



LEARN • ENGAGE • BELONG

Application for

**BASIC LAW ENFORCEMENT TRAINING
ACADEMY**



Dear Prospective Student:

Thank you for your interest 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.

The BLET curriculum consists of thirty-nine (39) blocks of instruction. Each block is concluded with a cognitive written test, and many of the blocks have an additional practical skill element. Prior to sitting for the Comprehensive State Exam at the conclusion of the course, a cadet must successfully complete all cognitive and practical skill testing in each and every block of instruction. The Sandhills Community College currently offers two BLET courses per year, one in January-June, and one in July-December. You are required to be 20 years of age, or turning 20 before the class is scheduled to sit for the NC end of course comprehensive state exam.

A prospective student may obtain a BLET application packet in one of three ways. Packets can be downloaded from our website, picked up from the BLET office in Blue Hall room 127, or picked up at the Hoke campus in Raeford. You may also request a packet be mailed to you by contacting Ron Turk at 910-693-2666 or email: turkr@sandhills.edu.

The application packet may be delivered to Sandhills Community College in person or mailed to the College, Attention: Ron Turk at 3395 Airport Road, Pinehurst, NC 28374.

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

The estimated costs associated with attendance in the academy are approximately one thousand dollars (\$1000.00). These costs cover uniforms and books. Students are required to wear specific uniforms to class and physical training. Books and uniforms 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 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 or e-version, in the current year and edition. The hardcopy version is recommended unless you are very familiar with studying material in an online version on your personal laptop. Do not purchase the books until approximately one month before class starts to ensure you have the most up to date version.

Students must purchase the required clothing/school uniforms and extra items listed by the BLET School Director. We will provide details when you are accepted into the program, before classes start.

Several documents, to give you better insight into the academy, have been included with this packet. Should you have further questions, please contact Ron 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 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 unless the you have discussed a later timeframe with the School Director.

Sandhills Community College

Basic Law Enforcement Training Academy

The Application Process

Read this completely and follow exactly!

The application packet may be delivered to Sandhills Community College in person to Blue Hall, Room 127 office. It is best to email or call and make an appointment to drop-off your packet.

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

1. Apply to Sandhills Community College as a student under the college website, “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
3. North Carolina State Bureau of Investigation (SBI) 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 exception to this requirement: To schedule a reading test, send an email to one of the below employees with the Student Resources Center in Boyd Library and request to schedule a BLET TABE reading test:
 - a. **Tiffany Barber**: barbert@sandhills.edu | 910-695-3833 or
 - b. **Christy Sowell** (part-time LRC staff): sowellc@sandhills.edu | 910-695-3890
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. Copy of driver history report from NC DMV <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 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 (if you have a criminal history), obtain certified copies of conviction for any misdemeanor or felony offense(s) from the clerk(s) of court(s) for each jurisdiction where there was a conviction.
10. Military (current and former) criminal history checks should 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.
11. 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 are going to apply for any financial aid or VA benefits you MUST provide official transcripts from High School and EVERY college attended.

12. 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.**
13. Completed North Carolina Education and Training Standards Division Form F-2, Medical Examination Report, **completed 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**, 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.**
14. Completed North Carolina Education and Training Standards Division Form F-2ATuberculosis Questionnaire.
15. Completed North Carolina Education and Training Standards Division Form F-2B Medical Examination Report Addendum. **Please make sure the Physician signs this form.**
16. Memo to Physician detailing Physical Fitness and POPAT requirements. **Please make sure the Physician signs this form.**
17. A completed F-3 Personal History Statement, signed by you and **notarized**.
18. A signed sponsorship letter from a city, town, county or state law enforcement agency. The sponsorship letter must be dated prior to the first day of class. Do not delay in contacting agencies for sponsorship. Many agencies have additional requirement that must be met, and you need to allow time to meet those requirements.
19. Applicant must make a copy of all items contained in the application packet prior to returning it to the Office of Basic Law Enforcement Training. The Office of Basic Law Enforcement Training will NOT make copies of your application for you. You will need portions of this packet for hiring purposes. Make your copies prior to turning in your application.
20. Include an email address and cell phone number in your application, these will be used by the academy to communicate with you.

The criteria used for acceptance/denial is based on the contents of the complete application, criminal histories, the 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 the completion of their application as possible. 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.

Ron Turk, Public Safety Department Head
turkr@sandhills.edu 910-693-2666
3395 Airport Road, Pinehurst, NC 28324

12 NCAC 09B .0203 ADMISSION OF TRAINEES

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

(b) The Commission-accredited school shall not admit any individual younger than 20 years of age as a trainee in any basic criminal justice training course. Individuals under 20 years of age may be granted authorization for early enrollment as trainees in a presentation of BLET with prior written approval from the Director of the Division. The Director shall approve early enrollment if the individual will be 20 years of age, and is otherwise qualified, prior to the date of the State Comprehensive Examination for the BLET.

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

(d) The Commission-accredited school shall not admit any individual as a trainee in a presentation of the Commission-accredited Criminal Justice Instructor Training Course who does not meet the education and experience requirements for instructor certification under Rule .0302 of this Subchapter.

(e) The Commission-accredited school shall not admit an individual, including limited enrollment trainees, pursuant to Rule .0405 of the Subchapter, as a trainee in a presentation of BLET unless the individual, within one year prior to admission to the BLET, scores at or above mastery level on the NROC EdreadyTM 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) Limited enrollment trainees do 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 Commission-accredited school shall not admit any individual as a trainee in a presentation of BLET unless the individual has provided to the School Director a medical examination report, completed by a physician, a physician's assistant, or a nurse practitioner, who holds a current license in the United States to practice medicine, as issued by a state medical board, to determine the individual's fitness to perform the essential job functions of a criminal justice officer. The Director of the Division shall grant an exception to this requirement 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 Commission-accredited school shall not admit any individual as a trainee in a presentation of BLET 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 conferred through correspondence enrollment from any entity that imposes a fee and requires little or no academic instruction or coursework for issuance of the diploma shall not be recognized for purposes of satisfying the educational requirements.

(h) The Commission-accredited school shall not admit any individual trainee in a presentation of BLET unless the individual has provided the School Director one of the following types of record checks:

(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 (m) of this Rule were found that prohibit the individual trainee's enrollment in a presentation of BLET. 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, including domestic and foreign locations where the individual has resided; or
- (i) Trainees who have served in the United States Armed Forces, in addition to one of the types of criminal records checks listed in Subparagraphs (h)(1) through (4) of this Rule 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.
- (j) 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.
- (k) A trainee who has resided outside the United States, other than those described in Paragraph (j) of this Rule, 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:
- (1) the name of the agencies contacted,
 - (2) the date the agencies were contacted,
 - (3) the contact information for the agencies contacted, and
 - (4) the reason the information cannot be provided.
- (l) 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.
- (m) The Commission-accredited school shall not admit any individual as a trainee in a presentation of BLET 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 scheduled graduation;
 - (4) a crime or unlawful act defined as a Class B Misdemeanor occurring after the date of certification;
 - (5) four or more crimes or unlawful acts defined as Class B Misdemeanors, regardless of the date of conviction;
 - (6) four or more crimes or unlawful acts defined as Class A Misdemeanors, except the trainee is not barred from enrollment if the last conviction date occurred more than two years prior to the date of scheduled graduation; or
 - (7) a combination of four or more Class A Misdemeanors or Class B Misdemeanors regardless of the date;
 - (8) an offense that pursuant to 18 USC 922(g)(8) would prohibit the possession of a firearm.
- (n) Individuals charged with crimes specified in Paragraph (m) of this Rule are not barred from enrollment into BLET if such offenses were dismissed or the person was found not guilty, but completion of BLET 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 BLET 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 BLET. The requirements of this Paragraph are in addition to the notifications required under 12 NCAC 10B .0301 and 12 NCAC 09B .0101 (13).

(o) The Commission-accredited school shall not admit any individual as a trainee in the presentation of BLET who has an active Domestic Violence Order of Protection or Civil Non-Contact Order issued against the individual. The student must provide a signed and dated written statement from the individual certifying that no such active Orders exist related to the individual.

(p) The Commission-accredited school shall not admit any individual as a trainee in the presentation of BLET unless the individual has provided to the School Director a copy of their valid driver's license. The trainee's driver's license must remain valid throughout the entirety of the BLET course.

*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. October 1, 2025; January 1, 2025; July 1, 2020.*

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 (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)

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



**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.

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):

<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> Asian	<input type="checkbox"/> White
<input type="checkbox"/> Black or African American	<input type="checkbox"/> 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:

Applicant Name: _____

Agency Applied: _____

c. 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:

d. 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:

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
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Street	City	State	Zip Code
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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 No

Were 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	<input type="checkbox"/>	<input type="checkbox"/>
Honorable	<input type="checkbox"/>	<input type="checkbox"/>
General (under honorable conditions)	<input type="checkbox"/>	<input type="checkbox"/>
Under other than honorable conditions	<input type="checkbox"/>	<input type="checkbox"/>
Bad Conduct Charge	<input type="checkbox"/>	<input type="checkbox"/>
Dishonorable Discharge	<input type="checkbox"/>	<input type="checkbox"/>
Dismissal	<input type="checkbox"/>	<input type="checkbox"/>

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.

Medical History

Have you EVER, in your life, had any of the following types of medical conditions? (Check all that apply)

1. Eye Conditions: _____
2. Ear, Nose, or Throat Conditions: _____
3. Cardiovascular Conditions: _____
4. Hormone or Endocrine Conditions: _____
5. Gastrointestinal or Hernia Conditions: _____
6. Hematology Conditions: _____
7. Infectious Diseases: _____
8. Musculoskeletal Conditions: _____
9. Neurological or Neurosurgical Conditions: _____
10. Cancers or Oncology Conditions: _____
11. Pulmonary Conditions: _____
12. Renal Conditions: _____
13. Autoimmune Conditions: _____
14. Psychological Conditions: _____

Surgeries (List ALL Surgeries since Childhood)

Hospitalizations (List ALL Hospitalizations since Childhood)

Emergency Room Visits (List ALL Emergency Room Visits since Childhood)

Occupational History (Answer All Questions Below)

1. Have you ever worked in the criminal justice field? Yes No
 - 1a. If yes, have you ever missed more than three (3) consecutive days of work for any medical or psychological problem? Yes No
2. Have you ever served in the armed forces? Yes No
 - 2a. If yes, have you ever missed more than three (3) consecutive days of work for any medical or psychological problem? Yes No
3. Have you ever been exposed to any of the following, whether at home, work, military, or any other setting:
 - 3a. Repetitive Loud Noises (Including guns, jet engines, loud machinery) Yes No
 - 3b. Chemical Exposure to Skin or Lungs Yes No
 - 3c. Dusty Conditions (sandblasting, grinding, mining or drilling of rock, coal, silica, asbestos) Yes No
4. Have you ever sustained an injury while at work that necessitated extended care by a health care provider? Yes No
5. Have you ever had a motor vehicle accident or other injury causing back or neck pain? Yes No
6. Are you limited or unable to perform any physical activity because of muscle or joint discomfort? Yes No
7. Do you have any missing limbs or non-functional joints? Yes No
8. Do you have numbness, weakness, or pain in your upper extremities (including your hands)? Yes No

(Continued on Page 3)

Occupational History *(Continued)*

9. Have you ever been advised by a physician to avoid sitting or standing over a certain period of time? Yes No
10. Do you have difficulty sitting or standing for extended periods of time? Yes No
11. Do you have any medical condition that would prevent you from working extended shift periods, rotating shifts, or night shifts?
 Yes No
12. Have you ever been advised by a physician to avoid lifting above a certain weight limit? Yes No
13. Do you have any difficulty in properly holding, aiming, or firing a handgun, rifle, or shotgun? Yes No
14. Do you have any difficulty driving at high speeds in a motor vehicle? Yes No
15. Have you ever had any motor vehicle accidents as a result of losing control of your vehicle? Yes No
16. Do you have any difficulty driving for three (3) consecutive hours without stopping? Yes No
17. Do you have any difficulty running for five (5) consecutive minutes without stopping? Yes No
18. Have you ever passed out, temporarily lost control of any part of your body, or had blackout spells? Yes No

Explanations *(Include any explanation or additional information about any "Yes" answers above and identify by number)*

Penalty

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.

Certification

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.

Signature of Applicant (Use Ink)

Date Signed

Qualified Medical Professional Review:

Signature of Qualified Medical Professional (Use Ink)

Date Reviewed

Name, Title and Address of qualified medical professional completing review – **Please Type.**

Medical License Number

Appendix

The following are examples of medical conditions that should be reported. This list is to be used as a reference, but does not include all possible medical conditions. The candidate is required to report all current and prior medical conditions.

1. **Eye Conditions**: color blindness, poor night vision (night blindness), glaucoma, retinal detachment, blindness in one or both eyes, very poor vision when not corrected
2. **Ear, Nose and Throat Conditions**: chronic ringing (tinnitus), moderate to severe hearing loss, assistive devices (i.e. hearing aids and cochlear implants), Meniere's disease, loss of sense of smell or taste, speech defect, abnormality of the face, nose, mouth or throat that would limit the ability to wear a respirator
3. **Cardiovascular Conditions**: high blood pressure (hypertension), high cholesterol, familial hypertriglyceridemia, heart disease, heart attack, abnormal heart rhythm (i.e. atrial fibrillation and supraventricular tachycardia), passing out (syncope), Wolf-Parkinson-White syndrome, automatic internal cardioverter defibrillator (AICD) or pacemaker, stents, coronary artery bypass graft (CABG), heart murmur, hypertrophic cardiomyopathy, situs inversus, peripheral vascular disease, Raynaud's disease, blood clot (DVT or pulmonary embolism/PE), Marfan syndrome
4. **Hormone, Endocrine, or Metabolic Conditions**: diabetes, hypoglycemia, hypothyroidism, hyperthyroidism, Cushing's syndrome, polycystic ovarian syndrome, adrenal insufficiency, Addison's disease, inborn errors of metabolism
5. **Gastrointestinal Conditions or Hernias**: irritable bowel syndrome, Crohn's disease, ulcerative colitis, ostomy, diverticulitis, pancreatitis, gallstones, weight loss surgery, cirrhosis, non-alcoholic steatohepatitis, Gilbert's syndrome, hernias (hiatal, ventral, inguinal, femoral), bowel obstruction
6. **Hematology Conditions**: sickle cell disease, sickle cell trait, hemophilia or other bleeding disorder, anemia, polycythemia vera, white blood cell disorders
7. **Infectious Diseases**: Hepatitis B, Hepatitis C, HIV/AIDS, tuberculosis, malaria
8. **Musculoskeletal Conditions**: amputation, congenital limb loss or deformity, ACL injury, meniscus injury, rotator cuff injury, labrum injury, chronic back or joint pain, broken bones (fractures), muscular dystrophy, carpal tunnel syndrome, fibromyalgia, osteomyelitis
9. **Neurological or Neurosurgical Conditions**: seizures, stroke, concussion, traumatic brain injury (TBI), recurrent headaches (i.e. migraines or cluster headaches), recurrent vertigo, brain tumors (benign or cancerous), MS (multiple sclerosis), cerebral palsy, Huntington's disease, ALS (amyotrophic lateral sclerosis), meningitis, encephalitis, degenerative disc disease, osteoporosis, arterio-venous malformation (AVM), Parkinson's disease, dementia, neuropathy
10. **Cancers or Oncology Conditions**: leukemia, lymphoma, skin cancer, lung cancer, sarcoma, colon cancer, pancreatic cancer, breast cancer, ovarian cancer, cervical cancer, kidney cancer
11. **Pulmonary Conditions**: cystic fibrosis, asthma, emphysema, chronic bronchitis, COPD, lung abscess, pneumonia, long COVID-19, obstructive sleep apnea, lung abscess, lung resection
12. **Renal Conditions**: solitary kidney, chronic kidney disease, kidney stones, acute tubular necrosis (ATN), kidney transplant, polycystic kidney disease
13. **Autoimmune Conditions**: lupus, psoriasis, rheumatoid arthritis, dermatomyositis, myasthenia gravis
14. **Psychological Conditions**: depression, anxiety, post-traumatic stress disorder, bipolar disorder, other mood disorder, substance use disorder

Examination

HEENT: Normal Abnormal _____
Cardiovascular Exam: Normal Abnormal _____
Lungs: Normal Abnormal _____
Abdomen/Hernia: Normal Abnormal _____
Musculoskeletal: Normal Abnormal _____
Neurological: Normal Abnormal _____
Skin: Normal Abnormal _____

Screening

Urine Dip Test or Urinalysis Normal Abnormal _____
Urine Drug Screen Positive Negative _____
Tuberculosis Questionnaire (F-2A) Administered: Yes No Additional Screening Required: Yes No (Specify)
Additional Screening: _____
Sickle Cell Disease Screening Sickle Cell Disease Sickle Cell Trait Negative
Hepatitis B Titers Immune Not Immune

Certification

Are there any conditions 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 Guidelines - Cleared
 Does Not Meet Guidelines - Further Evaluation Required
 Does Not Meet Guidelines - 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/>

Name of Qualified Medical Professional (*Please Print*)

Signature of Qualified Medical Professional

Medical License #

Date

Practice Information

Name: _____ Phone #: _____ Email: _____

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

NORTH CAROLINA SHERIFFS' EDUCATION AND TRAINING STANDARDS COMMISSION
NORTH CAROLINA CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION



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

Post Office Drawer 629
Raleigh, NC 27602
Telephone: (919) 779-8213



Tuberculosis Questionnaire

Form F-2A
(Rev. 10-2025)

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 Sheriffs' or 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

NORTH CAROLINA SHERIFFS' EDUCATION AND TRAINING STANDARDS COMMISSION
NORTH CAROLINA CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION



Criminal Justice Standards Division
Telephone: (919) 661-5980

Sheriffs' Standards Division
Telephone: (919) 779-8213



Medical Examination Report Addendum

Form F-2B
(Rev. 05-2026)

**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 Sheriffs' or Criminal Justice Standards Division is NOT responsible for payment.
Mail form to hiring agency or individual
DO NOT mail form to Sheriffs' or 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 Guidelines - Cleared
 Does Not Meet Guidelines - Further Evaluation Required
 Does Not Meet Guidelines - 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/>

Name of Qualified Medical Professional (Please Print)

Signature of Qualified Medical Professional

Medical License #

Date

Practice Information

Name: _____ Phone #: _____ Email: _____

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

MEMORANDUM

TO: Physician

FROM: Ron Turk
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
- 1 minute pushup
- 1 minute sit up
- 300 meter run
- 1.5 mile run

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 times
2. Chair to Cone 2 (60ft.) while successfully completing each obstacle before moving to the next:
 ___broad jump___fence climb___crawl
3. Cone 2 to mat and perform Roll Drill
4. Roll Drill, 2 repetitions (a-d equals one repetition)
 - a. Start on top of the 100 lb. heavy bag with left knee on mat
 - b. Roll to the right until bag is over body
 - c. Continue roll in same direction until back on top of heavy bag (complete when right knee touches mat)
 - d. Perform complete turn to left until left knee touches mat
5. Perform 10 push-ups
6. Roll Drill, 2 repetitions
7. Return to Cone 2 while successfully completing each obstacle before moving to the next:
 ___broad jump___fence climb___crawl
8. Cone 2 to step box and perform 15 Steps (up and down) on step box
9. Roll Drill, 2 repetitions
10. Perform 10 pushups
11. Roll Drill, 2 repetitions

Scenario #2: Rescue

1. Run from Cone 1to Cone 2 (50 ft.) and back 2 times
2. Perform 15 Steps (up and down) on step box
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 cone each way}

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

