Dear Academy Applicant,

Thank you for your interest in the Sacramento Regional Public Safety Training Center’s (SRPSTC) Basic Law Enforcement Academy. Our Academy program is presented in the Modular format and certified by the California Commission on Peace Officer Standards and Training (POST). The Modular format consists of three distinct courses which, when completed, comprise the Regular Basic Academy. The three courses are:

- PSTC 1502: Basic Academy Module III: (185) hours of training
- PSTC 1503: Basic Academy Module II: (266) hours of training
- PSTC 1504: Basic Academy Module I: (451.5) hours of training

Carefully read the following pages which will provide you with the information you need to apply for the Module III Basic Law Enforcement Academy, January 11, 2020 through March 11, 2020.

*Applicants who do not follow the application process and/or meet the application deadline will be disqualified. Please read through everything!

Note: For your convenience, a check off sheet for the Module III Academy application is provided below.

\[ POST CCN: 2970-00133-19-001-SAC \]
APPLYING FOR THE 2020 MODULE III ACADEMY

The start date for PSTC 1502: Basic Academy Module III is January 11, 2020. To be considered for enrollment in PSTC 1502 you will need to:

1. After receiving your notification of acceptance, via email, into the Basic Academy Module III, you are required to register with the College as attending Module III of the Basic Academy and attend the MANDATORY Module III Orientation. Registration payment and Physical Training Gear fees will be collected at that time. Attached is a copy of the PT order form for your reference on pricing (Page #39 – the last page). Recommended quantities are at the bottom:

   Monday, November 18, 2019
   1630 Hours
   2409 Dean Street, Room #149
   McClellan, CA 95652

   NOTE: A minimum Pellet-B score of 40, within the past 12 months is required to get into Module III

2. Submit your completed application packet by 1530 Hours, Friday, November 8, 2019:

   SRPSTC/McClellan Center Administrative Office
   5146 Arnold Avenue
   McClellan, CA 95652

   *Or:

   Northern CA Regional Public Safety Training College
   C/O Los Rios Academy
   2409 Dean Street
   McClellan, CA 95652
REQUIRED DOCUMENTS CHECKLIST

☐ Basic Academy Non-Affiliate Application

☐ Non-Affiliate Recruit Questionnaire

☐ Employment History

☐ Veterans Benefits

☐ Health History Statement

☐ Par-Q and You

☐ PARmedX

☐ Physician’s Assessment/Medical Clearance (signed by your physician): You are required to obtain medical clearance to participate in the academy training program. To assist your doctor’s evaluation, please provide him/her with: Physician’s Assessment Packet which describes the physical requirements of the academy training program, your completed “Health History Statement” and your completed “Par-Q and You.”

☐ Proof of Medical Insurance (required at the time of application)

☐ Educational Achievement:

  o High school graduation certificate/diploma or GED (copy)
  o Unofficial College transcripts and diploma (copy)

☐ Request for Live Scan (can be downloaded from website. Include a copy of your form in your application packet).

☐ Department of Justice Clearance Letter (results of Live Scan-letter from DOJ), dated no later than 90 days prior to the application deadline.
  Go to: http://ag.ca.gov/fingerprints/publications/contact.php

☐ Proof of Pellet B score of 40 or Higher

☐ Proof of valid/unrestricted California Department of Motor Vehicle Driver’s License (Official DMV printout and copy of Driver’s License)
Deliver your completed application packet to:

SRPSTC/McClellan Center Administrative Office
5146 Arnold Avenue
McClellan, CA 95652

*Or:

Northern CA Regional Public Safety Training College
C/O Los Rios Academy
2409 Dean Street
McClellan, CA 95652

All applications must be received by the posted deadline of **1530 Hours, Friday, November 8, 2019** to one of the above locations.

Notes:

- **Applicants who submit incomplete packages shall be disqualified from the selection process.**
- **Applicants accepted into the SRPSTC Module III Academy shall be notified via email.**

**THE SELECTION PROCESS**

The selection process for each of the modules/courses consists of a review of the application packet for completion, verification of documents, required clearances and completing the required essay. Applicants will be selected in accordance with established law enforcement pre-employment practices.

POST establishes minimum selection standards governing the employment of peace officers by California law enforcement agencies in order to standardize employment requirements on a statewide basis, and every peace officer employed by an agency in the POST program must be selected in conformance with the following requirements:

**FELONY CONVICTION**

Government Code Section 1029: Limits employment of convicted felons.
**FINGERPRINT AND RECORD CHECK**
Government Code Sections 1030 and 1031(c): Requires fingerprinting and search of local, state, and national files to reveal any criminal records.

**CITIZENSHIP**
Government Code Sections 1031 a) and 1031.5: Specifies citizenship requirements for peace officers. Government Code Section 24103 specifies citizenship requirements for deputy sheriffs and deputy marshals.

**AGE**
Government Code Section 1031(b): Requires minimum age of 18 years for peace officer employment.

**MORAL CHARACTER***
Government Code Section 1031(d) requires good moral character as determined through a thorough background investigation. The background investigation shall be conducted as prescribed in the POST Administrative Manual, Section C-1. The background investigation shall be completed on or prior to the appointment date.

**EDUCATION**
Government Code Section 1031(e): Requires high school graduation, passage of the General Education Development Test (GED) or attainment of a two-year or four-year degree from an accredited college or university. When the GED is used, a minimum overall score of not less than 45, and a standard score of not less than 35 on any section of the test, as established by the American Council on Education, shall be attained.

**PHYSICAL AND PSYCHOLOGICAL SUITABILITY EXAMINATIONS **
Government Code Section 1031(f): Requires an examination of physical, emotional, and mental conditions. The examinations shall be conducted as prescribed in the POST Administrative Manual, Section C-2.

**READING AND WRITING ABILITY**
Be able to read and write at the levels necessary to perform the job of a peace officer as determined by the use of the POST Entry-Level Law Enforcement Test Battery (PELLETB) or other job-related tests of reading and writing ability.
*The SRPSTC academy does not conduct pre-academy background checks. However, the academy does require you to submit the “Non-Affiliate Recruit Questionnaire.”

** Enrollment in the SRPSTC academy does not require a psychological suitability examination.

STUDENT LEARNING DOMAIN OUTCOMES

PSTC 1502: Basic Academy Module III 185 hours 6.25 semester units

Upon successful completion of PSTC 1502 the student will be able to:

- Demonstrate an understanding of Leadership, Professionalism & Ethics
- Demonstrate an understanding of the Criminal Justice System
- Demonstrate an understanding of Policing in the Community
- Demonstrate an understanding of Introduction to Criminal Law
- Demonstrate an understanding of the Laws of Arrest
- Demonstrate an understanding of Search and Seizure
- Demonstrate proficiency in Presentation of Evidence
- Demonstrate proficiency in Investigative Report Writing
- Demonstrate proficiency in understanding Use of Force
- Demonstrate proficiency in Vehicle Operations
- Demonstrate proficiency in conducting Crime Scenes, Evidence, and Forensic
- Demonstrate proficiency in First Aid, CPR and AED
- Demonstrate proficiency in the use of Arrest Control and the use of a Baton
- Demonstrate proficiency in the use of Firearms and Firearm safety
- Demonstrate an understanding of Information Systems
- Demonstrate an understanding of Traffic Enforcement
- Demonstrate an understanding of Crimes Against the Justice System
- Demonstrate an understanding of Custody issues
- Demonstrate an understanding of Cultural Diversity and Discrimination

Upon successful completion of all three courses of instruction, the student will receive a Certificate of Completion of the POST Basic Law Enforcement Academy-Module I. The student will be eligible to apply for a California Reserve Officer or Deputy position or a full time position (with participating agencies).
BASIC ACADEMY APPLICATION

PLEASE PRINT

Name: ________________________________________________________________________

Last name                       First Name                      Middle Initial

Street Address: ________________________________________________________________

City/State/Zip: ________________________________________________________________

Telephone Number: ________________    Email: ______________________________

Please check all that apply AND provide copies of certificates with your application:

☐ I am interested in applying for the entire Basic Academy Program (All three modules)

☐ I am interested in applying for Module II. I received my Level III certificate from:

________________________________________ on ___________________ (mm/dd/yyyy)

☐ I am interested in applying for the Module I. I received my Level II certificate from:

________________________________________ on ___________________ (mm/dd/yyyy)

POST Reading and Writing Exam (Minimum qualifying overall T-score for Module III applicants is 40.0)

☐ I have taken a POST Reading and Writing Exam within the past 12 months.

   My T-score is: ________________  Date: ________________

☐ I have not taken a POST PELLETB Reading and Writing Exam within the past 12 months.

Education

☐ GED
☐ High School Diploma
☐ AA
☐ Bachelor Degree
☐ Master Degree
☐ Other (please specify):
NAME: ________________________________

All YES answers require a detailed explanation on the pages provided.

1. Do you possess a valid California Driver’s License? Give a license number.

2. Have you ever received a citation for a moving violation? When? How many?

3. Have you ever been involved in a traffic collision where you were at fault? When? How many?

4. Have you ever been arrested and or convicted of driving under the influence of alcohol or drugs? When? How many?

5. Have you ever been under the influence of alcohol or drugs at work? If yes, please explain.

6. Have you ever been turned down for a job as a result of a misstatement of a fact associated with the application or interview process?

7. Have you ever been advised that you would not be hired because you failed a background investigation?

8. Have you ever been notified that you failed a polygraph examination and/or Computer Voice Stress Analysis (CVSA)?

9. Have you ever been notified that you failed an oral interview?

10. Have you ever been accused of, arrested or convicted of forging, identity theft or altering an application?

11. Have you ever been disciplined or expelled for academic cheating?

12. Have you ever been convicted of any offense classified as a misdemeanor under California Law? If yes, give date(s) and explain.

13. Have you ever been arrested and/or convicted of a felony as an adult? Include felony/misdemeanor and military offenses. If yes, give date(s) and explain.

14. Have you ever been charged with or found responsible for any acts that have affected your employment status, such a lying, falsification or theft? If yes, please explain.
15. Have you ever been charged with or admitted to any criminal act committed against children, including, but not limited to: molesting or annoying children, child abduction, child abuse, lewd and lascivious act with any child, indecent exposure, or any act of felony unlawful intercourse? If yes, please explain.

16. Have you ever been disciplined by any employer (including military) as an adult for abuse of leave, gross insubordination, dereliction of duty, or persistent failure to obey established policies or regulations? If yes, please explain.

17. Have you ever been involuntarily dismissed from a place of employment? If yes, please explain.

18. How many paid positions with different employers have you had within the past four years?

19. Have you ever undergone bankruptcy more than once or do you have current financial obligations for which legal judgments have not been satisfied?

20. Have your wages ever been garnished? If yes, please explain.

21. Have you ever sold, released or given away legal, confidential information (including the military)? If yes, please explain.

22. Have you ever resigned from a position without notice? If yes, please explain.

23. To your knowledge, is there any warrant out for your arrest? If yes, please explain.

24. Have you ever been subject to a Restraining Order/Emergency Protection Order/Domestic Violence Restraining Order/Criminal or Civil Stay Way Order? If yes, please explain.

25. Are you under current academic dismissal or probation from any college or university?

26. Have you ever been dismissed from a POST Academy or other training program for any reason? If yes, please explain.

27. Have you ever been involved or disciplined by an employer (including military) for a verbal/physical altercation with a supervisor, co-worker or customer? If yes, please explain.

28. Have you ever been counseled due to being late, or absences at work?

29. Have you ever received an unsatisfactory performance review at work?

30. Have you ever called in sick when you were neither sick nor caring for a sick family member?

31. Have you ever been disciplined by an employer (including military) for acts constituting racism, ethnic or sexual harassment? If yes, please explain.

32. Have you ever taken property that belongs to an employer (including military) without permission for personal use, to sell or to give away?
33. Have you ever been disciplined or investigated by any source for acts which might constitute or amount to an assault under the color of authority or any violation of state or federal civil rights? If yes, please explain.

34. Have you ever used any substance (excluding cigarettes) which was illegal to use or possess? Have you ever illegally used any legal substance (i.e. inhaling an aerosol product or using another person’s prescribed medication)?

35. Have the police or the sheriff’s department ever been called to your home for any reason? If yes, please explain.

36. Have you ever served in the military? If so, what branch? How many years? Did you receive anything other than an honorable discharge?

By signing below, I attest that I have answered each answer truthfully and may be dismissed from the Sacramento Regional Public Safety Training Center’s Basic Law Enforcement Academy should any deliberate falsehood(s) be discovered.

________________________________________  _______________________
(SIGNATURE)                                (DATE)
Name: _____________________________________

Explain any YES answer(s). Include the applicable question number at the beginning of any explanation and initial at the end of each explanation. Use an extra sheet of paper if need be for additional explanations.

________________________________________________________________________________________
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________________________________________________________________________________________
________________________________________________________________________________________
Employment History

(Last Three Years)

☐ Check this box, if you have never been employed.

Name of Employer: _____________________________________________________________

Hire Date: _____________ (MM/YYYY)   End Date: ________________ (MM/YYYY)

Job Title: ________________________________________

Briefly describe the work you do:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Name of Employer: _____________________________________________________________

Hire Date: _____________ (MM/YYYY)   End Date: ________________ (MM/YYYY)

Job Title: ________________________________________

Briefly describe the work you do:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
Name of Employer: _____________________________________________________________

Hire Date: _____________ (MM/YYYY)   End Date: ________________ (MM/YYYY)

Job Title: ________________________________________

Briefly describe the work you do:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Name of Employer: _____________________________________________________________

Hire Date: _____________ (MM/YYYY)   End Date: ________________ (MM/YYYY)

Job Title: ________________________________________

Briefly describe the work you do:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
Veterans Benefits

Please check one of the boxes below:

☐ Yes, I will be using Veterans Benefits (VA) for the Basic Academy. If so, please indicate what type of VA you have. (For example: Ch 33, Ch 31, and etc....)

................................................................................................................................................................................

☐ No, I will not be using Veterans Benefits for the Basic Academy.
Health History Statement
(Last Ten Years)

The information you provide in this statement will be used to assess your medical qualifications to participate in the POST Basic Academy Physical Conditioning Program. Please fill out the statement carefully and thoroughly. All information will be kept confidential.

Name_________________________________________________________________________
Department/Academy________________________________________________________________________
Birthdate______________________________________________________________________
Today’s date______________________________________________________________________

Please answer all of the following. Circle **YES** or **NO** for each question.

Do you now have, or have you ever had, any of the following:

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>Arthritis</th>
<th>YES</th>
<th>NO</th>
<th>High Serum Lipids</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>NO</td>
<td>Asthma</td>
<td>YES</td>
<td>NO</td>
<td>Musculoskeletal Problems</td>
</tr>
<tr>
<td>YES</td>
<td>NO</td>
<td>Chronic Bronchitis</td>
<td>YES</td>
<td>NO</td>
<td>Neurological Problems</td>
</tr>
<tr>
<td>YES</td>
<td>NO</td>
<td>Diabetes Mellitus</td>
<td>YES</td>
<td>NO</td>
<td>Heart Murmur</td>
</tr>
<tr>
<td>YES</td>
<td>NO</td>
<td>Emphysema</td>
<td>YES</td>
<td>NO</td>
<td>Obesity</td>
</tr>
<tr>
<td>YES</td>
<td>NO</td>
<td>Heart Disease</td>
<td>YES</td>
<td>NO</td>
<td>Stroke</td>
</tr>
<tr>
<td>YES</td>
<td>NO</td>
<td>Other</td>
<td>YES</td>
<td>NO</td>
<td></td>
</tr>
</tbody>
</table>

(Specify)________________

Have you ever experienced any of the following? For each condition experienced, indicate whether the condition was diagnosed and whether the condition was associated with exercise or physical work.

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>Condition</th>
<th>Diagnosed?</th>
<th>YES</th>
<th>NO</th>
<th>Associated with exercise or physical work?</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>NO</td>
<td>Chest pain</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>YES</td>
<td>NO</td>
<td>Chest pressure</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>YES</td>
<td>NO</td>
<td>Elbow pain/discomfort</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>YES</td>
<td>NO</td>
<td>Jaw pain/discomfort</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>YES</td>
<td>NO</td>
<td>Tooth pain/discomfort</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>YES</td>
<td>NO</td>
<td>Throat pain/discomfort</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>YES</td>
<td>NO</td>
<td>Wrist pain/discomfort</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>YES</td>
<td>NO</td>
<td>Heart palpitations/skipped beats</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
</tr>
</tbody>
</table>
Have you ever taken any of the following tests? If yes, indicate whether the results indicated any abnormalities.

<table>
<thead>
<tr>
<th>Test</th>
<th>YES</th>
<th>NO</th>
<th>Abnormalities?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exercise stress test</td>
<td></td>
<td></td>
<td>YES NO</td>
</tr>
<tr>
<td>Exercise stress test with isotopes</td>
<td></td>
<td></td>
<td>YES NO</td>
</tr>
<tr>
<td>Echocardiogram</td>
<td></td>
<td></td>
<td>YES NO</td>
</tr>
<tr>
<td>Coronary Angiogram</td>
<td></td>
<td></td>
<td>YES NO</td>
</tr>
<tr>
<td>Holter Monitor</td>
<td></td>
<td></td>
<td>YES NO</td>
</tr>
</tbody>
</table>

Has a blood relative ever been diagnosed with any of the following? (Include parents, grandparents, aunts and uncles, brother and sisters, and children. Exclude relatives by marriage or half relatives).

<table>
<thead>
<tr>
<th>Relative</th>
<th>MOTHER</th>
<th>FATHER</th>
<th>OTHER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes Mellitus</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart Disease</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High Blood Pressure</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High Serum Lipids</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Obesity</td>
<td></td>
<td></td>
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<tr>
<td>Stroke</td>
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</tbody>
</table>

Have you ever smoked cigarettes, cigars or a pipe? If “YES,” what year did you start?

Do you smoke presently?

If you did, or do, smoke cigarettes, how many per day?

If you did, or do, smoke cigars, how many per day?

If you did, or do, smoke a pipe, how many pipefuls per day?

If you quit smoking, what year did you quit?

Did you, or do you, ever drink alcoholic beverages?

If “YES,” what is your intake of these beverages?

<table>
<thead>
<tr>
<th>Beverage</th>
<th>None</th>
<th>Occasional</th>
<th>Often</th>
<th>How many drinks per week?</th>
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<tbody>
<tr>
<td>BEER</td>
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<tr>
<td>WINE</td>
<td></td>
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<tr>
<td>HARD LIQUOR</td>
<td></td>
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</tbody>
</table>

List any traumatic injuries you have experienced to your bones or soft tissue (include any disabling back problems you have had) and approximate date of the injury.

________________________________________________________________________ Date ________________
________________________________________________________________________ Date ________________
List any illnesses you have had which required you to take more than one week of sick leave and
the approximate date of the illness.

<table>
<thead>
<tr>
<th>Illness</th>
<th>Date</th>
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List any operations you have had, including the approximate dates.

<table>
<thead>
<tr>
<th>Operation</th>
<th>Date</th>
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</table>

List any medications you are now taking (including self-prescribed medications and dietary
supplements)

<table>
<thead>
<tr>
<th>Name of medication</th>
<th>Date started</th>
<th>Dosage</th>
<th>Dosage per day</th>
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<tbody>
<tr>
<td></td>
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</table>

List any athletic or other physical activities you regularly engage in. Specify for each, the
frequency, intensity and duration of you involvement

<table>
<thead>
<tr>
<th>Activity</th>
<th>Frequency</th>
<th>Intensity</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example</td>
<td>Bicycling</td>
<td>3 times a week</td>
<td>10 miles</td>
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</tbody>
</table>

List anything else that you feel may be important in your medical history, including any
conditions not specifically referred to in the preceding questions.


I hereby certify that all statements made in this Health History Statement are accurate and
complete.

Signature in full: ____________________________  Date: _______________
PAR-Q & YOU

(A Questionnaire for People Aged 15 to 69)

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: check YES or NO.

YES NO

1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?

2. Do you feel pain in your chest when you do physical activity?

3. In the past month, have you had chest pain when you were not doing physical activity?

4. Do you lose your balance because of dizziness or do you ever lose consciousness?

5. Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity?

6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?

7. Do you know of any other reason why you should not do physical activity?

If you answered YES to one or more questions

Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.

- You may be able to do any activity you want — as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- Find out which community programs are safe and helpful for you.

NO to all questions

If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:
- start becoming much more physically active — begin slowly and build up gradually. This is the safest and easiest way to go.
- take part in a fitness appraisal — this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming much more physically active.

DELAY BECOMING MUCH MORE ACTIVE:
- If you are not feeling well because of a temporary illness such as a cold or a fever — wait until you feel better; or
- If you are or may be pregnant — talk to your doctor before you start becoming more active.

PLEASE NOTE: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

Informed Use of the PAR-Q: The Canadian Society for Exercise Physiology, Health Canada, and their agents assume no liability for persons who undertake physical activity and if in doubt after completing this questionnaire, consult your doctor prior to physical activity.

No changes permitted. You are encouraged to photocopy the PAR-Q but only if you use the entire form.

NOTE: If the PAR-Q is being given to a person before he or she participates in a physical activity program or a fitness appraisal, this section may be used for legal or administrative purposes.

"I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction."

NAME:

SIGNATURE:

SIGNATURE OF PARENT or GUARDIAN (for participants under the age of majority):

DATE:

WITNESS:

Note: This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer YES to any of the seven questions.

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Supported by

continued on other side...
Physical Activity 

Every little bit counts, but more is even better — everyone can do it!

Get active your way — build physical activity into your daily life:
- at home
- at school
- at work
- at play
- on the way
...that’s active living!

Exercise is also important. Follow Canada’s Food Guide to Healthy Eating to make wise food choices.


© Reproduced with permission from the Minister of Public Works and Government Services Canada, 2002.

FITNESS AND HEALTH PROFESSIONALS MAY BE INTERESTED IN THE INFORMATION BELOW:

The following companion forms are available for doctors’ use by contacting the Canadian Society for Exercise Physiology (address below):

The Physical Activity Readiness Medical Examination (PARmed-X) — to be used by doctors with people who answer YES to one or more questions on the PAR-Q.

The Physical Activity Readiness Medical Examination for Pregnancy (PARmed-X for Pregnancy) — to be used by doctors with pregnant patients who wish to become more active.

Reference:


For more information, please contact the:

Canadian Society for Exercise Physiology
202-185 Somerset Street West
Ottawa, ON K2P 0Z2
Tel: 1-877-651-3755 • FAX (613) 234-3565
Online: www.cssep.ca

The original PAR-Q was developed by the British Columbia Ministry of Health. It has been reviewed by an Expert Advisory Committee of the Canadian Society for Exercise Physiology chaired by Dr. N. Globish (2002).

Disponible en français sous le titre Questionnaire sur l’aptitude à l’activité physique - Q-AP (revue 2002).
The PARmed-X is a physical activity-specific checklist to be used by a physician with patients who have had positive responses to the Physical Activity Readiness Questionnaire (PAR-Q). In addition, the Conveyance/Referral Form in the PARmed-X can be used to convey clearance for physical activity participation, or to make a referral to a medically-supervised exercise program.

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. The PAR-Q by itself provides adequate screening for the majority of people. However, some individuals may require a medical evaluation and specific advice (exercise prescription) due to one or more positive responses to the PAR-Q.

Following the participant’s evaluation by a physician, a physical activity plan should be devised in consultation with a physical activity professional (CSEP-Certified Personal Trainer™ or CSEP-Certified Exercise Physiologist™). To assist in this, the following instructions are provided:

**PAGE 1:**
- Sections A, B, C, and D should be completed by the participant BEFORE the examination by the physician. The bottom section is to be completed by the examining physician.

**PAGES 2 & 3:**
- A checklist of medical conditions requiring special consideration and management.

**PAGE 4:**
- Physical Activity & Lifestyle Advice for people who do not require specific instructions or prescribed exercise.
- Physical Activity Readiness Conveyance/Referral Form - an optional tear-off tab for the physician to convey clearance for physical activity participation, or to make a referral to a medically-supervised exercise program.

### This section to be completed by the participant

#### A
**PERSONAL INFORMATION:**
- NAME
- ADDRESS
- TELEPHONE
- BIRTHDATE, GENDER
- MEDICAL No.

#### B
**PAR-Q:** Please indicate the PAR-Q questions to which you answered YES
- Q 1 Heart condition
- Q 2 Chest pain during activity
- Q 3 Chest pain at rest
- Q 4 Loss of balance, dizziness
- Q 5 Bone or joint problem
- Q 6 Blood pressure or heart drugs
- Q 7 Other reason.

### Please note: Many of these risk factors are modifiable. Please refer to page 4 and discuss with your physician.

#### C
**RISK FACTORS FOR CARDIOVASCULAR DISEASE:**
- Check all that apply
  - Less than 30 minutes of moderate physical activity most days of the week.
  - Currently smoker (tobacco smoking 1 or more times per week).
  - High blood pressure reported by physician after repeated measurements.
  - High cholesterol level reported by physician.
  - Excessive accumulation of fat around waist
  - Family history of heart disease.

### This section to be completed by the examining physician

#### D
**PHYSICAL ACTIVITY INTENTIONS:**
- What physical activity do you intend to do?

**Physical Activity Readiness Conveyance/Referral:**
Based upon a current review of health status, I recommend:
- No physical activity
- Only a medically-supervised exercise program until further medical clearance
- Progressive physical activity:
  - with avoidance of:
  - with inclusion of:
  - under the supervision of a CSEP-Certified Exercise Physiologist™
- Unrestricted physical activity—start slowly and build up gradually

Further Information:
- Attached
- To be forwarded
- Available on request

---

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Page 20 of 39
### Absolute Contraindications

- Permanent restriction or temporary restriction until condition is treated, stable, and/or past acute phase.

### Relative Contraindications

- Highly variable. Value of exercise testing and/or program may exceed risk. Activity may be restricted.
- Desirable to maximize control of condition. Direct or indirect medical supervision of exercise program may be desirable.

### Special Prescriptive Conditions

- Individualized prescriptive advice generally appropriate:
  - Limitations imposed, and/or
  - Special exercises prescribed.
- May require medical monitoring and/or initial supervision in exercise program.

#### Cardiovascular

<table>
<thead>
<tr>
<th>Condition</th>
<th>Advice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute aneurysm (dissecting)</td>
<td>Clinical exercise test may be warranted in selected cases, for specific determination of functional capacity and limitations and precautions (if any).</td>
</tr>
<tr>
<td>Acute stenosis (severe)</td>
<td>Slow progression of exercise to levels based on test performance and individual tolerance.</td>
</tr>
<tr>
<td>Congestive heart failure</td>
<td>Consider individual need for initial conditioning program under medical supervision (indirect or direct).</td>
</tr>
<tr>
<td>Crescendo angina</td>
<td>Intermittent claudication</td>
</tr>
<tr>
<td>Myocardial infarction (acute)</td>
<td>Progressive exercise to tolerance</td>
</tr>
<tr>
<td>Myocardial infarction (active or recent)</td>
<td>Hypertension: systolic 160-180, diastolic 105+</td>
</tr>
<tr>
<td>Pulmonary or systemic embolism—acute</td>
<td>Progressive exercise; care with medications (serum electrolytes; post-exercise syncope; etc.)</td>
</tr>
<tr>
<td>Ventricular tachycardia and other dangerous dysrhythmias (e.g., mult-focal ventricular activity)</td>
<td></td>
</tr>
<tr>
<td>Ventricular aneurysm</td>
<td></td>
</tr>
<tr>
<td>Hypertension—untreated or uncontrolled severe (systemic or pulmonary)</td>
<td></td>
</tr>
<tr>
<td>Hypertrophic cardiomyopathy</td>
<td></td>
</tr>
<tr>
<td>Compensated congestive heart failure</td>
<td></td>
</tr>
</tbody>
</table>

#### Infections

- Acute infectious disease (regardless of etiology)
- Subacute/chronic/recurrent infectious diseases (e.g., malaria, others)
- Chronic infections
- HIV

#### Metabolic

- Uncontrolled metabolic disorders (diabetes mellitus, thyrotoxicosis, myxedema)
- Renal, hepatic & other metabolic insufficiency
- Obesity
- Single kidney
- Dietary modification, and initial light exercises with slow progression (walking, swimming, cycling)

#### Pregnancy

- Complicated pregnancy (e.g., toxemia, hemorrhage, incompetent cervix, etc.)
- Advanced pregnancy (late 3rd trimester)

References:


The PAR-Q and PARmed-X were developed by the British Columbia Ministry of Health. They have been revised by an Expert Advisory Committee of the Canadian Society for Exercise Physiology chaired by Dr. N. Gleichill (2002).

No changes permitted. You are encouraged to photocopy the PARmed-X, but only if you use the entire form.

Disponible en français sous le titre "Évaluation médicale de l'aptitude à l'activité physique (X-AAP)".

Continued on page 3...
<table>
<thead>
<tr>
<th>Special Prescriptive Conditions</th>
<th>ADVICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lung</td>
<td></td>
</tr>
<tr>
<td>chronic pulmonary disorders</td>
<td>special relaxation and breathing exercises</td>
</tr>
<tr>
<td>obstructive lung disease</td>
<td>breath control during endurance exercises to tolerance; avoid polluted air</td>
</tr>
<tr>
<td>asthma</td>
<td></td>
</tr>
<tr>
<td>exercise-induced bronchospasm</td>
<td>avoid hyperventilation during exercise; avoid extremely cold conditions; warm up adequately; utilize appropriate medication.</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Musculoskeletal</td>
<td></td>
</tr>
<tr>
<td>low back conditions (pathological, functional)</td>
<td>avoid or minimize exercise that precipitates or exasperates e.g., forced extreme flexion, extension, and violent twisting; correct posture, proper back exercises</td>
</tr>
<tr>
<td>arthritis—acute (infective, rheumatoid, gout)</td>
<td>treatment, plus judicious blend of rest, splinting and gentle movement</td>
</tr>
<tr>
<td>arthritis—subacute</td>
<td>progressive increase of active exercise therapy</td>
</tr>
<tr>
<td>arthritis—chronic (osteoarthritis and above conditions)</td>
<td>maintenance of mobility and strength; non-weightbearing exercises to minimize joint trauma (e.g., cycling, aquatic activity, etc.)</td>
</tr>
<tr>
<td>orthopaedic</td>
<td>highly variable and individualized</td>
</tr>
<tr>
<td>hemia</td>
<td>minimize strain and isometrics; strengthen abdominal muscles</td>
</tr>
<tr>
<td>osteoporosis or low bone density</td>
<td>avoid exercise with high risk for fracture such as push-ups, curl-ups, vertical jump and trunk forward flexion; engage in low-impact weight-bearing activities and resistance training</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>CNS</td>
<td></td>
</tr>
<tr>
<td>convulsive disorder not completely controlled by medication</td>
<td>minimize or avoid exercise in hazardous environments and/or exercising alone (e.g., swimming, mountain climbing, etc.)</td>
</tr>
<tr>
<td>recent concussion</td>
<td>thorough examination if history of two concussions; review for discontinuation of contact sport if three concussions, depending on duration of unconsciousness, retrograde amnesia, persistent headaches, and other objective evidence of cerebral damage</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood</td>
<td></td>
</tr>
<tr>
<td>anemia—severe (&lt; 10 Gm/dl)</td>
<td>control preferred; exercise as tolerated</td>
</tr>
<tr>
<td>electrolyte disturbances</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Medications</td>
<td></td>
</tr>
<tr>
<td>antiarrhythmic</td>
<td></td>
</tr>
<tr>
<td>antihypertensive</td>
<td></td>
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<tr>
<td>anticonvulsant</td>
<td></td>
</tr>
<tr>
<td>beta-blockers</td>
<td></td>
</tr>
<tr>
<td>diuretics</td>
<td></td>
</tr>
<tr>
<td>gangliotonic blockers</td>
<td></td>
</tr>
<tr>
<td>others</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>post-exercise syncope</td>
<td>moderate program</td>
</tr>
<tr>
<td>heat intolerance</td>
<td>prolong cool-down with light activities; avoid exercise in extreme heat</td>
</tr>
<tr>
<td>temporary minor illness</td>
<td>postpone until recovered</td>
</tr>
<tr>
<td>cancer</td>
<td>if potential metastases, test by cycle ergometry, consider non-weight bearing exercises; exercise at lower end of prescriptive range (40-65% of heart rate reserve), depending on condition and recent treatment (radiation, chemotherapy); monitor hemoglobin and lymphocyte counts; add dynamic lifting exercise to strengthen muscles, using machines rather than weights.</td>
</tr>
</tbody>
</table>

*Refer to special publications for elaboration as required

The following companion forms are available online: http://www.csep.ca

The Physical Activity Readiness Questionnaire (PAR-Q) - a questionnaire for people aged 15-69 to complete before becoming much more physically active.

The Physical Activity Readiness Medical Examination for Pregnancy (PARmed-X for PREGNANCY) - to be used by physicians with pregnant patients who wish to become more physically active.

For more information, please contact the:

Canadian Society for Exercise Physiology
202 - 185 Somerset St. West
Ottawa, ON K2P 6J2
Tel. 1-877-651-3755 • FAX (613) 234-3565 • Online: www.csep.ca

Note to physical activity professionals...
It is a prudent practice to retain the completed Physical Activity Readiness Conveyance/Referral Form in the participant's file.
PARmed-X Physical Activity Readiness Conveyance/Referral Form

Based upon a current review of the health status of ____________________________, I recommend:

☐ No physical activity

☐ Only a medically-supervised exercise program until further medical clearance

☐ Progressive physical activity

☐ with avoidance of: ________________________________

☐ with inclusion of: ________________________________

☐ under the supervision of a CSEP-Certified Exercise Physiologist™

☐ Unrestricted physical activity — start slowly and build up gradually

__________________________ M.D. 20__

(date)

NOTES:
- This physical activity clearance is valid for a maximum of six months from the date it is completed and becomes invalid if your medical condition becomes worse.
Dear Academy Recruit:

As part of your basic training you are required to participate in the Basic Academy Physical Conditioning Program and to demonstrate acceptable physical readiness by successfully completing a job-related physical agility test, Work Sample Test Battery (WSTB) at the conclusion of the physical conditioning program.

The purpose of this letter is to describe the Basic Academy Physical Conditioning Program and advise you that you must obtain appropriate medical clearance before you participate in the program.

Participation in the Basic Academy Physical Conditioning Program and the successful completion of job-related tests are requirements of the California Commission on Peace Officer Standards and Training (POST). POST is the state agency that has responsibility for certifying all basic training academies in California.

The POST Basic Academy Physical Conditioning Program is designed to develop in you an enhanced level of physical fitness in a manner that will both prepare you to perform physically demanding tasks of the law enforcement profession. Additionally, the program is designed to instill a desire to maintain a high level of fitness throughout your career. To this end, the objectives of the program are to:

- Prepare you to meet minimum physical job task performance standards
- Sensitize and educate you to the importance of maintaining a lifelong health related personal physical fitness program
- Provide positive reinforcement and support for maintaining high fitness levels and personal health-related physical fitness programs

These objectives are achieved by means of a three-fold educational process. First, you will be introduced to the goals and objectives of the physical program, which includes individual assessment and instruction on the principles of physical conditioning. Second, you will participate in a series of conditioning sessions which systematically embrace a wide variety of physical exercise. These activities include neuro-muscular-skeletal development through strength and flexibility exercises, as well as cardio-respiratory enhancement through various aerobic-type involvements. The progression of exercise will be dictated by your "entry fitness level" and the subsequent improvement of your physical condition throughout the training.
Third, you will receive numerous hours of classroom instruction on the subjects of: physical fitness as a lifetime pursuit, low back care, nutrition, overweight/obesity, substance abuse, stress management, and self-evaluation.

The actual physical conditioning phase of the program is organized into 60 minute sessions. In most instances, the program will consist of three 60 minute sessions per week. Each is designed to address muscular strength, muscular endurance, cardiovascular endurance, and flexibility. The relative emphasis given to each of these types of conditioning varies from session to session. All exercises within an exercise session are designed to maximize the development of those physical abilities needed to function as a patrol officer. A detailed physiological analysis was conducted by physiologists to identify/develop the specific exercises within each session. The analysis was conducted on actual patrol officer physical job task information that was collected from officers in over 100 police and sheriffs’ departments statewide. Thus, great care was taken to ensure that the content of the conditioning program is highly job-related.

It is by design that the focus of the POST Basic Academy Physical Conditioning Program is to provide physical conditioning training in a manner that is not punitive or mentally stressful, but rather educates and sensitizes trainees to the need for a lifestyle of daily physical activity.

**Shoes**

Prior to entering the Academy, you are required to purchase a good pair of running shoes. The type and proper fit of shoes is important for any activity program. Programs such as this which involve a lot of running and jogging require special shoes which have been designed specifically for these activities. These shoes should not fit tightly; and they should have good support at the arch and heel. Ripple, crepe, or waffle shoes are excellent for use on hard surfaces. It is important to remember that good shoes and socks are the best prevention against blisters, soreness, and aching of the feet, ankles, and knees.

**Mat Shoes**

You are required to purchase a pair of Mat Shoes for use on the Mats located in the large and Small Rooms. These are required because of Cross Contamination Protocols. Additionally, you will need to purchase striking gloves used on Arrest Control & Baton Training

**Overview of Work Sample Test Battery (WSTB)**

As indicated, at the conclusion of the conditioning program you must successfully complete a battery of job-related tests in order to graduate from the academy. The test battery that you will take will probably consist of a series of Work Samples that must be performed within a specified time. The Work Sample Tests Battery that you will take will begin running 5 yards up to and climbing over a 6 foot Solid Wall than running 25 yards to the finish line. Running up to and climbing over a chain link fence than running 25 yards to the finish line; dragging a life-like 165 lbs. mannequin for 32 feet; running a 99 yard pursuit Obstacle/Agility Run course consisting of 5 sharp turns and minor obstacles (saw horse) that must be jumped or vaulted; and running a longer pursuit course of 500 yards, with no obstacles. This test is designed to simulate actual job tasks that are frequently performed by the typical California peace officer.
The passing scores required on such tests have been established so that they reflect standards that are reasonable and consistent with normal expectations of acceptable proficiency. They are therefore not tests of athletic prowess but rather test that measure one's ability to do the job.

**MEDICAL CLEARANCE**

Prior to participating in the program it is necessary for you to get a medical clearance from your physician. The medical clearance is required to provide reasonable assurance that there is no medical reason why you should not participate in the program, and must be obtained at your own expense.

Enclosed are two forms for you to fill out prior to visiting your physician. One is a Health History Statement and the other is a cardiac risk assessment (“PAR-Q”). Bring these completed forms with you the day you visit your doctor.

Enclosed you will also find an envelope marked “For Your Physician.” Give this envelope along with the completed Medical History and “PAR-Q” forms to your doctor (or his representative) when you go in for your visit.

In closing, the intent of this letter was to provide you with a brief description of the nature and purpose of the conditioning program you will be experiencing. For further details about any of the information provided, you are encouraged to contact the physical training staff at the academy.

Thank you for your attention and good luck in your pursuit of a law enforcement career.

Sincerely,

**Commander Robin Poague**

Academy Commander/Coordinator
Dear Physician:

The individual you are examining has been requested to obtain a Medical Clearance to participate in the Physical Conditioning Program at the Sacramento Regional Public Safety Training Center Basic Law Enforcement Academy. The Physical Conditioning Program consists of certain physical performance tests and a program of vigorous physical conditioning. Physical conditioning occurs a minimum of 1 hour per day, 3 days a week, for at least 12 weeks. Listed below are descriptions of both the physical performance tests and the content of the physical conditioning program.

A Medical History Statement and a cardiac risk assessment (PAR-Q) have been completed by the individual to assist you in making your determination of the individual's suitability for participation in the conditioning program.

**PHYSICAL PERFORMANCE TESTS**

**99 yard Obstacle Course**: The Recruit is required to run the 99 yard obstacle course making multiple turns and jumping over a saw horse. Simulates a police work task.

**500 Yard Run**: The individual runs 500-yards in as little time as possible. Simulates a police work task.

**Solid & Chain Link Fence Climb**: The individual runs 5 yards, climbs a 6-foot wood and chain link fence, and then continues running 25 yards in the least amount of time possible. Simulates a police work task.

**Body Drag Test**: The individual partially lifts and drags a 165-lb. life-like dummy 32 feet as quickly as possible. Simulates a police work task.
PHYSICAL CONDITIONING

The program of physical conditioning involves exercise focusing on cardio-respiratory endurance (aerobics), strength, power, speed and flexibility. The intensity of the various exercises is individualized to the extent possible and is gradually increased throughout the course of the physical conditioning program. Each exercise session lasts 60 minutes and consists of an 8 minute warm-up period, a 30-45 minute conditioning bout focusing on a primary training objective, and a 7 minute cool-down period. A description of the conditioning objectives and activities appear below.

OVERVIEW OF CONDITIONING ACTIVITIES

<table>
<thead>
<tr>
<th>CONDITIONING OBJECTIVE</th>
<th>FORMATS</th>
<th>TYPE OF ACTIVITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flexibility</td>
<td>Walk/Jog, Floor Calisthenics</td>
<td>Begin with walk/jog to warm muscles and is followed by slow stretching for major muscle groups and joints.</td>
</tr>
<tr>
<td>Muscular Strength/Cardiovascular Endurance</td>
<td>Circuit Training with Weights</td>
<td>A combination of conventional Universal Gym training exercises and jogging in place for a specified period of time.</td>
</tr>
<tr>
<td>Muscular Strength/Cardiovascular Endurance</td>
<td>Circuit Training with Calisthenics</td>
<td>A combination of conventional calisthenics and jogging and sprinting for a specified period of time requiring a specific number of repetitions.</td>
</tr>
<tr>
<td>Cardiovascular Endurance</td>
<td>Continuous Running</td>
<td>Conventional jog-run for distance and pace (15-45 minute duration).</td>
</tr>
</tbody>
</table>

Please complete the attached "Medical Clearance" form following your examination.

Thank you,

Commander Robin Poague
Academy Coordinator
MEDICAL CLEARANCE

MEDICAL CLEARANCE TO PARTICIPATE IN THE PHYSICAL CONDITIONING PROGRAM FOR:

LAST                    FIRST

Having reviewed the above-named individual's Medical History Statement and cardiac risk assessment (PAR-Q), and having read the descriptions provided of the physical performance tests and the physical conditioning activities, and having personally examined the above-named individual, it is my professional opinion that:

Check (✓) one:

☐ It is highly unlikely that participation in the Physical Conditioning Program will pose a significant medical risk to the above-named individual.

☐ The above-named individual should not participate in the Physical Conditioning Program.

__________________________________________  __________________________
Physician Signature                        Date

__________________________________________
Physician Name (Please Print):

Address: _____________________________________________

Telephone: ___________________________________________
PROOF OF MEDICAL COVERAGE

PROOF OF MEDICAL COVERAGE WILL BE REQUIRED OF EACH ACADEMY RECRUIT. THE MEDICAL COVERAGE SHALL REMAIN IN EFFECT THROUGHOUT THE ENTIRE ACADEMY TRAINING PERIOD. APPROPRIATE CORRESPONDENCE WILL BE DUE THE FIRST WEEK OF THE ACADEMY.
Commander Robin Poague
To: ____________________________ Date: ________________

Recruit J. Smith, Basic Academy #36
From: ____________________________

Subject: Medical Insurance Coverage

I am currently insured by Kaiser Permanente. My medical ID number is 1234567.

This plan will remain in effect throughout the Academy. If I change plans, I will advise the Academy.

Attached is a copy of my medical card.

Respectfully Submitted

J. Smith
FINGERPRINT CLEARANCE

Penal code Section 135.11.5
When Written Certification of No Criminal History is Required
(Training Applicants)

Each applicant for admission to a basic course of training certified by the
Commission on Peace Officer Standards and Training that includes the carrying
and use of firearms, as prescribed by subdivision (a) of Section 832 and
subdivision (a) of Section 832.3, who is not sponsored by a local or other law
enforcement agency, department, or district, shall be required to submit written
certification from the Department of Justice pursuant to Sections 11122, 11123,
and 11124 that the applicant has no criminal history background which would
disqualify him or her, pursuant to Section 12021 or 12021.1 of this code, or
Section 81-00 or 8103 of the Welfare and Institutions Code, from owning,
possessing, or having under his or her control a firearm.

or

An applicant who is a peace officer employed by a state of local law enforcement
agency and whose agency will certify on department letterhead that the applicant
has previously undergone a fingerprint search by the Department of Justice
will be exempt from this processing requirement. Agency certification letters shall be
addressed to:

Basic Academy Coordinator
Sacramento Regional Public Safety Training Center
5146 Arnold Avenue
McClellan, CA 95652

Upon receipt of the DOJ Clearance letter, please turn a copy into the Academy
Office. Failure to submit the clearance will result in your non-participation in the
firearms training program.

Processing fees for non-sponsored candidates are determined by each
processing center. For more information, go to:
http://ag.ca.gov/fingerprints/publications/contact.php
# REQUEST FOR LIVE SCAN SERVICE

## Applicant Submission

**CA0349400**

**ORI (Code assigned by DOJ)**

**POST CERTIFICATION**

**Type of License/Certification/Permit**  

**Working Title**  

**Contributing Agency Information:**

**DOJ/BUREAU OF FIREARMS**

**Agency Authorized to Receive Criminal Record Information**

**P.O. BOX 820200**

**Street Address or P.O. Box**

**SACRAMENTO CA 94203-0200**

**City**  

**State**  

**ZIP Code**

## Applicant Information:

**Last Name**

**Other Name (AKA or Alias)**

**Sex**  

**Male**  

**Female**

**Date of Birth**

**Height**

**Weight**

**Eye Color**

**Hair Color**

**Place of Birth (State or Country)**

**Social Security Number**

**Home Address**

**Street Address or P.O. Box**

## Your Number:

**Your Number:**

**OCA Number (Agency Identifying Number)**

**Level of Service:**

**DOJ**  

**FBI**

If re-submission, list original ATI number:  

(Must provide proof of rejection)

## Employer (Additional response for agencies specified by statute):

**DOJ/BUREAU OF FIREARMS**

**Employer Name**

**P.O. BOX 820200**

**Street Address or P.O. Box**

**SACRAMENTO CA 94203-0200**

**City**  

**State**  

**ZIP Code**

## Live Scan Transaction Completed By:

**Name of Operator**

**Transmitting Agency**

**LSID**

**ATI Number**

**Amount Collected/Billed**

**ORIGINAL - Live Scan Operator**

**SECOND COPY - Applicant**

**THIRD COPY (if needed) - Requesting Agency**

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**REQUEST FOR LIVE SCAN SERVICE**

**Applicant Submission**

<table>
<thead>
<tr>
<th>CA0349400</th>
<th>POST CERTIFICATION (NON-SPONSORED 13511.5 PC)</th>
</tr>
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<tbody>
<tr>
<td>ORI (Code assigned by DOJ)</td>
<td>Authorized Applicant Type</td>
</tr>
</tbody>
</table>

**DOJ/BUREAU OF FIREARMS**

<table>
<thead>
<tr>
<th>Agency Authorized to Receive Criminal Record Information</th>
<th>Mail Code (five-digit code assigned by DOJ)</th>
</tr>
</thead>
<tbody>
<tr>
<td>P.O. BOX 820200</td>
<td>Contact Name (mandatory for all school submissions)</td>
</tr>
<tr>
<td>Street Address or P.O. Box</td>
<td>(916) 227-1375</td>
</tr>
</tbody>
</table>

**Applicant Information:**

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Initial</th>
<th>Suffix</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other Name</td>
<td>First</td>
<td>Middle Initial</td>
<td>Suffix</td>
</tr>
<tr>
<td>(AKA or Alias)</td>
<td>First</td>
<td>Middle Initial</td>
<td>Suffix</td>
</tr>
<tr>
<td>Sex</td>
<td>Male</td>
<td>Female</td>
<td></td>
</tr>
<tr>
<td>Date of Birth</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Height</td>
<td>Weight</td>
<td>Eye Color</td>
<td>Hair Color</td>
</tr>
<tr>
<td>Place of Birth (State or Country)</td>
<td>Social Security Number</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Home Address:**

<table>
<thead>
<tr>
<th>Street Address or P.O. Box</th>
<th>City</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
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</table>

**Your Number:**

<table>
<thead>
<tr>
<th>Original ATI Number</th>
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</table>

**Level of Service:**

<table>
<thead>
<tr>
<th>DOJ</th>
<th>FBI</th>
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</table>

**Employer (Additional response for agencies specified by statute):**

<table>
<thead>
<tr>
<th>DOJ/BUREAU OF FIREARMS</th>
<th>Mail Code (five digit code assigned by DOJ)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer Name</td>
<td>Telephone Number (optional)</td>
</tr>
<tr>
<td>P.O. BOX 820200</td>
<td></td>
</tr>
<tr>
<td>Street Address or P.O. Box</td>
<td></td>
</tr>
</tbody>
</table>

**Live Scan Transaction Completed By:**

<table>
<thead>
<tr>
<th>Name of Operator</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transmitting Agency</td>
<td>LSID</td>
</tr>
<tr>
<td>ATI Number</td>
<td>Amount Collected/Billed</td>
</tr>
</tbody>
</table>

**ORIGINAL - Live Scan Operator**

**SECOND COPY - Applicant**

**THIRD COPY (if needed) - Requesting Agency**

Page 34 of 39
**REQUEST FOR LIVE SCAN SERVICE**

**Applicant Submission**

<table>
<thead>
<tr>
<th>CA03490400</th>
<th>POST CERTIFICATION (NON-SPONSORED 13511.5 PC)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ORI (Code assigned by DOJ)</td>
<td>Authorized Applicant Type</td>
</tr>
</tbody>
</table>

**Contributing Agency Information:**

<table>
<thead>
<tr>
<th>DOJ/BUREAU OF FIREARMS</th>
<th>Mail Code (five-digit code assigned by DOJ)</th>
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<tbody>
<tr>
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<td>Contact Name (mandatory for all school submissions)</td>
</tr>
<tr>
<td>P.O. BOX 820200</td>
<td>(916) 227-1375</td>
</tr>
<tr>
<td>Street Address or P.O. Box</td>
<td>Contact Telephone Number</td>
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**Applicant Information:**

<table>
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<tr>
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<th>First Name</th>
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<tbody>
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<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
</table>

**Your Number:**

<table>
<thead>
<tr>
<th>OCA Number (Agency Identifying Number)</th>
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</table>

**If re-submission, list original ATI number:**

<table>
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<tr>
<th>(Must provide proof of rejection)</th>
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**Employer (Additional response for agencies specified by statute):**

<table>
<thead>
<tr>
<th>DOJ/BUREAU OF FIREARMS</th>
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<td>Employer Name</td>
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<tr>
<td>P.O. BOX 820200</td>
<td></td>
</tr>
<tr>
<td>Street Address or P.O. Box</td>
<td></td>
</tr>
<tr>
<td>SACRAMENTO</td>
<td>CA 94203-0200</td>
</tr>
<tr>
<td>City</td>
<td>State</td>
</tr>
</tbody>
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**Live Scan Transaction Completed By:**

<table>
<thead>
<tr>
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<tr>
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<th>LSID</th>
<th>ATI Number</th>
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</thead>
</table>

**ORIGINAL - Live Scan Operator**

**SECOND COPY - Applicant**

**THIRD COPY (if needed) - Requesting Agency**

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Page 35 of 39
DEPARTMENT OF MOTOR VEHICLE LICENSE/IDENTIFICATION CARD INFORMATION REQUEST

A CALIFORNIA DEPARTMENT OF MOTOR VEHICLE LICENSE/IDENTIFICATION CARD INFORMATION REQUEST IS REQUIRED TO SHOW PROOF THAT YOU HAVE A VALID UNRESTRICTED DRIVER LICENSE. THIS REQUEST IS AVAILABLE AT ANY DMV OFFICE.

UPON RECEIPT, PLEASE PROVIDE STAFF WITH THE INFORMATION REQUEST.
MINIMUM STANDARDS FOR EMPLOYMENT

The California Commission on Peace Officer Standards and Training (POST) establishes minimum selection standards governing the employment of peace officers by California law enforcement agencies. This serves to standardize employment requirements on a statewide basis. POST conducts extensive research to validate these minimum selection standards.

Every peace officer employed by an agency in the POST program must be selected in conformance with the following requirements:


2. **FINGERPRINT AND RECORD CHECK.** Government Code Sections 1030 and 1031(c): Requires fingerprinting and search of local, state, and national files to reveal any criminal records.

3. **CITIZENSHIP.** Government Code Section 1031(a) and 1031.5: Specifies citizenship requirements for peace officers. Government Code Section 24103 specifies citizenship requirements for deputy sheriffs and deputy marshals.

4. **AGE.** Government Code Section 1031(b): Requires minimum age of 18 years for peace officer employment.

5. **MORAL CHARACTER.** Government Code Section 1031(d) requires good moral character as determined by a thorough background investigation. The background investigation shall be conducted as prescribed in the POST Administrative Manual, Section C-1. The background investigation shall be completed on or prior to the appointment date.

6. **EDUCATION.** Government Code Section 1031(e): Requires high school graduation, passage of the General Education Development Test (GED) or
attainment of a two-year or four-year degree from an accredited college or university. When the GED is used, a minimum overall score of not less than 45, and a standard score of not less than 35 on any section of the test, as established by the American Council on Education, shall be attained.

7. **PHYSICAL AND PSYCHOLOGICAL SUITABILITY EXAMINATIONS.**  
Government Code Section 1031(f): Requires an examination of physical, emotional, and mental conditions. The examinations shall be conducted as prescribed in the POST Administrative Manual, Section C-2.

8. **INTERVIEW.** Be personally interviewed prior to employment by the department head or a representative(s) to determine the person's suitability for law enforcement service, which includes, but is not limited to, the person's appearance, personality, maturity, temperament, background, and ability to communicate. This regulation may be satisfied by an employee of the department participating as a member of the peace officer's oral interview panel.

9. **READING AND WRITING ABILITY.** Be able to read and write at the levels necessary to perform the job of a peace officer as determined by the use of the POST Entry-Level Law Enforcement Test Battery or other job-related tests of reading and writing ability.
SRPSTC
BASIC ACADEMY REQUIRED P.T. CLOTHING
ORDER FORM

<table>
<thead>
<tr>
<th>ITEM</th>
<th>COST</th>
<th>SIZES (Quantity)</th>
</tr>
</thead>
<tbody>
<tr>
<td>MENS T-SHIRT*</td>
<td>S-XL $13.50</td>
<td>S M L XL 2XL 3XL</td>
</tr>
<tr>
<td>(Name required on back)</td>
<td>2XL $15.12</td>
<td>TOTAL $</td>
</tr>
<tr>
<td></td>
<td>3XL $16.20</td>
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</tr>
<tr>
<td>LADIES T-SHIRT*</td>
<td>S-XL $13.50</td>
<td></td>
</tr>
<tr>
<td>(Name required on back)</td>
<td>2XL $15.12</td>
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<tr>
<td></td>
<td>3XL $16.20</td>
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</tr>
<tr>
<td>CREWNECK SWEAT*</td>
<td>S-XL $17.82</td>
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</tr>
<tr>
<td>(Name required on back)</td>
<td>2XL $19.44</td>
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<tr>
<td></td>
<td>3XL $20.52</td>
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<tr>
<td>NYLON JACKET*</td>
<td>S-XL $25.38</td>
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<tr>
<td>(Name ONLY on back)</td>
<td>2XL $27.00</td>
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<tr>
<td></td>
<td>3XL $28.08</td>
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<tr>
<td>MENS SHORTS</td>
<td>S-XL $10.26</td>
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</tr>
<tr>
<td>(Logo on shorts)</td>
<td>2XL $12.42</td>
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<tr>
<td></td>
<td>3XL $13.50</td>
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<tr>
<td>LADIES SHORTS</td>
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</tr>
<tr>
<td></td>
<td>3XL $16.66</td>
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<tr>
<td>SWEATPANTS</td>
<td>S-XL $17.01</td>
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<tr>
<td>(Logo on pants)</td>
<td>2XL $19.17</td>
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<tr>
<td>BASEBALL HAT</td>
<td>$12.71</td>
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<tr>
<td>(VELCRO CLOSURE NAME)</td>
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<tr>
<td>GEAR BAG*</td>
<td>$24.84</td>
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GRAND TOTAL $  
(Includes Sales Tax)

RECRUIT INFO (Please print information below)

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Phone#</th>
<th>Class#</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Address          City    State  Zip

All orders will be completed during orientation. You must pay in full by the first day of the Academy. Acceptable payment methods are Cash, Checks, & Credit Card (Fill Out Form Attached). There is a $35.00 service charge for any check the bank returns.

Recommended Quantities

<table>
<thead>
<tr>
<th>Item</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>T-Shirt</td>
<td>4-6</td>
</tr>
<tr>
<td>Crewneck Sweatshirt</td>
<td>1</td>
</tr>
<tr>
<td>Shorts</td>
<td>2</td>
</tr>
<tr>
<td>Sweatpants</td>
<td>1</td>
</tr>
<tr>
<td>Jacket</td>
<td>1</td>
</tr>
<tr>
<td>Hat</td>
<td>2</td>
</tr>
<tr>
<td>Gear Bag</td>
<td>1</td>
</tr>
</tbody>
</table>