

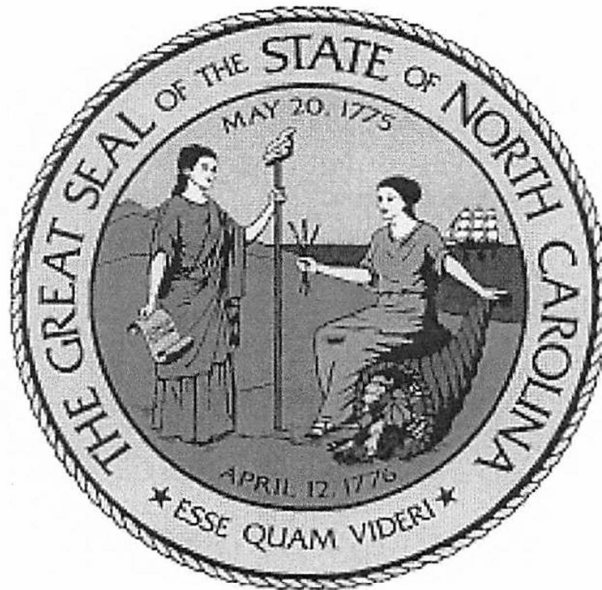
Sandhills

COMMUNITY COLLEGE

LEARN · ENGAGE · BELONG

Application for

BASIC LAW ENFORCEMENT TRAINING ACADEMY



OFFICE USE ONLY:

Returned _____ Accepted _____ Day _____ Night _____ Hoke _____

Dear Prospective Student:

Thank you for being so interested in the Basic Law Enforcement Training program at Sandhills Community College. Throughout the years, we have amassed a team of highly qualified, experienced, and dedicated instructors who are committed to meeting your educational needs and professional development. Collectively and individually, they will assist you in establishing a competent, confident and complete sense of preparedness for your employment with any law enforcement agency in North Carolina.

The BLET program in NC is established, monitored, and entirely controlled by the NC Department of Justice. The curriculum for this program is reviewed and approved by the NC Criminal Justice Education and Training Standards Commission. All administrative matters are handled through the NC Criminal Justice Education and Training Standards Division of the NC Department of Justice. Sandhills Community College maintains accreditation by the NC Department of Justice to deliver BLET.

Each block of instruction in the BLET curriculum is concluded with a cognitive testing instrument; many blocks have an additional practical skill element. Before sitting for the Comprehensive State Exam, a cadet must complete all cognitive and practical skill testing in every instruction block.

BLET classes are held at the Pinehurst Campus, Monday through Friday, starting at 8 AM and ending at 5 PM. Additionally, there are some Saturday and night classes included in the program. The program is expected to run roughly 5 months per class. Currently our goal is to hold two classes per calendar year, Spring and Fall semesters. These semesters will run mid January to mid June (SPRING), and mid July to mid December (FALL). You are required to be 20 years of age, or turning 20 before the class is scheduled to sit for the NC State Exam.

A prospective student may obtain a BLET application packet in one of three ways: they can be downloaded from our website, picked up outside of the BLET office in Blue Hall room 127, or at the Hoke campus in Raeford. You may also request a packet be emailed to you by contacting Ronald Turk or Jessica Mason: turkr@sandhills.edu or masonj@sandhills.edu

The application packet should be delivered to Sandhills Community College in person to the School Director. Please email to make an appointment before the packet is dropped off.

**THE ENTIRE BLET PACKET MUST BE COMPLETED.
FAILURE TO DO SO WILL PROHIBIT ADMISSION INTO THE ACADEMY.**

The estimated cost associated with attendance in the academy is approximately one thousand dollars (\$1,000.00). This amount should cover books and uniforms. Students are required to wear specific uniforms to class and physical training. Books must be purchased before the first day of class and must be the most recent updated lesson plans, this is a legal requirement by the State of North Carolina.

Books can be purchased at the NC Criminal Justice Academy Bookstore in Salemburg, NC, 910-926-6099. Credit card orders are accepted, and shipping is available. The required books/lesson plans are identified as the ***BLET Student Complete Kit***, HARDCOPY version only - no digital versions. You must make sure they are up to date for the class you are in. If you are purchasing the books close to the beginning of class, calling the bookstore would be beneficial to ensure you receive them before the first day. If you have applied for financial aid and need to use the SCC Foundation or scholarships, please let me know in advance.

Students must purchase the required clothing/school uniforms and extra items listed by the BLET School Director. We will provide the details when you are accepted into the program. We ask that you please pay attention to all details related to the program when information goes out in order to be prepared for class.

Several documents to give you a better insight into the academy have been included in this packet. Should you have further questions, please get in touch with Ronald Turk (910)-693-2666, turkr@sandhills.edu

Good luck, and we look forward to seeing you on the first day of the academy.

Sincerely,
Ronald Turk
BLET School Director

Step One:

All applicants must obtain a national background check from the FBI (to account for every place you have lived since you were sixteen (16 years of age). The following website will walk you through required steps needed to obtain the required background check:

<https://www.edo.cjis.gov/#/>

The background check is due 30 days prior to the start of class.

Sandhills Community College

Basic Law Enforcement Training Academy

The Application Process

Read this completely and follow strictly!

The application packet should be delivered to Sandhills Community College in person to Blue Hall, room 127 Office. Interoffice mail is acceptable if you drop it off at The Hoke Center. Please email to make an appointment to turn in your packet.

The BLET Application, when complete, will include the following:

1. Apply to Sandhills CC as a student under new and returning students - select BLET as your program during this process
2. An FBI background check that is obtained from <https://www.edo.cjis.gov/#/>
 - a. Follow all appropriate steps to complete the FBI check**** Sandhills Community College cannot help you with this background process**
3. NCSBI (North Carolina Bureau of Investigation) background check
 - a. <https://ncsbi.gov/Services/Background-Checks/Personal-Review>
4. A 10th-grade reading level is required to attend BLET. There are no exceptions to this requirement: **Send an email to hinesj@sandhills.edu or barbert@sandhills.edu with the Student Resources Center in Boyd Library to get scheduled for the test**
5. Copy of your birth certificate or other documentation supporting US citizenship
6. Copy of your driver's license, must be valid/not expired
7. Driver History Report from NCDMV <http://www.ncdot.gov/dmv/records/>
8. **Military:**
 - a. Former military: Copy of your DD214.
 - b. Current military: Pending separation papers, or documentation to show anticipated character of service for pending discharge ("Honorable," etc.); or documentation showing Honorable service if still active.
 - c. *Any "character of service" of "Bad Conduct" or "Dishonorable" shall require certified copies of court-martial proceedings that include final disposition.
9. If applicable (you have a criminal history), obtain certified copies of conviction for any misdemeanor or felony offense(s) from the clerk(s) or court(s) for each jurisdiction where there was a conviction.

9. Military (former or currently serving) criminal history checks should also be obtained from applicants respective branch - this responsibility falls on the applicant to obtain, SCC is not legally allowed to request background information from agencies
10. Official GED, Diploma, or official transcripts (in a sealed envelope) verifying graduation.
Graduation from an online or correspondence GED or High School does not qualify.
If you apply for any financial aid or VA benefits, you **MUST** provide official transcripts from High School and **EVERY** college attended.
11. Completed North Carolina Education and Training Standards Division Form F-1 (Medical History Statement) completed by you and signed by a Medical Doctor, Nurse Practitioner, or a Physician Assistant licensed to practice medicine in the State of North Carolina or military doctor or surgeon showing your accurate and true physical condition to the best of your knowledge. **Must be current within 180 days of the first day of class. Please make sure the Physician signs this form.**
12. Completed North Carolina Education and Training Standards Division Form F-2 (Medical Examination Report) completed by a Medical Doctor, Nurse Practitioner, or Physician Assistant licensed to practice medicine in the State of North Carolina or military doctor or surgeon, stating that you are physically able to participate in rigorous law enforcement physical fitness training. **Must be current within 180 days of the first day of class. Please make sure the Physician signs this form.**
13. Memo to Physician detailing Physical Fitness and POPAT requirements. Please make sure the Physician signs this form.
14. A completed F-3 Personal History Statement, signed by you.
15. A signed sponsorship letter from a city, town, county, or state law enforcement agency. The sponsorship letter must be dated before the first day of class. Do not delay in contacting agencies for sponsorship. Many agencies have additional requirements that must be met, and you need to allow time to meet those requirements.
16. Applicant must make a copy of all items in the application packet before returning it to the Office of Basic Law Enforcement Training. The Office of Basic Law Enforcement Training will **NOT** make copies of your application. You will need portions of this packet for hiring purposes. Make your copies before turning in your application.
17. Include an email address in your application, this will be used by the Academy to communicate with you.

The criteria for acceptance/denial are based on the contents of the complete application, criminal histories, reading comprehension scores, successful completion of the physical fitness assessments, and sponsorship acceptance by a North Carolina law enforcement agency. Applicants are advised to

be as neat, precise, and thorough in completing their application as possible. Only those applicants who have turned in a 100% completed application package and have a signed sponsorship letter will be seated in class. Notification of acceptance will be made as quickly as possible.

DO NOT PURCHASE ANY MATERIALS, EQUIPMENT OR SUPPLIES FOR THE CLASS UNTIL YOU HAVE BEEN NOTIFIED OF YOUR ACCEPTANCE.

We look forward to receiving your application,

Ronald Turk
BLET School Director
Criminal Justice Instructor

email: turkr@sandhills.edu
Phone: 910.693.2666
website: www.sandhills.edu

Sandhills

COMMUNITY COLLEGE

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3395 Airport Road
Pinehurst, NC 28324

REMINDER:

All applicants must obtain a background check from the FBI which must cover every jurisdiction they have lived since they were 16 years of age. The following website will walk you through the steps needed to obtain the required FBI background check.

www.edo.cjis.gov/#/

This report is due at least 30 days before the start of class. You are required to let us know if you will not have it in time.

If a jurisdiction is not covered you must obtain a separate check for that location.

12 NCAC 09B .0203 ADMISSION OF TRAINEES

(a) The school shall not admit any individual as a trainee in a presentation of the Basic Law Enforcement Training Course who is not a citizen of the United States.

(b) The school shall not admit any individual younger than 20 years of age as a trainee in any non-academic basic criminal justice training course. Individuals under 20 years of age may be granted authorization for early enrollment as trainees in a presentation of the Basic Law Enforcement Training Course with prior written approval from the Director of the Standards Division. The Director shall approve early enrollment if the individual will be 20 years of age prior to the date of the State Comprehensive Examination for the course.

(c) The school shall give priority admission in certified criminal justice training courses to individuals holding full-time employment with criminal justice agencies.

(d) The school shall not admit any individual as a trainee in a presentation of the "Criminal Justice Instructor Training Course" who does not meet the education and experience requirements for instructor certification under Rule .0302 of this Subchapter within 60 days of successful completion of the Instructor Training State Comprehensive Examination.

(e) The school shall not admit an individual, including partial or limited enrollees, as a trainee in a presentation of the Basic Law Enforcement Training Course unless the individual, within one year prior to admission to the Basic Law Enforcement Training Course, scores at or above mastery level on the NROC Edready™ Skills Inventory for English or places into course DRE 098 or above at a North Carolina Community College as a result of taking the Reading and English component of the North Carolina Diagnostic Assessment and Placement test as approved by the State Board of Community Colleges on October 17, 2014, (<http://www.nccommunitycolleges.edu/state-board-community-colleges/meetings/october-17-2014>), or has taken the reading component of a nationally standardized test and has scored at or above the tenth grade level or the equivalent. For the purposes of this Rule:

(1) Partial or limited enrollee does not include enrollees who hold or have held within 12 months prior to the date of enrollment, general certification pursuant to 12 NCAC 09C .0304.

(2) A "nationally standardized test" means a test that:

(A) reports scores as national percentiles, stanines, or grade equivalents; and

(B) compares student test results to a national norm.

(f) The school shall not admit any individual as a trainee in a presentation of the Basic Law Enforcement Training Course unless the individual has provided to the School Director a medical examination report, completed by a physician licensed to practice medicine in North Carolina, a physician's assistant, or a nurse practitioner, to determine the individual's fitness to perform the essential job functions of a criminal justice officer. The Director of the Standards Division shall grant an exception to this standard for a period of time not to exceed the commencement of the physical fitness topical area when failure to receive the medical examination report is not due to neglect on the part of the trainee.

(g) The school shall not admit any individual as a trainee in a presentation of the Basic Law Enforcement Training Course unless the individual is a high school, college, or university graduate or has received a high school equivalency credential recognized by the issuing state. High school diplomas earned through correspondence enrollment in an entity that charges a fee and requires the individual to complete little or no education or coursework to obtain a high diploma shall not be recognized toward the educational requirements.

(h) The school shall not admit any individual trainee in a presentation of the Basic Law Enforcement Training Course unless the individual has provided the School Director one of the following types of record checks in the manner set forth in Paragraph (i) of this Rule:

(1) a written notification, known as a "Criminal Record Conviction History for B.L.E.T. Enrollment," Form F-25, located at <https://www.ncdoj.gov/About-DOJ/Law-Enforcement-Training-and-Standards/Criminal-Justice-Education-and-Training-Standards/Forms-and-Publications.aspx>, from a department head stating that a criminal record check for local and state records has been conducted and no criminal convictions as listed in Paragraph (j) of this Rule were found that prohibit the individual trainee's enrollment in a presentation of the Basic Law Enforcement Training Course. The hiring agency or the individual trainee shall also provide certified court documentation for each criminal conviction;

(2) a certified criminal record check for local and state records, and certified court documentation for each criminal conviction. For the purpose of this Rule "Certified court documentation" and "record check" mean a document with either a raised seal or other visible verification that the document is authentic as a copy of the court's official record as authorized by law;

(3) if the individual trainee has only resided in North Carolina since obtaining the age of majority, provide a fingerprint-based criminal history background check known as a "Right to Review"

performed by the North Carolina State Bureau of Investigation. For the purpose of this Rule "Resided in" means any place the trainee has lived, worked, attended school, or participated in an internship. The individual shall also provide certified court documentation for each criminal conviction;

- (4) a fingerprint-based criminal history background check known as a "Right to Review" performed by a federal agency including all locations where the trainee has lived since obtaining the age of majority. The individual shall also provide certified court documentation for each criminal conviction; or
 - (5) trainees who have served in the United States Armed Forces, in addition to one of the types of criminal records checks listed in Subparagraphs (1) through (4) of this Paragraph shall provide a copy of their Certificate of Discharge, DD Form 214, that shows their "Character of Service" and "Narrative Reason for Separation." Individuals showing a "Character of Service" as "Bad Conduct" or "Dishonorable" shall provide certified copies of their court-martial proceedings to include the final disposition. Trainees shall also provide documentation to show that they have requested their official military personnel file, which shall be provided upon receipt.
 - (6) A trainee who has been naturalized as a United States Citizen is exempt from providing the criminal record checks for locations where they resided outside of the United States prior to naturalization.
 - (7) A trainee who has resided outside the United States, other than those described in Subparagraph (5) and (6), who cannot obtain a criminal record check from any location outside the United States shall document the following, to be forwarded to the Standards Division for review on a case by case basis:
 - (A) the name of the agencies contacted,
 - (B) the date the agencies were contacted,
 - (C) the contact information for the agencies contacted, and
 - (D) the reason the information cannot be provided.
- (i) Documents obtained in accordance with Paragraph (h) of this Rule shall meet the following requirements:
- (1) any records provided shall fall within the time period beginning when the trainee obtains the age of majority and continuing through the date of application;
 - (2) any records provided shall include all locations where the trainee has resided since obtaining the age of majority; and
 - (3) any records provided shall include all legal names utilized by the trainee since obtaining the age of majority.
- (j) The school shall not admit any individual as a trainee in a presentation of the Basic Law Enforcement Training Course who has been convicted of the following:
- (1) a felony;
 - (2) a crime for which the punishment could have been imprisonment for more than two years;
 - (3) a crime or unlawful act defined as a Class B Misdemeanor within the five year period prior to the date of application for employment, unless the individual intends to seek certification through the North Carolina Sheriffs' Education and Training Standards Commission;
 - (4) four or more crimes or unlawful acts defined as Class B Misdemeanors, regardless of the date of conviction;
 - (5) four or more crimes or unlawful acts defined as Class A Misdemeanors, except the trainee may be enrolled if the last conviction date occurred more than two years prior to the date of enrollment; or
 - (6) a combination of four or more Class A Misdemeanors or Class B Misdemeanors regardless of the date of conviction, unless the individual intends to seek certification through the North Carolina Criminal Justice Education and Training Standards Commission.
- (k) Individuals charged with crimes specified in Paragraph (j) of this Rule may be admitted into the Basic Law Enforcement Training Course if such offenses were dismissed or the person was found not guilty, but completion of the Basic Law Enforcement Training Course does not ensure that certification as a law enforcement officer or justice officer through the North Carolina Criminal Justice Education and Training Standards Commission will be issued. Every individual who is admitted as a trainee in a presentation of the Basic Law Enforcement Training Course shall notify the School Director of all criminal offenses the trainee is arrested for or charged with, pleads no contest to, pleads guilty to, or is found guilty of, and of all Domestic Violence Protective Orders (G.S. 50B) that are issued by a judicial official after a hearing that provides an opportunity for both parties to be present. This includes all criminal offenses except minor traffic offenses and includes any offense of Driving Under the Influence (DUI) or Driving

While Impaired (DWI). A "minor traffic offense" is defined, for the purposes of this Paragraph, as an offense where the maximum punishment allowable by law is 60 days or fewer. Other offenses under G.S. 20 (Motor Vehicles) or similar laws of other jurisdictions that shall be reported to the School Director are G.S. 20-138.1 (driving while under the influence), G.S. 20-28 (driving while license permanently revoked or permanently suspended), G.S. 20-30(5)(fictitious name or address in application for license or learner's permit), G.S. 20-37.8 (fraudulent use of a fictitious name for a special identification card), G.S. 20-102.1 (false report of theft or conversion of a motor vehicle), G.S. 20-111(5)(fictitious name or address in application for registration), G.S. 20-130.1 (unlawful use of red or blue lights), G.S. 20-137.2 (operation of vehicles resembling law enforcement vehicles), G.S. 20-141.3 (unlawful racing on streets and highways), G.S. 20-141.5 (speeding to elude arrest), and G.S. 20-166 (duty to stop in event of accident). The notifications required under this Paragraph shall be in writing and specify the nature of the offense, the court where the case was handled, the date of the arrest or criminal charge, the date of issuance of the Domestic Violence Protective Order (50B), and the final disposition and the date thereof. The notifications required under this Paragraph shall be received by the School Director within 30 days of the date the case was disposed of in court. The requirements of this Paragraph are applicable at all times during which the trainee is enrolled in a Basic Law Enforcement Training Course. The requirements of this Paragraph are in addition to the notifications required under 12 NCAC 10B .0301 and 12 NCAC 09B .0101(8).

(l) The school shall not admit any individual as a trainee in the presentation of the Basic Law Enforcement Training Course unless the individual has provided to the School Director:

- (1) copies of all active Domestic Violence Orders of Protection and Civil Non-Contact Orders issued to the individual; or
- (2) a signed and dated written statement from the individual certifying that no such active Orders exist related to the individual.

(m) The school shall not admit any individual as a trainee in the presentation of the Basic Law Enforcement Training Course unless the individual has provided to the School Director a copy of their valid driver's license.

History Note: Authority G.S. 17C-6; 17C-10; 93B-9;

Eff. January 1, 1981;

Amended Eff. January 1, 2019; April 1, 2018; January 1, 2017; February 1, 2016; November 1, 2015; March 1, 2015; January 1, 2015; June 1, 2012; February 1, 2011; June 1, 2010; December 1, 2004; July 1, 2004; August 1, 2002; August 1, 2000; January 1, 1995; March 1, 1992; July 1, 1989; January 1, 1985;

Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. May 25, 2019;

Amended Eff. July 1, 2020.

Sponsorship for Basic Law Enforcement Training

AGENCY _____

STUDENT _____

The above listed law enforcement agency agrees to sponsor the above listed student in the BASIC LAW ENFORCEMENT TRAINING (BLET) program at Sandhills Community College. This sponsorship does not constitute any agreement to hire the sponsored student upon completion of the BLET program or to provide any financial assistance to the student for or during enrollment in the course.

ACKNOWLEDGE

I, the undersigned sponsored student, understand that the above listed agency has undertaken no obligation to provide financial support or assistance for such training.

I, the undersigned sponsored student, further understand that the above listed agency has made no commitment for my employment upon completion of the BLET program or at any time in the future.

I, the undersigned sponsored student, accept responsibility for the nature and inherent risk to Basic Law Enforcement Training and do hereby release and discharge the above listed sponsoring agency, its agents, and its employees, from any and all claims, damages, or causes of actions resulting from or arising out of participation in the BLET program.

Agency Head Signature

Sponsored Student Signature

Date

Date

BLET Application Checklist

Check as you complete each item:

1. _____ Sponsorship Letter
2. _____ Apply to Sandhills as student under new and returning students, choose BLET as program
3. _____ BLET Packet filled out in entirety - **includes F-1, F-2, F-2A, F-2B and F-3, physicians certification**
4. _____ Birth Certificate or Proof of Naturalization
5. _____ Proof of Education – **provide all the following that apply to you:**
 - a. High School Diploma or Transcripts/GED Diploma or Transcripts
 - b. College Degree or Transcripts
 - c. **REQUIRED** Reading Comprehension Test – to be scheduled with Boyd Library (hinesj@sandhills.edu or barbert@sandhills.edu)
6. _____ Criminal History
 - a. FBI and NCSBI background checks
 - b. Branch background check if prior military
 - c. Criminal conviction/case history-dispositions (if there is criminal history)

If you are being hired, disregard above requirements, your agency/department **ONLY** needs to fill out an F-25 form
7. _____ Copy of Drivers License
8. _____ Copy of NCDMV complete extract driving history
9. _____ Copy of DD214 (military only)



**NORTH CAROLINA CRIMINAL JUSTICE
EDUCATION AND TRAINING STANDARDS COMMISSION**

PERSONAL HISTORY STATEMENT

It is the determination of the Commission that these questions are necessary in order to fully and adequately evaluate applicants for law enforcement and criminal justice certification. These questions are designed to ascertain whether the applicant meets the minimum standards for certification and serve no other purpose.

NOTE: This form is not designed for use as an initial application for employment and must not be used for that purpose. Rather, the applicant for a **CERTIFIED** position should complete this form prior to beginning his/her background investigation. This form should only be completed by applicants for a Commission-certified position.

NORTH CAROLINA
CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION
PERSONAL HISTORY STATEMENT

INSTRUCTIONS: Using the online form or legibly printing in ink fill out this form **completely** and **accurately**. If you need extra space, add additional pages and identify the information by item number. If an item does not apply to you, indicate by entering N/A in the blank.

NOTE: All statements are subject to verification and any incorrect statements or omissions may bar or remove you from certification. Truthful statements to any item requested will not necessarily exclude you from consideration.

THIS FORM MUST BE NOTARIZED UPON COMPLETION.

NOTE: The Social Security Number is used to make positive identification of applicant and/or law enforcement personnel. **DISCLOSURE IS VOLUNTARY.** However, failure to provide this information may result in a delay in the processing of application materials and may result in inaccurate records being assigned to you.

Agency: _____ Month: _____ Day: _____ Year: _____

Position(s) applied for: ☐ Police Officer ☐ Corrections Officer
☐ Probation/Parole Officer ☐ Juvenile Justice Officer ☐ Juvenile Court Counselor

PERSONAL

1. Name: _____ 2. Social Security Number: _____
First Middle Last

Maiden Name: _____

Other Previous Last Names: _____

Nicknames or Aliases: _____

Has your name ever legally changed? ☐ Yes ☐ No
If yes, submit documentation with date and attach to this form.

3. Present Mailing Address: _____
Street & Number City County State Zip Code

Permanent Mailing Address: _____
Street & Number City County State Zip Code

Telephone Number: _____
(Include Area Code) Home Work

Cell Phone: _____ Email Address: _____

4. Date of Birth: _____ 5. Place of Birth: _____

5. Citizenship: ☐ U.S. Born ☐ U.S. Naturalized ☐ Other – Specify

6. Do you possess a valid driver's license from the state of North Carolina? ☐ Yes ☐ No

Driver's License Number: _____ Year Issued: _____

7. Do you now possess, or have you ever possessed a driver's license issued by any state other than North Carolina?

If yes, give state and number: _____

Applicant Name: _____

Agency Applied: _____

8. Was your driver's license ever suspended or revoked?
- ☐
- Yes
- ☐
- No

If yes, state which and give reasons:

9. Was your driver's license ever restored?
- ☐
- Yes
- ☐
- No

When? _____

NOTE: Data solicited in this box will be used for Equal Employment statistical purposes only.

10. a. Ethnicity (check one):
- ☐
- Hispanic or Latino
- ☐
- Not Hispanic or Latino

b. Race (check all that apply):

☐ American Indian or Alaska Native☐ Native Hawaiian or Other Pacific Islander☐ Asian☐ White☐ Black or African American☐ Other _____

11. Sex:
- ☐
- Male
- ☐
- Female
- ☐
- Other _____
- ☐
- Prefer not to say

12. Have you previously submitted an application for employment with this agency?

☐ Yes☐ No

Approximate Date: _____

EDUCATIONAL

13. Indicate below the schools you have attended. (Include incomplete courses)

Indicate the type of High School you attended:

☐ Traditional☐ Home School☐ Distance Learning☐ Did not attend high school☐ Other: _____

Name Address (City & State)	No. Full Yrs Work Completed	When Attended	Graduated (Yes/No)	Degree Awarded	Major Field
High Schools or Equivalent					
Universities or Colleges					

Applicant Name: _____

Agency Applied: _____

14. If you did not graduate from high school, have you passed the General Educational Development (GED) Test?

☐ Yes

☐ No

If yes, when and where did you complete the GED?

15. Have you ever attended, in part or in whole, a Basic Law Enforcement Training Program?

☐ Yes

☐ No

If yes, when and where did the program take place?

NOTE: Questions included in the next section are intended to assist in the conducting of a background investigation and are not intended for use by the employing agency as disqualifying factors for employment as a criminal justice officer.

MARITAL

16. Marital Status (check one)

☐ Single

☐ Married

☐ Divorced

☐ Engaged

☐ Separated

☐ Widowed

17. Name of Spouse: _____

Name of Former Spouse(s):

--

18. List all of your children, including any adopted or stepchildren.

Name	Birth Date	Relationship	Address	Phone Number
(1).				
(2).				
(3).				
(4).				
(5).				
(6).				

FAMILY HISTORY

19. Are you related by blood or marriage to any person(s) now employed by this agency? ☐Yes ☐No

If yes, give name(s) and details:

--

Applicant Name: _____

Agency Applied: _____

20. Is any member(s) of your immediate family now in prison or on either probation or parole? ☐ Yes ☐ No

If yes, give name(s) and details:

--

RESIDENCES

21. List every city/county in which you have lived, with present address at top:

From Mo/Yr		To Mo/Yr		Address of Residence	City County State

FINANCIAL

22. What income other than salary do you have at present?

--

23. List all businesses you currently own or have financial interest in (**do not list any stocks and bonds**):

--

24. Are you now supporting all children born to you, adopted by you and stepchildren? If not, give details:

☐ Yes ☐ No ☐ N/A

--

25. Are there persons, other than your spouse and listed children, who are presently dependent upon you for support? If yes, give name and details: ☐ Yes ☐ No ☐ N/A

--

Applicant Name: _____

Agency Applied: _____

26. Have you ever been sued with a civil judgment being rendered against you? Please note this includes repossessions, evictions, executions, failure to pay child support, etc. (Do not include divorce)

☐ Yes

☐ No

☐ Not sure (explain)

If yes, give details:

27. What is the total amount of all your debts at present? \$ _____

28. What is the average monthly total of all of your bills, payments, and current living expenses? \$ _____

29. List credit references, including creditors to which you make monthly payments:

A. _____ Amount Owning \$ _____

Name of Business

Street Address

City and State

B. _____ Amount Owning \$ _____

Name of Business

Street Address

City and State

C. _____ Amount Owning \$ _____

Name of Business

Street Address

City and State

D. _____ Amount Owning \$ _____

Name of Business

Street Address

City and State

E. _____ Amount Owning \$ _____

Name of Business

Street Address

City and State

F. _____ Amount Owning \$ _____

Name of Business

Street Address

City and State

Applicant Name: _____

Agency Applied: _____

WORK HISTORY

30. Have you ever had a conditional offer of employment rescinded for any reason from any employment where the position required certification or licensing of any sort?

☐ Yes ☐ No

If yes, list agency name and give details:

31. Have you ever held a position in any capacity which required certification or licensure from any Commission, Board, or Agency established to certify or license that position? (Note: List any such Commission, Board, or Agency, whether in or out of North Carolina.) ☐ Yes ☐ No

31a. If yes, was such certification or license ever surrendered, suspended, revoked or any sanctions taken against it by the issuing authority? ☐ Yes ☐ No

31b. If such certification or license was ever surrendered, suspended, revoked, or any sanctions taken against it by the issuing authority, please list the agency's name taking the action against the certification or license, date of the action, reason for the action, and the period of time for the suspension, revocation, or sanction.

Applicant Name: _____

Agency Applied: _____

32. Have you ever been discharged, requested to resign, or allowed to resign in lieu of termination, from any position because of criminal or personal misconduct or rules violations?

☐ Yes

☐ No

If yes, list organization name and give details:

33. Do you object to wearing a uniform?

☐ Yes

☐ No

34. Do you object to working nights?

☐ Yes

☐ No

35. Do you object to working rotating shifts?

☐ Yes

☐ No

36. Do you object to occasionally being away from home overnight and for other periods of time attending meetings, acquiring training and otherwise performing official duties?

☐ Yes

☐ No

37. List **ALL** jobs, positions or appointments you have held in the last ten years to include temporary, part-time, paid or not paid employment, active or inactive reserve, and internships. Put your present or most recent job first. List a **Reason for Leaving** for each job. Include military service in proper time sequence and temporary part-time jobs. If there are gaps in your employment please provide an explanation for each period of unemployment.

a. Title of present or last position _____

Employer Address and Phone Number: _____

Name

Phone Number

Street

City

State

Zip Code

Date Employed: _____ Starting Salary: _____ Last Salary: _____

Date Separated: _____ Name/Title of Supervisor: _____

☐ Full Time _____ Yrs _____ Mos

☐ Part Time _____ Yrs _____ Mos

If part time, number of hours worked per week _____ No. employees supervised by you _____

Applicant Name: _____

Agency Applied: _____

Duties:

Reason for leaving:

b. Title of present or last position _____

Employer Address and Phone Number: _____

Name

Phone Number

Street

City

State

Zip Code

Date Employed: _____ Starting Salary: _____ Last Salary: _____

Date Separated: _____ Name/Title of Supervisor: _____

☐ Full Time _____ Yrs _____ Mos ☐ Part Time _____ Yrs _____ Mos

If part time, number of hours worked per week _____ No. employees supervised by you _____

Duties:

Reason for leaving:

Agency Applied: _____

Employer Address and Phone Number: _____

Phone Number

Zip Code

Date Separated: _____ Name/Title of Supervisor: _____

☐ Part Time _____ Yrs _____ Mos

Duties:

--

--

Employer Address and Phone Number: _____

Phone Number

Zip Code

Date Separated: _____ Name/Title of Supervisor: _____

☐ Part Time _____ Yrs _____ Mos

Page 10

Applicant Name: _____

Agency Applied: _____

Duties:

Reason for leaving:

e. Title of present or last position _____

Employer Address and Phone Number: _____

Name

Phone Number

Street

City

State

Zip Code

Date Employed: _____ Starting Salary: _____ Last Salary: _____

Date Separated: _____ Name/Title of Supervisor: _____

☐ Full Time _____ Yrs _____ Mos ☐ Part Time _____ Yrs _____ Mos

If part time, number of hours worked per week _____ No. employees supervised by you _____

Duties:

Reason for leaving:

Applicant Name: _____

Agency Applied: _____

f. Title of present or last position _____

Employer Address and Phone Number: _____

Name

Phone Number

Street

City

State

Zip Code

Date Employed: _____ Starting Salary: _____ Last Salary: _____

Date Separated: _____ Name/Title of Supervisor: _____

☐

Full Time _____ Yrs _____ Mos

☐

Part Time _____ Yrs _____ Mos

If part time, number of hours worked per week _____ No. employees supervised by you _____

Duties:

--

Reason for leaving:

--

g. Explain periods of unemployment of three (3) months or more.

--

Applicant Name: _____

Agency Applied: _____

MILITARY SERVICE

38. Were you ever in the U.S. Military Service or any other military organization?

☐ Yes☐ NoWere you ever denied entrance into the military? ☐ Yes ☐ No If yes, why?

39. What was the highest rank that you held? _____

40. What was the last rank that you held? _____

41. What was the date and location of your first enlistment or commission? Date: _____

42. List each tour of active duty where a DD-214 was issued:

Branch	Unit (Company or Ship)	Location	From Mo./Yr.	To Mo./Yr.

43. List all duty stations: _____

Branch	Unit (Company or Ship)	Location	From Mo./Yr.	To Mo./Yr.

44. Have you ever received any of the following types of discharge:

Type of Discharge	Yes	No
Uncharacterized		
Honorable		
General (under honorable conditions)		
Under other than honorable conditions		
Bad Conduct Charge		
Dishonorable Discharge		
Dismissal		

Applicant Name: _____ Agency Applied: _____

45. Were you ever court-martialed, tried on charges, or the subject of a summary court, deck court, non-judicial punishment, captain's mast, company punishment, article 15, **and/or any other disciplinary action** while a member of the military, national guard or reserve unit?

☐ Yes ☐ No If yes, explain what occurred and what type of punishment you received:

46. List all medals and decorations awarded you during your military service:

47. If you are presently a member of the National Guard or any military reserve, give the unit, location, and describe your obligation:

USE OF DRUGS

NOTE: In questions 48 and 49, the word 'used' means "one time or more, including experimentation." If any answer is yes, give full and complete details. (Attach extra sheets if necessary.)

48. Have you ever used, to include tasting, any drugs illegal under North Carolina or Federal law, including but not limited to, marijuana, steroids, opiates, pills, heroin, cocaine, crack, LSD, designer or synthetic drugs, etc., to include even one-time use or experimentation?

☐ Yes ☐ No ☐ I don't know (explain below)

If yes, what were the circumstances, drugs used, and when did the usage last occur?

When was the last time?

49. Have you ever used prescription drugs other than under the supervision of, or as prescribed by, a physician?

☐ Yes ☐ No ☐ I don't know (explain below)

If yes, what were the circumstances, drug(s) used, and when did the usage last occur?

50. Have you ever purchased, possessed, manufactured, grown, delivered or sold any amount of illegal drugs or controlled substances for which you did not have a valid prescription?

☐ Yes

☐ No

☐ I don't know (explain below)

CRIMINAL OFFENSE RECORD AND DISCIPLINARY ACTIONS

NOTE: Answer all of the following questions completely and accurately. Any falsifications or misstatements of fact may be sufficient to disqualify you. If any doubt exists in your mind as to whether or not you were arrested or charged with a criminal offense at some point in your life or whether an offense remains on your record, you should answer "Yes." You must list any and all criminal charges regardless of the date of offense and the disposition (to include dismissals, not guilty, nol pros, PJC, or any other disposition where you entered a plea of guilty). Juvenile charges or arrests should also be listed.

Include all offenses other than minor traffic offenses. Specifically include DWI, DUI, driving while under the influence of drugs, driving while license permanently revoked, speeding to elude arrest, or duty to stop in event of accident. **Attached to this form is an additional list of North Carolina traffic offenses which must be listed.**

You must include any and all offenses and convictions regardless of whether or not the offenses/convictions were expunged. If you list a charge(s), please attach certified and true copies of warrant(s) and judgment(s) for each offense, **even if documentation and charges have previously been reported to this agency.**

51. Have you ever been arrested by a law enforcement officer or otherwise charged with a criminal offense? (The term "charged" as used in this question includes being issued a criminal citation or summons).

☐ No-Applicant's Initials _____

☐ Yes, please list below

	Offense Charged	Type		Disposition Offense (if different from original offense)	Date of Offense	Disposition Date	County/State	Probation	
		Misd	Felony					Yes	No
1									
2									
3									
4									
5									

(ATTACH EXTRA SHEETS, IF NECESSARY)

51A. Have you ever had a criminal offense or criminal conviction expunged?

☐ No - Applicant's Initials _____

☐ Yes, please list below

	Offense Expunged/Sealed	Type		Disposition Offense (if different from original offense)	Date of Offense	Disposition Date	Date Expunged	County/State	Probation	
		Misd	Felony						Yes	No
1										
2										
3										
4										
5										

(ATTACH EXTRA SHEETS, IF NECESSARY)

Applicant Name: _____

Agency Applied: _____

Under federal law you may be disqualified, on a personal or general basis, to receive or possess a firearm under certain conditions. To determine whether federal restrictions may be applicable, please answer for each of the following if you:

- (a) currently are under Indictment or Information in any court for a crime punishable by imprisonment for a term exceeding one year.
- (b) have been convicted in any court of a crime punishable by imprisonment for a term exceeding one year. If you have such a conviction, please note in your answer whether the conviction has been pardoned, expunged, or set aside, or whether you have had your civil rights restored.
- (c) are a fugitive from justice.
- (d) are an unlawful user of, or addicted to, marijuana, or any depressant, stimulant, or narcotic drug, or any other controlled substance.
- (e) have been adjudicated mentally defective or have been involuntarily committed to a mental institution.
- (f) have been discharged from the Armed Forces under dishonorable conditions.
- (g) are illegally in the United States.
- (h) have renounced your citizenship, having previously been a citizen of the United States.
- (i) are subject to a court order that restrains you from harassing, stalking, or threatening an intimate partner or child.
- (j) have been convicted in any court of a misdemeanor crime of domestic violence.

NOTE: If you answer positively to any of the above and have any reason why you think a federal bar would not apply, please provide the legal or factual basis in your answer. A positive answer to any of the above does not by itself mean you are disqualified to possess a firearm. If you provide a positive answer, the Commission will look carefully at the circumstances to see how the law applies.

If any of the above (a through h) apply, please note below and submit an explanation on a separate sheet of paper which accompanies this form. Your signature on the attestation found on page 17 of this document indicates you have read this section and understand each of the disqualifiers.

52. Have you ever had a Domestic Violence Protection Order issued against you?

(Include both ex-parte Domestic Violence Protective Orders and those entered subsequent to a hearing.)

☐ Yes ☐ No

Date of Issuance: _____

County of Issuance: _____

Name of Plaintiff: _____

Date of expiration: _____

Applicant Name: _____

Agency Applied: _____

53. Have you been convicted of a misdemeanor under federal or state law which has, as an element, the use or attempted use of physical force or threatened use of a deadly weapon?

☐ Yes ☐ No ☐ I don't know (explain below)

If so, did you commit the act(s) against a current or former spouse, parent, or guardian or against a person with whom you were or are cohabiting with or a person similarly situated to a spouse, parent, or guardian of the victim (Domestic Violence Offense)?

☐ Yes ☐ No

Offense Charged: _____

Law Enforcement Agency _____

Date: _____

Disposition _____

REFERENCES

54. Give the names of four responsible persons, other than relatives or past employers, who could provide information about your character, ability, experience, personality, and other qualities.

Name	Address	Telephone
A.		
B.		
C.		
D.		

Applicant Name: _____

Agency Applied: _____

STATE OF:

☐ **NORTH CAROLINA**

☐ **Other:** _____

COUNTY OF _____

I hereby certify that each and every statement made on this form is true and complete and understand that any misstatement or omission of information will subject me to disqualification or dismissal. I also acknowledge that I have a continuing duty to update all information contained in this document. I will report to the employing agency and forward to the NC Criminal Justice Education and Training Standards Commission any additional information which occurs after the signing of this document.

This the _____ day of _____, 20 ____

(Applicant Signature in Full)

(Applicant Print Name in Full)

Subscribed and sworn before me,

this the _____ day of _____, 20 ____

Notary Public (Official Seal)

My Commission Expires: _____, 20 ____

EXCERPT FROM CLASS B MISDEMEANOR MANUAL OF TRAFFIC OFFENSES WHICH ARE NOT MINOR

20-28	Driving while license permanently revoked (20-28(b))[(b) Repealed]	10/1/94 -11/12/96	1
20-28(d)(3)	Driving while license permanently revoked (3 rd offense)	5/31/02-Present	1
20-30(5)	Fictitious name or address in any application for a driver's license or learner's permit (20-35)	5/31/02-Present	2
20-37.7(e)	Special identification card (fraud or misrepresentation in application of or use thereof)	01/01/06-Present	2
20-37.8	Fraudulent use of a fictitious name for a special identification card (20-37.8(b)) [NOTE: violations of 20-37.8(b) became felonious eff. 12/1/99]	10/1/94-12/1/99	2
20-37.8	Fraudulent use of a fictitious name for a special identification card (20-37.8(c))	5/31/02-Present	2
20-63(g)	Registration of plates furnished by the Division, etc. (alteration, disguise, or concealment of numbers)	01/01/06-Present	2
20-71.4	Failure to disclose damage to a vehicle	01/01/06-Present	2
20-102.1	False report of theft or conversion of a motor vehicle	10/1/94-Present	2
20-111(5)	Fictitious name or address in application for registration	10/1/94-Present	1
20-130.1	Use of red or blue lights on vehicles prohibited (20-130.1(e))	10/1/94-Present	1
20-136.2	Air bag installation	01/01/06-Present	1
20-137.2	Operation of vehicles resembling law-enforcement vehicles (20-137.2(b))	10/1/94-Present	1
20-138.1	Driving while impaired (punishment level 1; 20-179(g) or 2 (20-179(h))	10/1/94-5/31/02	M
20-138.1(d)	Driving while impaired (punishment level 1; 20-179(g) or 2 (20-179(h))	5/31/02-Present	M
20-138.2	Impaired driving in commercial vehicle (20-138.2(e))	10/1/94-Present	M
20-141(j)	At least 15 mph over; trying to elude arrest [NOTE: Repealed paragraph (j) eff. 12/1/97; recodified under 20-141.5(a)]	10/1/94-12/1/97	1
20-141.3(a) & (c)	Unlawful racing on streets and highways	11/12/96-Present	1
20-141.5(a)	Speeding to elude arrest	11/17/99-Present	1
20-157(h)	Duty to Move Over	01/01/06-Present	1
20-166(b)	Duty to stop in event of accident or collision	10/1/94-Present	1
20-166(c)	Duty to stop in event of accident or collision	10/1/94-Present	1
20-166(c1)	Duty to stop in event of accident or collision	10/1/94-Present	1
20-183.8(b1)	Inspection violation by Inspector	3/1/11-Present	3
20-279.31(b)(1)	Other violation; penalties (gives information required in a report of a reportable accident, knowing/having reason to believe information is false)	01/01/06-Present	1
20-279.31(b)(2)	Other violations; penalties (forges or without authority signs any evidence of proof of financial responsibility)	01/01/06-Present	1
20-279.31(b)(3)	Other violations; penalties (forges/offers for filing any evidence of proof of financial responsibility, knowing/having reason to believe that evidence is forged/signed without authority)	01/01/06-Present	1
20-313.1	Making false certification or giving false information	01/01/06-Present	1
20-371	Regulation of professional house moving [increased punishment from Class 3 to Class 1 misdemeanor]	3/1/11-Present	1

*Note that violations of 20-138.1 Driving While Impaired (punishment levels 3, 4 & 5) are considered Class A Misdemeanor and should also be listed in response to number 51.

CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION



CRIMINAL JUSTICE STANDARDS DIVISION

Post Office Drawer 149, Raleigh, NC 27602

Telephone: (919) 661-5980

Fax (919) 779-8210

MEDICAL HISTORY STATEMENT

Form F-1

(Rev. 11-2022)

This information is for official use only and will not be released to unauthorized persons.

Payment for services rendered is the responsibility of the hiring agency or the individual.

The Criminal Justice Standards Division is NOT responsible for payment.

Mail form to hiring agency or individual

DO NOT mail form to Criminal Justice Standards Division

Instructions:

To be completed by applicant for a certifiable position prior to the physical examination and presented to the examining qualified medical professional (Physician, Physician's Assistant, or Nurse Practitioner licensed to practice medicine in North Carolina), or Physician and/or Surgeon authorized to practice medicine in accordance with the rules and regulations of the U.S. Armed Forces, at the time of examination [12 NCAC 9B .0104(a)]. All questions must be answered completely and accurately. The original or a copy must be retained in personnel files by the appointing agency.

Date: _____

Name: _____ Date of Birth: _____
Last First Middle

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Last 4 Digits of SSN: _____

Current Medications

Prescription Medications: (Include pain relievers, birth control pills, etc.)

Over the Counter Medications: (Include all cold allergy, headache, vitamins, supplements, herbal remedies, etc.)

Allergies

Drug Allergies: (Include your reaction to the medication)

All Other Allergies: food, insects, seasons, animals, materials, etc. (Include reaction)

Past Medical History

List **ALL** hospitalizations and operations since childhood:

(Include type of surgery, date of surgery, any complications or other significant information)

Have you **EVER**, in your life, had any of the following types of medical problems? [check all that apply to you]

- ☐ 1. **CANCER:** any type of cancer including skin cancer, breast cancer, and leukemia?
- ☐ 2. **MAJOR INFECTIOUS DISEASE:** such as tuberculosis, hepatitis, HIV/AIDS, rheumatic fever and others?
- ☐ 3. **NEUROLOGICAL PROBLEMS:** such as seizure disorder, stroke, concussion, severe headache, skull fracture, recurrent vertigo, balance problems, encephalitis, meningitis, tremors, multiple sclerosis, Huntington's chorea, peripheral neuropathy and others?
- ☐ 4. **PSYCHOLOGICAL PROBLEMS:** such as depression, manic episodes, psychotic episodes, post traumatic stress disorder and others?
- ☐ 5. **EYE PROBLEMS:** such as eye injury, color blindness, poor night vision (night blindness), glaucoma, blindness in one or both eyes, very poor vision when not corrected and others?
- ☐ 6. **EAR PROBLEMS:** such as ear injury, chronic ringing (tinnitus), chronic or long lasting ear infection, Meniere's disease, moderate to severe hearing loss in one or both ears and others?
- ☐ 7. **NOSE PROBLEMS:** such as nose injury, allergies, nasal bleeding, loss of sense of smell, chronic or long lasting infections and others?
- ☐ 8. **MOUTH OR THROAT PROBLEMS:** such as injury, major dental work, any kind of speech defect, chronic or long lasting infections, abnormality of nose, mouth or throat that would interfere with wearing a respirator and others?
- ☐ 9. **LUNG PROBLEMS:** such as asthma, emphysema, chronic or recurrent bronchitis, pneumonia, tuberculosis or lung abscess and others?
- ☐ 10. **HEART AND CIRCULATION PROBLEMS:** such as heart murmur, heart disease, heart attack, hypertension (high blood pressure) irregular rhythm, valve abnormalities, varicose veins, phlebitis, peripheral vascular disease, Raynaud's disease and others?
- ☐ 11. **DIGESTIVE SYSTEM PROBLEMS:** such as any kind of ulcer disease, hepatitis or liver disorder, any kind of colitis, Crohn's disease, ulcerative colitis, irritable bowel syndrome, esophageal disorders, pancreatitis, gall stones, stomach or intestinal bleeding and others?
- ☐ 12. **HORMONE OR ENDOCRINE PROBLEMS:** such as diabetes, thyroid disease, parathyroid or adrenal problems and others?
- ☐ 13. **URINARY TRACT PROBLEMS:** such as kidney stones, pyelonephritis (kidney infection), nephrosis, single functioning kidney, polycystic kidney disease, repeated bladder infections and others?
- ☐ 14. **HERNIA:** such as inguinal, umbilical, ventral, femoral, hiatal or incisional hernias?
- ☐ 15. **MUSCLE, BONE AND JOINT PROBLEMS:** such as chronic back or neck pain, numbness fibromyalgia, back or neck disk disease, osteomyelitis (bone infection), muscular dystrophy, arthritis, spinal curvature, carpal tunnel syndrome loss of a finger or toe, and others?
- ☐ 16. **BLOOD SYSTEM PROBLEMS:** such as anemia, hemophilia or bleeding disorder, white blood cell abnormality and others?

(Continued on next page)

Males Only:

- ☐ 17. Prostate problems such as enlargement or prostatitis?
☐ 18. Genital problems such as epididymitis or testicular injury?

Females Only:

- ☐ 19. Currently pregnant?
☐ 20. History of endometriosis, pelvic inflammatory disease, abnormal Pap smear, PMS or other problem with your menstrual cycle?

Immunizations

- ☐ 21. Have you ever had a positive TB test?
☐ 22. Have you received Hepatitis B vaccinations? Date Received: _____
☐ 23. When did you receive your last tetanus (lockjaw) immunization? _____

Occupational History

Have you ever been exposed to any of the following, whether at home, work, military or any other setting? [check all that apply]

- ☐ 24. Repetitive Loud Noises (Including guns, jet engines, loud machinery)?
☐ 25. Chemical exposure to skin or lungs?
☐ 26. Dusty conditions (sandblasting, grinding, mining or drilling of rock, coal, silica, asbestos)?

Check all YES answers:

- ☐ 27. Have you ever sustained an injury while at work that necessitated extended care by a health care provider?
☐ 28. Have you ever had a motor vehicle accident or other injury event causing back or neck pain?
☐ 29. Are you limited or unable to perform any physical activity because of muscle or joint discomfort?
☐ 30. Do you have any missing limbs or non-functional joints?
☐ 31. Do you have numbness, weakness, or pain in your upper extremities (including your hands)?
☐ 32. Have you ever been advised by a physician to avoid sitting or standing over a certain time?
☐ 33. Have you ever worked in the criminal justice field?
33a.If yes, have you ever missed more than three consecutive days of work for any medical or psychological problem?
☐ 34. Have you ever served in any of the armed forces?
34a.If yes, have you ever missed more than three consecutive days of service for any medical or psychological problem?
☐ 35. Do you have any medical condition that would prevent you from working extended shift periods, rotating shifts, or night shifts?
☐ 36. Do you have difficulty sitting for any extended period of time?
☐ 37. Have you ever been advised by a physician to avoid lifting above a certain weight limit?
☐ 38. Do you have any difficulty in properly holding, aiming or firing a handgun, rifle or shotgun?
☐ 39. Do you have any difficulty driving at high speeds in a motorized vehicle?
☐ 40. Have you ever had an automobile accident while driving over sixty (60) miles per hour?
☐ 41. Have you ever had any automobile accidents as a result of losing control of your vehicle?
☐ 42. Do you have any difficulty driving for three (3) consecutive hours without stopping?
☐ 43. Do you have any difficulty running for five (5) consecutive minutes without stopping?
☐ 44. Have you ever passed out, temporarily lost control of any part of your body, or had blackout spells (episodes you do not remember)?

(Continued on reverse side)

Additional pages may be attached and must include your name, the last four digits of your social security number, and must be signed and dated.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slightly textured appearance and some minor discoloration or shadows, suggesting it's a physical scan of a real piece of paper.

Any falsification, withholding or failure to answer all questions completely and accurately may disqualify you from receiving or retaining employment or certification as a criminal justice officer. Falsification regarding pre-existing conditions may disqualify you from receiving benefits from your employer.

I hereby certify that there are no willful misrepresentations, omissions or falsifications in the foregoing statements and answers to questions, and that all statements and answers are true and correct to the best of my knowledge and belief.

Date Signed

Signature of Qualified Medical Professional (Use Ink)

Date Reviewed

Medical License Number

CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION
CRIMINAL JUSTICE STANDARDS DIVISION

Post Office Drawer 149, Raleigh, NC 27602
Telephone: (919) 661-5980

MEDICAL EXAMINATION REPORT

Form F-2
(Rev. 08-2025)

This information is for official use only and will not be released to unauthorized persons.
Payment for services rendered is the responsibility of the hiring agency or the individual.
The Criminal Justice Standards Division is NOT responsible for payment.
Mail form to hiring agency or individual
DO NOT mail form to Criminal Justice Standards Division

Instructions:

To be completed by applicant for a certifiable position prior to the physical examination and presented to the examining Physician, Physician's Assistant, or Nurse Practitioner who holds a current license in the United States to practice medicine, as issued by a state medical board [12 NCAC 9B .0104(a)]. All questions must be answered completely and accurately. The original or a copy must be retained in personnel files by the appointing agency.

Date: _____

Name: _____
Last First Middle

Date of Birth: _____ Last 4 Digits of SSN: _____

Employing Agency: _____

Vitals

Height: _____ Weight: _____

Blood Pressure: _____ Heart Rate: _____ SP02: _____ RR: _____

ECG: _____

Vision

Visual Acuity (If applicant wears glasses or contacts, test and record acuity with and without glasses/contacts)

Without glasses: R - 20 / _____ L - 20 / _____ Both - 20 / _____ Meets Standards Does Not Meet Standards

With glasses: R - 20 / _____ L - 20 / _____ Both - 20 / _____ Meets Standards Does Not Meet Standards

With contacts: R - 20 / _____ L - 20 / _____ Both - 20 / _____ Meets Standards Does Not Meet Standards

Color Perception

Normal Abnormal: _____ Meets Standards Does Not Meet Standards

Visual Fields

Normal Abnormal: _____ Meets Standards Does Not Meet Standards

Hearing

Hearing Acuity (Audiogram)

Check if Assisted Device Used by Patient

Yes

No

Right Ear Normal Abnormal: _____ Meets Standards Does Not Meet Standards

Left Ear Normal Abnormal: _____ Meets Standards Does Not Meet Standards

Examination

HEENT:	Normal	Abnormal	_____
Cardiac Examination:	Normal	Abnormal	_____
Peripheral Circulation:	Normal	Abnormal	_____
Lungs:	Normal	Abnormal	_____
Abdomen:	Normal	Abnormal	_____
Musculoskeletal:	Normal	Abnormal	_____
Neurological:	Normal	Abnormal	_____
Skin:	Normal	Abnormal	_____

Screening

Urinalysis Normal Abnormal _____
Tuberculosis Questionnaire (F-2A) Administered: Yes No Additional Screening Required: Yes No
Specify Additional Screening: _____

Certification

Are there any conditions, physical, emotional, or mental, which, in your opinion, suggest further examination?

No Yes: _____

Do you have any reservations about this candidate's ability to physically perform required duties?

No Yes: _____

Meets Standards - Cleared

Does Not Meet Standards - Further Evaluation Required

Does Not Meet Standards - Disqualified

I have read and fully understand the Medical Screening Guidelines for the Certification of Criminal Justice Officers in the State of North Carolina Implementation Manual. This manual can be found on our website at:

<https://ncdoj.gov/law-enforcement-training/criminal-justice/forms-and-publications/>

Signature of Qualified Medical Professional

Medical License #

Date

Practice Information

Name: _____ Phone #: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION

CRIMINAL JUSTICE STANDARDS DIVISION

Post Office Drawer 149, Raleigh, NC 27602

Telephone: (919) 661-5980

Tuberculosis Questionnaire

Form F-2A
(Rev. 08-2025)

This information is for official use only and will not be released to unauthorized persons.

Attach to Form F-2 (Medical Examination Report)

DO NOT mail form to Criminal Justice Standards Division

Date: _____

Name: _____
Last First Middle

Date of Birth: _____ Last 4 Digits of SSN: _____

Employing Agency: _____

Tuberculosis Risk Questions

- | | | |
|--|-----|----|
| 1) Were you born outside the USA in one of the following parts of the world: Africa, Asia, Central America, South America or Eastern Europe? | Yes | No |
| 2) Have you traveled outside the USA and lived for more than one month in one of the following parts of the world: Africa, Asia Central America, South America or Eastern Europe? | Yes | No |
| 3) Do you have a compromised immune system such as from any of the following conditions: HIV/AIDS, organ or bone marrow transplantation, diabetes, immunosuppressive medicines (e.g. prednisone, Remicade), leukemia, lymphoma, cancer of the head or neck, gastrectomy or jejeunal bypass, end-stage renal disease (on dialysis), or silicosis? | Yes | No |
| 4) Have you ever done one of the following: used crack cocaine, injected illegal drugs, or resided in jail or prison? | Yes | No |
| 5) Have you ever been exposed to anyone with infectious tuberculosis? | Yes | No |
| 6) Have you ever done one of the following: worked or resided at a homeless shelter, worked in a jail or prison, worked as a healthcare worker (including in a hospital or clinic), or worked as an Emergency Medical Responder or Emergency Medical Technician? | Yes | No |

Tuberculosis Symptom Questions

Do you currently have any of the following symptoms?

- | | | |
|--|-----|----|
| 1) Unexplained cough lasting more than 3 weeks | Yes | No |
| 2) Unexplained fever lasting more than 3 weeks | Yes | No |
| 3) Night sweats (sweating that leaves bedclothes and sheets wet) | Yes | No |
| 4) Shortness of breath | Yes | No |
| 5) Chest Pain | Yes | No |
| 6) Unintentional weight loss | Yes | No |
| 7) Unexplained fatigue (very tired for no reason) | Yes | No |

CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION
CRIMINAL JUSTICE STANDARDS DIVISION

Post Office Drawer 149, Raleigh, NC 27602
Telephone: (919) 661-5980

Medical Examination Report Addendum

Form F-2B
(Rev. 08-2025)

This information is for official use only and will not be released to unauthorized persons.
Payment for services rendered is the responsibility of the hiring agency or the individual.
The Criminal Justice Standards Division is NOT responsible for payment.
Mail form to hiring agency or individual
DO NOT mail form to Criminal Justice Standards Division

Instructions:

To be completed by applicant for a certifiable position prior to the physical examination and presented to the examining Physician, Physician's Assistant, or Nurse Practitioner who holds a current license in the United States to practice medicine, as issued by a state medical board [12 NCAC 9B .0104(a)]. All questions must be answered completely and accurately. The original or a copy must be retained in personnel files by the appointing agency.

Date: _____

Name: _____
Last First Middle

Date of Birth: _____ Last 4 Digits of SSN: _____

Employing Agency: _____

Additional Exam Notes

Certification

Meets Standards - Cleared

Does Not Meet Standards - Further Evaluation Required

Does Not Meet Standards - Disqualified

I have read and fully understand the Medical Screening Guidelines for the Certification of Criminal Justice Officers in the State of North Carolina Implementation Manual. This manual can be found on our website at:

<https://ncdoj.gov/law-enforcement-training/criminal-justice/forms-and-publications/>

Signature of Qualified Medical Professional

Medical License #

Date

Practice Information

Name: _____ Phone #: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

MEMORANDUM

TO: Physician

FROM: Ronald Turkn
School Director
Basic Law Enforcement Training
Sandhills Community College

SUBJECT: Physician's Certification of Fitness

RE: _____
Cadet Name

This certification is being presented to you by an applicant for the Basic Law Enforcement Training (BLET) program at Sandhills Community College. By requesting that you complete this certificate, the applicant is expressing a desire to participate and complete the physical fitness block and the Police Officers Physical Abilities Test (POPAT) course as a part of the BLET program. The class/course involves a combination of a lecture concerning wellness, lifestyle modifications, techniques and specific activities to improve physical fitness.

The applicant, as a student in the training program, will be given a physical assessment designed by the Institute of Aerobic Research, Dallas, Texas, and administered by a certified physical fitness instructor. The testing includes:

Blood pressure
Weight
Vertical Leap
Bench press
1minute pushup
1 minute sit up
300 meter run
1.5 mile runn

Students will also be required to participate in workout session three times per week that last approximately 60 minutes. Activities include, but are not limited to walking, calisthenics, jogging, running, stretching, cycling, circuit training, weight lifting, and step aerobics.

POPAT course consist of a chase/apprehension phase and a rescue phase.

Scenario # 1: Chase/Apprehension

1. Chair to Cone 1(40ft.) and back (around chair) 2 timeso
2. Chair to Cone 2 (60ft.) while successfully completing each obstacle before moving to the next:o
____broad jump____fence climb____crawl
3. Cone 2 to mat and perform Roll Drillo
4. Roll Drill, 2 repetitions (a-d equals one repetition)o
 - a. Start on top of the 100 lb. heavy bag with left knee on mato
 - b. Roll to the right until bag is over bodyo
 - c. Continue roll in same direction until back on top of heavy bag (complete when right knee toucheso
mat)
 - d. Perform complete turn to left until left knee touches mato
5. Perform 10 push-upso
6. Roll Drill, 2 repetitionso
7. Return to Cone 2 while successfully completing each obstacle before moving to the next:o
____broad jump____fence climb____crawl
8. Cone 2 to step box and perform 15 Steps (up and down) on step boxo
9. Roll Drill, 2 repetitionso
10. Perform 10 pushupso
11. Roll Drill, 2 repetitionso

Scenario #2: Rescue

1. Run from Cone 1to Cone 2 (50 ft.) and back 2 timeso
2. Perform 15 Steps (up and down) on step boxo
3. Run from Cone 1to Cone 2 (50 ft.) and back 2 times
4. Drag 175 lb. dummy from Cone 3 to Cone 4 (25ft.) and back to Cone 3 (past line adjacent to
to cone each way)o

Your completion of this form will imply that you are not aware of any conditions, i.e., physical, mental, or emotional, that would restrict or hinder the applicant from participating and completing this class/course requirement. Your signature also implies that you do not have any reservations about this applicant's ability to physically participate in this program.

If you need further information or have any questions or concerns, please contact me at Sandhills Community College, 910-693-2666.

Please sign below indicating your recommendation for the above named applicant.

(Physician's Signature)

(Date)

Name and address of Physician
Please print or type/stamp

