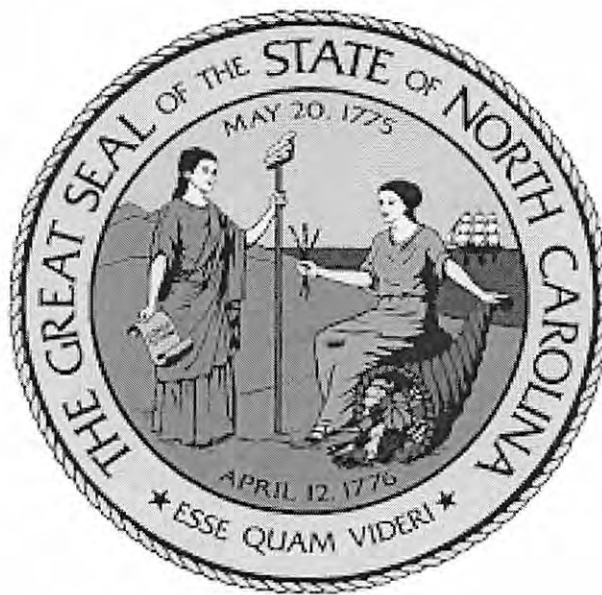




LEARN • ENGAGE • BELONG

Application for

BASIC LAW ENFORCEMENT TRAINING ACADEMY



OFFICE USE ONLY:

Returned _____ Accepted _____ Day _____ Night _____ Hoke _____

Step one:

All applicants must obtain a background check from the FBI. This is in addition to the certified background checks you are required to obtain from every place you have lived since you were sixteen (16) years of age. The following website will walk you through the steps needed to obtain the required background check.

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

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

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-six (36) blocks of instruction. Each block is concluded with a cognitive testing instrument and many of the blocks have an additional practical skill element. Prior to sitting for the Comprehensive State Exam, a cadet must successfully complete all cognitive and practical skill testing in each and every block of instruction.

Persons interested in enrolling in the HOKE program should turn in their packet no later than the first week of July. Persons interested in enrolling in the EVENING program should turn in their packet no later than the last week of November. Persons interested in enrolling in the SUMMER program should turn in their packet no later than the first week of April. Class seats are available first come, first serve based on a completed packet and confirmation from the School Director. Registration for these classes will be completed no less than one week prior to the start of each class. Cadets do not have to be present for registration; the course planning guide will be completed by the School Director. Classes for the HOKE delivery is held on a rotational basis 8:00 am to 11:00 pm, Tuesday and Saturday one week, Thursday the next week. Some Saturday classes and night hours are required. Classes for the EVENING delivery will be held 6:00 pm to 11:00 pm M-F. Some Saturday day/evening hours are required. Classes for the SUMMER delivery will be held M-F 8:00 am to 6:00 pm. Some Saturday classes and night hours are required.

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 the Continuing Education Registration desk in Van Dusen Hall, Pinehurst Campus, or picked up at the Hoke campus in Raeford. You may also request a packet be mailed to you by contacting Robert Kehoe at 910-693-2666 or email: kehoer@sandhills.edu.

The application packet may be delivered to Sandhills Community College in person or mailed to the College, Attention: Robert Kehoe 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 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.

Books can be purchased at the NC Criminal Justice Academy Bookstore in Salemburg NC. Phone number 910-926-6099. Credit card orders are accepted, and shipping is available. If you have applied for financial aid, please let me know before you purchase your books.

Student shirts will be purchased from the uniform vendor. Every effort will be made to have a representative available the first day of class unless otherwise notified.

Black BDU's (511 tactical pants), a black jacket, black sweatpants, black sweatshirt, black leather boots, black socks and a black belt will be the responsibility of the trainee to purchase. Note: Commercially purchased items must be all black with no logos. Shorts must be no shorter than mid-thigh area of the leg and no longer than the top of the knee cap.

Several documents to give you a better insight into the academy have been included with this packet. Should you have further questions, please contact Robert Kehoe 910-693-2666 or kehoer@sandhills.edu.

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

Sincerely,
Robert Kehoe
BLET School Director



Sandhills Community College

Basic Law Enforcement Training Academy

The Application Process

Read this completely and follow exactly!

Applications for the Basic Law Enforcement Training Academy can be downloaded from our website picked up from the BLET office in Blue Hall room 127 or the Continuing Education Registration desk in Van Dusen Hall, Pinehurst Campus or picked up at the Hoke campus in Raeford. You may also request a packet be mailed to you by contacting Robert Kehoe at 910-693-2666 or email: kehoer@sandhills.edu.

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

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

1. Sandhills Community College Application, to be completed online at <http://www.sandhills.edu/admissions/apply/index.php> . To be completed immediately after receiving this package. If you are interested in applying for financial aid, you may do so at www.fasfa.gov.
2. Applicants will be notified by e-mail of the date and time to complete the reading comprehension test. A 10th grade reading level is required to attend BLET.
3. Copy of your birth certificate or other documentation supporting US citizenship.
4. Copy of your driver's license.
5. Copy of uncertified driving record from DMV <http://www.ncdot.gov/dmv/records/>
6. Copy of your DD214 (Military Separation Papers, if applicable) or military ID card.
7. A **local** criminal history records check for both **misdemeanors and felonies** from the Clerk's of Courts for **each jurisdiction in which you have resided since your 16th birthday**, and if applicable, a complete military criminal records check. You will need to contact the local Clerk's of Courts, Sheriff's Office or Police Department for **each** jurisdiction for information on their procedures for receiving the criminal history. It may help to inform the agency that you are requesting the criminal history to attend the police academy. You cannot and will not be allowed to attend the academy unless you have all of your criminal histories. A military criminal history will only cover overseas duty and military violations. You must get a **local** criminal history for everyplace you have been stationed in CONUS, Alaska and Hawaii including basic and any initial schools. Military criminal records checks for any overseas duty can be obtained by mailing a request to the following addresses.

Army Records

US Army Crime Records Center
27130 Telegraph Road
Quantico, Virginia 22134-2253
Records must be requested electronically:
See ML Coffey 910.693.2667

Air Force Records

HQAF OSI/XILI
Information Release Division
27130 Telegraph Road
Quantico, Virginia 22134-2253

Navy/U.S.M.C. Records

Naval Criminal Investigative Service
Attn: Records Management Branch (Code 11C1)
27130 Telegraph Road
Quantico, Virginia 22134-2253

Should an agency refuse to provide you with a local criminal history records checks and they refer you to a state agency you must get the name, title, agency name and phone number of the person referring you to a state agency.

If you have any questions contact me for clarification.

8. 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.**
9. 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.**
10. 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.**
11. Memo to Physician detailing Physical Fitness and POPAT requirements. **Please make sure the Physician signs this form.**
12. A completed Sandhills Community College Basic Law Enforcement Training Academy Application.
13. A completed Sandhills Community College Personal History Statement.
14. 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.
15. **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.**

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. Applicants will be notified of the date of their Pre-POPAT fitness assessment upon return of their COMPLETED application. This Pre-POPAT will take approximately three (3) hours. Please adjust your schedules accordingly. An applicant must complete the Pre-POPAT within six (6) minutes for the chase and apprehension phase and three (3) minutes for the rescue phase to be accepted into the academy. Only those applicants who have turned in a 100% completed application package, successfully completed the Pre-POPAT fitness assessments, and have a signed letter of sponsorship 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,

Robert Kehoe	email:kehoer@sandhills.edu
BLET School Director	Phone: 910.693.2666
Criminal Justice Instructor	website:www.sandhills.edu



LEARN • ENGAGE • BELONG

3395 Airport Road
Pinehurst, NC 28324

All applicants must, in addition to the required certified background checks from every place you have lived since 16 years of age, obtain a background check from the FBI. The following website will walk you through the steps needed to obtain the required background check. <https://www.edo.cjis.gov/#/> This report is due at least 30 days prior to the start of class.

APPLICANT

* See Privacy Act Notice on Back

LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK
LAST NAME NAM FIRST NAME MIDDLE NAME

FBI LEAVE BLANK

FD-258 (Rev. 5-15-17) 1110-0046

SIGNATURE OF PERSON FINGERPRINTED

ALIASES AKA

O
R
I

RESIDENCE OF PERSON FINGERPRINTED

DATE OF BIRTH DOB
Month Day Year

DATE SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

CITIZENSHIP CTZ

SEX RACE HGT. WGT. EYES HAIR

PLACE OF BIRTH POB

EMPLOYER AND ADDRESS

YOUR NO. OCA

LEAVE BLANK

REASON FINGERPRINTED

UNIVERSAL CONTROL NO. UCN

CLASS _____

ARMED FORCES NO. MNU

REF. _____

SOCIAL SECURITY NO. SOC

MISCELLANEOUS NO. MNU

1. R. THUMB	2. R. INDEX	3. R. MIDDLE	4. R. RING	5. R. LITTLE
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6. L. THUMB	7. L. INDEX	8. L. MIDDLE	9. L. RING	10. L. LITTLE
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LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY	L. THUMB	R. THUMB	RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY
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FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE
CJIS DIVISION/CLARKSBURG, WV 26306

1110-0046

APPLICANT

THIS CARD FOR USE BY:

1. LAW ENFORCEMENT AGENCIES IN FINGERPRINTING APPLICANTS FOR LAW ENFORCEMENT POSITIONS.*
2. OFFICIALS OF STATE AND LOCAL GOVERNMENTS FOR PURPOSES OF EMPLOYMENT, LICENSING, AND PERMITS, AS AUTHORIZED BY STATE STATUTES AND APPROVED BY THE ATTORNEY GENERAL OF THE UNITED STATES. LOCAL AND COUNTY ORDINANCES, UNLESS SPECIFICALLY BASED ON APPLICABLE STATE STATUTES DO NOT SATISFY THIS REQUIREMENT.*
3. U.S. GOVERNMENT AGENCIES AND OTHER ENTITIES REQUIRED BY FEDERAL LAW.**
4. OFFICIALS OF FEDERALLY CHARTERED OR INSURED BANKING INSTITUTIONS TO PROMOTE OR MAINTAIN THE SECURITY OF THOSE INSTITUTIONS.

Please review this helpful information to aid in the successful processing of hard copy civil fingerprint submissions in order to prevent delays or rejections. Hard copy fingerprint submissions must meet specific criteria for processing by the Federal Bureau of Investigation.

Ensure all information is typed or legibly printed using blue or black ink.

Enter data within the boundaries of the designated field or block.

Complete all required fields. (If a required field is left blank, the fingerprint card may be immediately rejected without further processing.)

- * The required fields for hard copy civil fingerprint cards are: ORI, Date of Birth, Place of Birth, NAM, Sex, Date fingerprinted, Reason Fingerprinted, and proper completion of fingerprint impression boxes.

1. LOOP

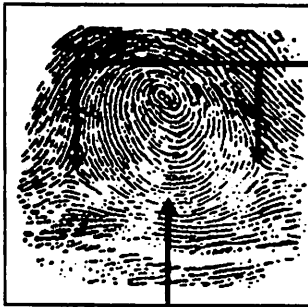


CENTER
OF LOOP

DELTA

THE LINES BETWEEN CENTER OF
LOOP AND DELTA MUST SHOW

2. WHORL



DELTA

THESE LINES RUNNING BETWEEN
DELTA MUST BE CLEAR

3. ARCH



ARCHES HAVE NO DELTAS

FD-258 (REV. 5-15-17)

Do not use highlighters on fingerprint cards.

Do not enter data or labels within 'Leave Blank' areas.

Ensure fingerprint impressions are rolled completely from nail to nail.

Ensure fingerprint impressions are in the correct sequence.

Ensure notations are made for any missing fingerprint impression (i.e. amputation).

Do not use more than two retabs per fingerprint impression block.

Ensure no stray marks are within the fingerprint impression blocks.

Training aids can be ordered online via the Internet by accessing the FBI's website at: fbi.gov, click on 'Fingerprints', then click on

'Ordering Fingerprint Cards & Training Aids'. Direct questions to the Biometric Services Section's Customer Service Group at (304) 625-5590 or by e-mail at identity@fbi.gov.

Social Security Account Number (SSAN): Pursuant to the Privacy Act of 1974, any Federal, state, or local government agency that requests an individual to disclose his or her SSAN is responsible for informing the person whether disclosure is mandatory or voluntary, by what statutory or other authority the SSAN is solicited, and what uses will be made of it. In this instance, the SSAN is solicited pursuant to 28 U.S.C. 534 and will be used as a unique identifier to confirm your identity because many people have the same name and date of birth. Disclosure of your SSAN is voluntary; however, failure to disclose your SSAN may affect completion or approval of your application.

PRIVACY ACT STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprints repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

PAPERWORK REDUCTION ACT NOTICE

According to the Paperwork Reduction Act of 1995, no persons are required to provide the information requested unless a valid OMB control number is displayed. The valid OMB control number for this information collected is 1110-0046. The time required to complete this information collected is estimated to be 10 minutes, including time reviewing instructions, gathering, completing, reviewing and submitting the information collection. If you have any comments concerning the accuracy of this time estimate or suggestions for reducing this burden, please send to: Department Clearance Officer, United States Department of Justice, Justice Management Division, Policy and Planning Staff, Washington, DC 20530.

INSTRUCTIONS:

1. PRINTS MUST GENERALLY BE CHECKED THROUGH THE APPROPRIATE STATE IDENTIFICATION BUREAU, AND ONLY THOSE FINGERPRINTS FOR WHICH NO DISQUALIFYING RECORD HAS BEEN FOUND LOCALLY SHOULD BE SUBMITTED FOR FBI SEARCH.
2. IDENTITY OF PRIVATE CONTRACTORS SHOULD BE SHOWN IN SPACE "EMPLOYER AND ADDRESS". THE CONTRIBUTOR IS THE NAME OF THE AGENCY SUBMITTING THE FINGERPRINT CARD TO THE FBI. UNIVERSAL CONTROL NUMBER, IF KNOWN, SHOULD ALWAYS BE FURNISHED IN THE APPROPRIATE SPACE.
- ** 3. MISCELLANEOUS NO. - RECORD: OTHER ARMED FORCES NO. PASSPORT NO. (FP), ALIEN REGISTRATION NO. (AR), PORT SECURITY CARD NO. (PS), SELECTIVE SERVICE NO. (SS) VETERANS' ADMINISTRATION CLAIM NO. (VA).

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

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, 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 within one year prior to admission to Basic Law Enforcement Training 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 are not 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 a certified criminal record check for local and state records for the time period since the trainee has become an adult and from all locations where the trainee has resided since becoming an adult. An Administrative Office of the Courts criminal record check or a comparable out-of-state criminal record check shall satisfy this requirement.
- (i) 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 B Misdemeanors, except the trainee may be enrolled if the last conviction date occurred more than two years prior to the date of enrollment;

(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.

(j) Individuals charged with crimes specified in Paragraph (i) 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 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 in which the case was handled, the date of the arrest or criminal charge, the date of issuance of the Domestic Violence Order (G.S. 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).

*History Note: Authority G.S. 17C-6; 17C-10;
Eff. January 1, 1981;
Amended Eff. 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.*



3395 Airport Road, Pinehurst, NC 28374
910-693-2667

BASIC LAW ENFORCEMENT TRAINING

It is the determination of Sandhills Community College that these guidelines are necessary in order to fully and adequately evaluate applicants for Basic Law Enforcement Training. These questions are designed to ascertain whether the applicant meets the minimum standards for entrance and certification and serve no other purpose.

Sandhills Community College BLET program requires full disclosure on all parts of the Personal History Statement. Therefore, if you have been found to have withheld information or falsified the Personal History Statement, you will not be eligible to attend the Basic Law Enforcement program at Sandhills Community College.

PERSONAL HISTORY STATEMENT

NAME: _____
(Print Legibly)

DATE: _____

9. Have you previously submitted an application for enrollment in the BLET program at Sandhills Community College?

Yes No If yes, when: _____

10. 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 (please explain) _____

* High school diplomas earned through correspondence enrollment are not recognized toward the educational requirements.

***Have you at any time studied abroad or taken any mission trips?

Yes

No

	Name of School - Address with City and State	When Attended From - To	Hours of Credits Received	Degree Attained (type)
High School (copy of diploma required)				
University or College				
Extension or Correspondence Courses				

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

YES

NO

(If YES, copy of GED is required)

If YES, when and where did you complete the GED? _____

12. List all addresses you have lived since your sixteenth (16th) birthday, starting with present address at top:

FROM		TO		ADDRESS OF RESIDENCE	CITY, COUNTY & STATE
MO.	YR.	MO.	YR.		

13. Have you ever been denied employment by a criminal justice agency? YES NO

If YES, list agency and provide details:

14. If you have ever been discharged or requested to resign from any position of employment because of criminal or personal misconduct or rules violations, give details:

15. List all the jobs you have held in the last ten years. List your present or most recent job first. If you need more space, you may attach additional sheets. Include military service in proper time sequence and temporary or part-time jobs.

Name and Address of Employer		Date Separated		Number of Hours Worked per Week.	Duties:
Year	Month	Year	Month		
Reason for Leaving:					

Name and Address of Employer			
Date Employed <u>Year</u> <u>Month</u>	Date Separated <u>Year</u> <u>Month</u>	Number of Hours Worked per Week.	Duties:
Reason for Leaving:			

Name and Address of Employer			
Date Employed <u>Year</u> <u>Month</u>	Date Separated <u>Year</u> <u>Month</u>	Number of Hours Worked per Week.	Duties:
Reason for Leaving:			

Name and Address of Employer			
Date Employed <u>Year</u> <u>Month</u>	Date Separated <u>Year</u> <u>Month</u>	Number of Hours Worked per Week.	Duties:
Reason for Leaving:			

Name and Address of Employer			
Date Employed <u>Year</u> <u>Month</u>	Date Separated <u>Year</u> <u>Month</u>	Number of Hours Worked per Week.	Duties:
Reason for Leaving:			

Explain periods of unemployment of three months or more.

16. Were you ever in the U.S. Military Service or any other military organization? YES NO

If NO, you may skip to question # 26. Otherwise, answer the following questions.

17. What is your service number? _____

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

19. What was the date and location of your first entrance into active duty?

DATE: _____ LOCATION: _____

20. What were your unit assignments in the service?

BRANCH	UNIT/ COMPANY OR SHIP	LOCATION	FROM		TO	
			MONTH	YEAR	MONTH	YEAR

21. What was the date and location of your last discharge from active duty?

DATE: _____ LOCATION: _____

22. Was your last discharge honorable? YES NO

If NO, explain the type of discharge you received and the circumstances warranting this discharge.

23. Were you ever court-martialed, tried on charges, or were you the subject of a summary court, deck court, captain's mast or company punishment, or any other disciplinary actions while a member of the armed forces?

YES NO If YES, explain: _____

24. List any disciplinary action taken against you in the National Guard or other reserve unit:

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

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

NOTE: In questions 27 through 31, the words "drink" or "used" mean one time or more, including experimentation. If you answer yes in any of these questions, give full and complete details.

27. Do you drink alcoholic beverages? YES NO If YES, to what degree?

28. Have you ever used marijuana? YES NO If YES, what were the circumstances?

29. When was the last time you used marijuana? _____

30. Have you ever used any illegal drugs including but not limited to, opiates, pills, heroin, cocaine, crack, LSD, etc.?

YES NO If YES, under what circumstances? _____

When was the last time? _____

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

YES NO If YES, under what circumstances? _____

NOTE: THE FOLLOWING QUESTIONS PERTAIN TO YOUR CRIMINAL HISTORY. Answer all of the following questions accurately and completely. Any falsifications or misstatements of fact may be sufficient to disqualify you from entering the BLET program and may obstruct your future certification as a law enforcement officer. 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 with license permanently revoked, speeding to elude arrest, or duty to stop in event of an accident. Attached to this form is an additional list of North Carolina traffic offenses which must be listed.

You must include any and all convictions regardless of whether or not the convictions were expunged pursuant to NCGS 15A-145.5.

32. Have you ever been arrested or issued a citation 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)

YES NO If YES, give details below:

OFFENSE CHARGED	DATE	LAW ENFORCEMENT AGENCY	DISPOSITION OF CASE

(Attach extra sheets if necessary)

33. 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 If YES, describe below:

Date of Issuance: _____

County/State of Issuance: _____

Name of Plaintiff: _____

34. Under the provisions of Federal Law, you may be disqualified to receive or possess a firearm if you meet any of the following conditions: (read carefully)

- (a) You are currently under indictment or information in any court for a crime punishable by imprisonment for a term exceeding one year.
- (b) You have been convicted in any court of a crime punishable by imprisonment for a term exceeding one year. A person would not be ineligible under this criteria if the person has been pardoned for the crime or conviction, the crime or conviction has been expunged or set aside, or the person has had his/her civil rights restored, and under law where the conviction occurred the person is not prohibited from receiving or possessing any firearm.
- (c) You are a fugitive from justice
- (d) You are an unlawful user of, or addicted to, marijuana, or any depressant, stimulant, or narcotic drug, or any other controlled substance.
- (e) You have been adjudicated mentally defective or have been involuntarily committed to mental institution.
- (f) You have been discharged from the Armed Forces under dishonorable conditions.
- (g) You are illegally in the United States
- (h) You have renounced your citizenship, having previously been a citizen of the United States.

NOTE: A "CRIME PUNISHABLE BY IMPRISONMENT FOR A TERM EXCEEDING ONE YEAR" AS DISCUSSED IN (a) AND (b) ABOVE IS DEFINED IN FEDERAL LAW SO AS TO EXCLUDE MOST MISDEMEANORS IN NORTH CAROLINA.

Based upon the above information, are you disqualified to receive or possess firearms under any of the above provisions of Federal Law?

YES NO If YES, explain below:

35. Have you been convicted of a misdemeanor under federal or state law which has, as an element, the use of attempted use of physical force or threatened use of a deadly weapon, committed by a current or former spouse, parent, or guardian of the victim by a person with whom the victim shares a child in common, by a person who is cohabiting with or has cohabited with the victim as a spouse, parent, or guardian or by a person similarly situated to a spouse, parent, or guardian of the victim. (Domestic Violence Offense)

YES NO If YES, explain below:

36. Have you ever been charged with a felony? YES NO If YES, explain below:

37. Have you ever been placed on probation? YES NO If YES, explain below:

38. Have you ever been required to pay a fine in excess of \$50.00? (This does not include court cost)

YES NO If YES, explain below:

39. Can you operate a motor vehicle? YES NO

40. Do you currently possess a valid motor vehicle operator's license? YES NO

State Issued: _____ Date Issued: _____ License Number: _____

41. Has your motor vehicle license ever been suspended or revoked?

YES NO If YES, explain when and why below:

42. If you answered YES to question 41, when were your operating privileges restored? _____

43. Briefly explain why you want to become a law enforcement officer:

44. What are your feelings about the use of deadly force if it were to become necessary in the performance of your official duties as a law enforcement officer?

**I, (PRINT NAME) _____, do,
herewith, attest that I have read and answered the questions above with complete understanding
and honesty. I further acknowledge and understand that any information omitted or found to be
untrue can be cause for denial of entry to, or immediate removal from, the Basic Law
Enforcement Training program at
Sandhills Community College.**

Signature: _____ Date: _____

Excerpt from Class B Misdemeanor Manuel 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)	1/1/06-present	2
20-37.8	Fraudulent use of a fictitious name for a special identification care (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)	1/1/06-present	2
20-71.4	Failure to disclose damage to a vehicle	1/1/06-present	2
20-102.1	False report of theft or conversion of a motor vehicle	10/1/94	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 vehicle prohibited (20-130.1(e))	10/1/94-present	1
20-136.2	Air bag installation	1/1/06-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 20-179 (h))	10/1/94-5/31/02	M
20-138.1(d)	Driving while impaired (punishment level 1; 20-179(g) or 20-179 (h))	5/31/02-present	M
20-138.2	Impaired driving in a commercial vehicle (20-138.2E)	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	Speeding to elude arrest	11/1/99-present	1
20-157(h)	Duty to move over	1/1/06-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(cl)	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 violations penalties(gives information required in a reportable accident, knowing/having reason to believe information is false)	1/1/06-present	1
20-279.31(b)(2)	Other violations; penalties (forges or without authority signs any evidence of proof of financial responsibility)	1/1/06-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)	1/1/06-present	1
20-313.1	Making false certification or giving false information	1/1/06-present	1
20-371	Regulation of professional house moving [increased punishment from Class 3 to Class 1 misdemeanor]	3/1/11-present	

*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 31



LEARN • ENGAGE • BELONG

910-693-2666

Request for Criminal History Report

TO: _____ Criminal Records Division

(AGENCY)

(ADDRESS)

(CITY, STATE, ZIP CODE)

TO WHOM IT MAY CONCERN:

I, _____

(NAME)

(SOCIAL SECURITY NUMBER)

_____, request that a **certified criminal history for both**

(RACE/SEX) (DOB)

misdemeanors and felonies be sent to:

Robert Kehoe
Basic Law Enforcement Training
Sandhills Community College,
3395 Airport Road
Pinehurst, NC 28374
kehoer@sandhills.edu

Please send this report to the above name and address as I have made application to the Basic Law Enforcement Training (BLET) program at Sandhills Community College and one of the criteria for admission is a criminal history for misdemeanors and felonies from those locations I have resided in from the date of my 16th birthday. I resided in your jurisdiction from _____ to _____.

Thank you for your assistance and consideration in this matter.

(NAME)

(DATE)

(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

Fax (919) 779-8210

MEDICAL EXAMINATION REPORT

Form F-2(LE)

(Rev. 3/16)

**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 Standard Division**

Instructions:

To be completed by a 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, [12 NCAC 9B .0104(a)], following an actual physical examination. The original or a copy of this report must be retained in personnel files by the appointing agency.

Date: _____ Last 4 Digits SSN: _____

Name: _____ Date of Birth: _____
Last First Middle

Employing Agency: _____

Height: _____ Weight: _____

Vision

Visual Acuity: If applicant wears glasses or contacts, test and record acuity with and without glasses

Without glasses: R - 20 / _____ L- 20 / _____ Both - 20 / _____

With glasses: R - 20 / _____ L- 20 / _____ Both - 20 / _____

With contacts: R - 20 / _____ L- 20 / _____ Both - 20 / _____

How long have contacts been worn? _____

Color Perception: Normal Abnormal: _____

Peripheral Vision: Normal Abnormal: _____

Hearing

Hearing Acuity: Audiogram or 15' whispered conversation (check one)

Right ear: Normal Abnormal: _____

Left Ear: Normal Abnormal: _____

Cardiovascular

Blood Pressure: _____ Resting Pulse: _____

Cardiac Examination: Normal Abnormal: _____

Peripheral Circulation: Normal Abnormal: _____

ECG: Indicated by hx or exam: _____ (If resting pulse is less than 50 or greater than 100)

Abnormal Findings

HEENT: Normal Abnormal _____

Lungs: Normal Abnormal _____

Abdomen: Normal Abnormal _____

Musculoskeletal: Normal Abnormal _____

Genitourinary: Normal Abnormal _____

Neurological: Normal Abnormal _____

Skin: Normal Abnormal _____

Urinalysis Normal Abnormal _____

TB Risk Questionnaires Administered: Yes No Additional Screening Required: Yes No

Specify Additional Screening: _____

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:

I have read and fully understand the Medical Screening Guidelines Implementation Manual for the certification of Criminal Justice Officers in the State of North Carolina.

Signature of Qualified Medical Professional

Medical License #

Date

Name and Address of Qualified Medical Professional (Please Type)

Tuberculosis Risk Questionnaire

- | | | |
|--|-----|----|
| 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, worked or resided in jail or prison, worked or resided at a homeless shelter, or worked as a healthcare worker in direct contact with patients? | Yes | No |
| 5) Have you ever been exposed to anyone with infectious tuberculosis? | Yes | No |

Tuberculosis Symptom Questionnaire

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 |

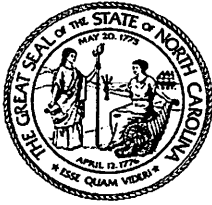
CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION

CRIMINAL JUSTICE STANDARDS DIVISION

Post Office Drawer 149, Raleigh, NC 27602

Telephone: (919) 661-5980

Fax (919) 779-8210



MEDICAL HISTORY STATEMENT

Form F-1(LE)
(Rev. 6/11)

**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 Standard 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?
- 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 law enforcement?
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 or 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)

MEMORANDUM

TO: Physician

FROM: Robert Kehoe
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

