perjury under the laws of Oklahoma that the foregoing is true and correct.

Applicant Signature

Date and Place of Signature

Last Name: _____ First Name: _____ MI: _____

SECTION I: ACKNOWLEDGMENT OF CONDITIONS TO ATTEND

I certify that this applicant is or will be a full-time, salaried, peace officer as of the starting date of the next available basic academy or as of the starting date of a specifically requested CareerTech BPOC academy, as applicable. 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 or this employing agency. I have read and reviewed the completed information contained in this packet and certify and state under penalty of perjury under the laws of Oklahoma that the foregoing is true and correct.

Signature of Chief, Sheriff or Agency Head*

Date and Place of Signature

*If the applicant is the chief or agency head (other than sheriff) this form must be signed by the appointing authority (such as mayor, city manager, commission chair, etc.) An elected sheriff may sign the document for him- or herself.