



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, marital 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 (BAT) AND the Test for Adult Basic Education (TABE) test 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.

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)

	IN STATE	OUT OF STATE
Tuition	\$1800.00	\$7000.00
Lab Fee	566.00	566.00
Total	\$2,366.00	\$7,566.00

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:

	IN STATE	OUT OF STATE
Tuition	\$1435.00	\$4,500.00
Lab Fee	260.00	260.00
Total	\$1,695.00	\$4,760.00

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:

Uniform/books	500.00
Physical exam	150.00
Basic Abilities Test	40.00
State Exam	100.00
Total	\$790.00

THE APPLICATION PROCESS

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

CHECK LIST

- 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
- Law Enforcement and Correctional Officers applicants ONLY:**
Take and pass the Test of Adult Basic Education (TABE) for Vocational Programs – Schedule enclosed page 22.
- 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 TABE and BAT test, must be turned in **AS A COMPLETE PACKAGE** in person to office staff, Building 420, Room 141, Daytona Beach campus. 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 scores on the BAT or TABE 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
1200 W. International Speedway Blvd.
Daytona Beach, FL 32114**

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 ailment 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

NAME

ADDRESS

PHONE

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 _____ Signature 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 - High School Diploma or GED**
- Copy - Current Driver's License**
- Copy - TABE Results**

- Copy - Social Security Card**
- Copy - Department of Motor Vehicles Record**
- Copy - Military Discharge or Separation Papers**
- Copy - BAT 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 Statutes, 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 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: _____

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: _____

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

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.

TEST OF ADULT BASIC EDUCATION (TABE) FOR VOCATIONAL PROGRAMS

The TABE Test is given in the Testing Centers, at all campuses. If you have any questions about the TABE Test 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)

All Applicants must achieve at least 10.0 on every section of the TABE.

The Applicant must have completed the “**Application for Admission**” to DSC prior to taking the TABE. The Admissions Office is located in Building 100, on the Daytona Beach Campus (or you may apply at the Main Office at the West, South, and Flagler/Palm Coast campuses).

If you wish to be exempt from the TABE or portions of the
TABE please see *Assessment Services*
in Building 100, Room 107 for exemption qualifications.

TABE EXAMINATION TESTING SCHEDULE

MONDAY – THURSDAY 8:00 AM - 6:00 PM
AND
FRIDAY at 8:00 AM and 2:00 PM
(Please call Assessment Services as hours are subject to change)

Please report during these times to take this exam. Allow 1½ hour to complete testing.

The Applicant **MUST** present a picture I. D. to the Testing Center Personnel at the time of testing.

Note: If you need to re-take all or part of the TABE test, you are advised to go to the Vocational Preparation Instruction (VPI) Lab located in Bldg. 500, Room 124 on the Daytona Campus. An individualized plan will be prepared to assist you in working on your skills. The Lab is open Monday – Thursday 8 a.m. to 9 p.m. and Fridays 8 a.m. to 5 p.m. Saturday 9 – 1 p.m. You may possibly be retested to 21 days later.

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.





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

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

MSDS Safety Information For Punch M-3 Info. For included physical forms

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 CONDNG 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. "FOR INDUSTRIAL 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:

Flash Point Text: 53.0F, 11.7C

Autoignition Temp:

Autoignition Temp Text: 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 BUILDUP. 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. GENL MECH VENT (SUPDAT)

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

USERS OF THE "L" VERSION OF HMIS TO CONSULT "LR" VERSION FOR ADDITIONAL INFO(FP N). VENT: SHOULD COMPLY WITH OSHA 1910.94. FIRE FIGHT PROC: IF ACCOMPLISHED W/O RISK. %VOLAT: 95-99(WT).

Physical/Chemical Properties

HCC: **NRC/State LIC No:**

Net Prop WT For Ammo:

Boiling Point: **B.P. Text:** 180F,82C

Melt/Freeze Pt: **M.P/F.P Text:** N/K

Decomp Temp: **Decomp Text:** N/K

Vapor Pres: SEE INGS **Vapor Density:** 2.1

Volatile Org Content %: **Spec Gravity:** 0.786 @ 60F

VOC Pounds/Gallon: **PH:** N/K

VOC Grams/Liter: **Viscosity:** N/P

Evaporation Rate & Reference: 1.7 (BUTYL ACETATE=1)

Solubility in Water: N/K

Appearance and Odor: AMBER TO LIGHT RED W/PUNGENT, HIGH BITE
NOTICEABLE TASTE IN THROAT.

Percent Volatiles by Volume: SUPDAT **Corrosion Rate:** N/K

Reactivity Data

Stability Indicator: YES

Stability Condition To Avoid: HEAT, OPEN FLAMES, ELECTRICAL & STATIC DISCHARGES.

Materials To Avoid: STRONG ACIDS, ALKALIES & OXIDIZERS.

Hazardous Decomposition Products: NONE SPECIFIED BY MANUFACTURER.

Hazardous Polymerization Indicator: NO

Conditions To Avoid Polymerization: NOT RELEVANT.

Toxicological Information

Toxicological Information: N/P

HMIS HAZCOM Label

Product ID: PUNCH/M-3

Cage: AERKX **Assigned IND:** Y

Company Name: AERKO INTERNATIONAL

Street: 3410 N E 5TH AVE **PO Box:** 23884

City: FT LAUDERDALE **State:** FL **Zipcode:** 33307

Country: US

Health Emergency Phone: 800-424-9300(CHEMTREC)

Label Required IND: Y **Date Of Label Review:** 04/04/1995

Status Code: C **MFG Label NO:**

Label Date: 04/04/1995 **Year Procured:** N/K

Origination Code: G **Chronic Hazard IND:** N

Eye Protection IND: YES

Skin Protection IND: YES

Signal Word: DANGER

Respiratory Protection IND: YES

Health Hazard: Slight

Contact Hazard: Slight

Fire Hazard: Severe

Reactivity Hazard: None

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: PR OD IS AN EYE IRIT. TEARING & REDNESS MAY OCCUR. CHRONIC: NONE LISTED BY MANUFACTURER.

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Florida Department of Law Enforcement

PHYSICAL FITNESS ASSESSMENT

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



CJSTC 75B

- 1. Applicant's Name: _____
Last First MI
- 2. Applicant's Address: _____
- 3. Enter Last Four Digits of Social Security Number: _____
- 4. Training School: _____

5. The Applicant Is Requesting Admission Into a Basic Recruit Training Program for One of the Following Disciplines:

- Law Enforcement
- Correctional
- Correctional Probation

6. Student Participation in Basic Recruit Training Program Activities. A student enrolled in a basic recruit training program (B RTP) is required to participate in the following activities:

- A. Defensive tactics and firearms high-liability training is a component of the curriculum mandated by the Criminal Justice Standards and Training Commission. Firearms training requires firing a handgun and long gun creating exposure to lead. Defensive tactics training requires sustained physical exertion and chemical agent contamination to the chemicals oleo-resin capsicum (OC) and/or orthochlorobenzal-malonotrile (CS).
- B. Physical Fitness Conditioning and Physical Fitness Testing: A B RTP student shall participate in physical fitness conditioning and a fitness test and includes the following measures:
 - Vertical Jump
 - One Minute Sit Ups
 - 300 Meter Run
 - Maximum Push Ups
 - 1.5 Mile Run/Walk

C. The training center director has attached the training schools physical fitness conditioning program: Yes

*TO BE COMPLETED BY THE APPLICANT***

7. Medical Conditions Regarding OC/CS Contamination. A B RTP student should be aware of the following personal considerations that may restrict participation in the chemical agent contamination of the B RTP and could possibly be aggravated to a severe degree during the contamination: Recent eye surgery, heart problems, panic disorder or stress, respiratory disorder, emphysema (loss of elasticity/thinning of lung tissues), bronchial asthma, x-ray evidence of pneumoconiosis (black lung), evidence of reduced pulmonary (lung) function, chronic obstructive pulmonary disease, coronary (heart) artery disease, cerebral (brain) blood vessel disease, severe or progressive hypertension (high blood pressure), epilepsy, grand mal or petite mal (seizures), pernicious anemia (severe reduction in red blood cells), diabetes (any form), pueumomediastinum gap (air in the sac surrounding lungs), history of skin allergies, or any condition for which the student is presently taking medication.

8. B RTP Student Certification. I certify that I have reviewed the above information and I do 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.

9. Student's Printed Name: _____

10. Student's Signature: _____ Date: _____

11. Prior Exposure to OC or CS. 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:

I certify that I ~~have~~ OR ~~have not~~ been exposed to oleo-resin capsicum (OC) and/or orthochlorobenzal-malonotrile (CS) in the manner described in item number 11 above.

*TO BE COMPLETED BY THE EXAMINING PHYSICIAN***

12. Physician Attestment. 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, impairment, 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.

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.

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

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

14. _____
Physician, Certified Advanced Registered Nurse Practitioner, or Physician Assistant's License Number Licensing State

15. _____
Physician, Certified Advanced Registered Nurse Practitioner, or Physician Assistant's Professional Address

*TO BE COMPLETED BY THE TRAINING CENTER DIRECTOR OR DESIGNEE***

16. Training Center Director or Designee's Printed Name: _____

Training Center Director or Designee's Signature: _____ Date: _____

INSTRUCTIONS FOR COMPLETING FORM CJSTC-75B

A basic recruit student approved to enter a basic recruit training program (B RTP) 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 B RTP. 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 B RTP. **There is no pass or fail at this time.** The test results for each of the five required tests will be recorded on the Academy Physical Fitness Standards Report, form CJSTC-67A as "I" if the student did not perform the test component or "D" if the student was dismissed from the basic recruit training program.
 - A. **Defensive Tactics and Firearms Training.** Firearms training requires firing a handgun and long gun creating exposure to lead. Defensive tactics training requires sustained physical exertion and chemical agent contamination to the chemicals oleo-resin capsicum (OC) and/or orthochlorobenzal-malonotrile (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 orthochlorobenzal-malonotrile (CS).
8. **Basic Recruit Training Program Activities Certification.** The student shall check the appropriate box to indicate if he or she **does** or **does not** have a medical condition that would restrict participation in the B RTP activities indicated in item numbers 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 orthochlorobenzal-malonotrile (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 B RTP 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 attestment to item number 12 of this form.
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.