

NORTHEAST FLORIDA CRIMINAL JUSTICE CENTER

Basic Law Enforcement Phase One Application Packet



**R.W. "Buster" French
Director of Law Enforcement Training**

**To submit completed packet and request Phase Two
information, contact Law.Enforcement@fscj.edu**

“BUILDING TRUST THROUGH SERVICE”

FSCJ

**Florida State College
at Jacksonville**

Academy Admission Disqualifiers

There are several areas concerning an applicant's background that will preclude their admission to the Florida Law Enforcement Academy programs. Please read and understand these disqualifying factors. If you are not qualified for entry to the program, your application will not be considered.

GENERAL DISQUALIFYING FACTORS

It is the Academy policy to disqualify a potential applicant from admission or processing for admission for failure to successfully complete the items listed below. These items are covered in depth in application requirements and forms.

- Failure to pass the oral board interview process
- Failure to timely submit all required applicant documentation
- Failure to pass drug-screening test
- Failure to meet appropriate criminal history checks standards
- Failure to meet Florida State College academic admissions and prescreening testing criteria
- Submission of any false documents or statements

DRIVING HISTORY DISQUALIFYING FACTORS

Any conviction for any driving felony, or conviction for any of the following activities during a 5-year period prior to the class beginning date:

- DUI/DWI, license suspended for points
- willful/wanton reckless driving
- fleeing and attempting to elude
- leaving scene of an accident
- license suspended for financial responsibility from an at fault accident
- five hazardous moving violations
- two hazardous moving violations resulting in accidents.

NARCOTICS ABUSE DISQUALIFYING FACTORS

Any activity, arrest or conviction after the age of 18 (or after being adjudicated as an adult for Criminal Prosecution purposes regardless of age of adjudication) for the following violations:

- sales of illegal drugs/substances
- acting as middle-person in a drug deal
- drug trafficking
- failure to maintain a completely drug free history for two years prior to application
- continuous use of habit forming prescriptions/controlled substances for more than five years
- possession of drug paraphernalia in past year
- use of hallucinogenic drugs in past five years
- abuse/misuse/use of class I, II, III, IV, V drugs in past five years
- use of non-prescription steroids in past five years
- use of marijuana in past two years

Violations occurring prior to the age of 18 will be evaluated on a case by case basis.

(See Florida Department of Law Enforcement (FDLE) web page for links to Florida Statutes for a detailed explanation of drug class categories.)

DOMESTIC VIOLENCE DISQUALIFYING FACTORS

Federal law prohibits persons convicted of any domestic violence violations (**18 U.S.C. 922 (g) (9)**) from carrying a firearm. Accordingly, any potential applicant fitting this category is disqualified from admission to or processing for admission to the academy.

Anyone arrested or charged but not convicted, of a domestic violence violation where the charges have been:

- dismissed for cause,
- or persons having been served with an active injunction for protection, which prohibits the applicant from carrying a firearm,

PREADMISSION DETERMINATION

Applicants whose personal history situation do not exactly meet or that borders on meeting the above disqualifying factors, who believe that there are significant and/or overwhelming circumstances which would justify their favorable consideration for admission to the Academy, may formally request in writing, a preadmission determination evaluation for consideration prior to admission.

The applicant must submit a detailed typed letter with all supporting documentation addressed to the Director of Law Enforcement Training requesting a preadmission determination.

The applicant may attend orientations and complete the physical agility test prior to submitting such a preadmission determination request, however all other application procedures will be placed on hold pending a final decision.

Telephone or personal inquiries for preadmission determinations will not be considered. Applicants and/or third parties making telephonic or personal inquiries will be directed to this policy statement.

The applicant's preadmission determination letter should provide a written statement of all details concerning the history and situation. Additionally,

- The letter must clearly state why the applicant requests consideration and how their situation fails to meet the above exclusion standards.
- The request for preadmission determinations must also include photocopies of all arrest, disposition, court documents and any other records concerning the situation to be evaluated. Including front and back pages of charge sheets and other law enforcement records, as applicable.

Failure to submit supporting documentation with the preadmission determination letter will result in the discontinuance of the application process.

If during any step in the application process, it is discovered that an applicant's personal history background is such that they should have reasonably known that they should have submitted a request for a preadmission determination, that applicant will be denied Academy admission without further notice or explanation.

Initial Application Forms

Initial packet contains assorted forms necessary for preliminary consideration in the program. Complete the enclosed forms and return them to the Academy as soon as possible. The forms will be reviewed and when sufficient applicants have met the requirements, a Physical Fitness Evaluation will be scheduled. You will be notified of the date and time of the Physical Fitness Evaluation.

Applicant Tracking Contact Sheet

Complete the Applicant Contact Sheet (below) and place it on the top of your application packet. If you move at any time during the application process or Academy program, email us at Law.Enforcement@fscj.edu.

Verification of age

Applicants must be 19 years of age (FDLE Regulations require individuals to be 19 years of age taking the State Certification Exam).

Verification of age may be accomplished by providing a copy of birth certificate or suitable "official" document.

Citizen of the United States

Applicants must be United States Citizens. Naturalized Citizens must provide proof of Naturalization

High school transcripts or equivalent

High school transcripts – 1 SEALED copy required

High School Diplomas are not considered acceptable proof of graduation.

A copy of a Florida GED certificate & individual test scores are acceptable proof.

Out-of-state GED, reviewed on a case by case basis

Affidavit of Criminal/Military History

Complete this affidavit form (below) in the presence of a Notary Public, after the Notary has placed their seal on the form, include it in the packet. Banks and Credit Unions provide Notary Services.

Applicant Waiver Agreement & Statement

Complete this waiver form (below) and return in packet

FERPA Consent Form

Complete this waiver form (below) and return in packet

Driver's license

A photocopy of your current valid state driver's license must be turned in with your packet. Please enlarge the print size to double the normal license size when making this copy.

Social Security Card

A photocopy of your social security card must be turned in with your packet. Please enlarge the print size to double the normal license size when making this copy.

Proof of Health/Accident Insurance

Proof that you possess current health/accident insurance must be provided in the event you are injured during the training course.

Health/Accident Insurance must remain valid for the duration of the class.

Active duty military personnel may provide a copy of your military ID card as proof of insurance.

Military DD Form 214

A photocopy of your DD-214 if you have been in the military.

Authority for Release of Information

Complete the CJSTC Form 58, Authority for release of information (below). This document must be notarized.

Medical Examination Forms

Take the Medical Examination Form (CJSTC Form 75) (below) to your physician or medical clinic and have the physical examination completed. The results of the physical MUST be reported on these forms. Physicals not reported on these forms will not be accepted. Ensure that the examining physician completes the form correctly and includes his/her address and license number with his/her signature.

CJBAT Examination (Law Enforcement Version)

The Criminal Justice Basic Ability Test (CJBAT) program is a Florida Department of Law Enforcement entrance examination for Law Enforcement and Corrections Officer. The CJBAT is administered only in the State of Florida. Applicants, training schools and criminal justice agencies may access examination pass/fail results on the Florida Department of Law Enforcement website.

The cost of this exam is \$39.00. To schedule exam go to [www.https://home.pearsonvue.com/fdle](https://home.pearsonvue.com/fdle)

Submit your test results with your Phase One paperwork.

It is the student's responsibility to ensure you are taking the CORRECT test for the class you want. CJBAT for Basic Law Enforcement or COBAT for Corrections. COBAT scores will not be accepted for BLE, and CJBAT scores will not be accepted for Corrections. The Student will need to retake the correct test and will be responsible for the additional testing fee.

IMPORTANT UPDATE:

As of July 1, 2022, section 943.17(1)(g) states that any candidate wishing to enter a law enforcement academy that either (i) is a veteran as classified in section 1.01(14), F.S., or (ii) holds an associate degree or higher from an accredited college or university is not required to take the Law Enforcement Basic Abilities Test. Please note that veteran is defined as being honorably discharged from military service. No other discharge classifications qualify. Please note that this does not apply to candidates wishing to enter a corrections academy.

Recruit Ride Along Form

Recruits are to complete a minimum of two civilian observer rides with the police. It is recommend you vary your rides between zones, hours of the day and agencies. The Recruit Ride Along Form (below) will be collected at the end of phase three. Begin your rides now.

The required forms begin on the next page, please print clearly when completing these forms.

FSCJ Student Vocational Application

Complete college vocational application at fscj.edu. Make sure to select Workforce Certificate-Florida Law Enforcement Academy.

Start financial aid and/or veteran assistance if applicable.

Information pertaining to Financial Aid can be located at <https://www.fscj.edu/admissions-aid/financial-aid/applying-for-aid>. You can also visit the Student Success area at any college campus to get assistance. FSCJ's school code is: 001484. Questions regarding Financial Aid may be directed to (904) 646-2300 or financialaid@fscj.edu.

Information pertaining to Veteran Assistance can be located at <http://www.fscj.edu/military-veterans/veterans-benefits>. You can also visit the Military and Veterans Service Center at FSCJ Downtown Campus, 940 North Main Street, Jacksonville, FL to get assistance.



NORTHEAST FLORIDA CRIMINAL JUSTICE CENTER
FLORIDA STATE COLLEGE AT JACKSONVILLE

APPLICANT PROCESSING CHECKLIST

Applicant Contact Sheet

Verification of Age (Birth Certificate)

Proof of Citizenship (Birth Certificate, Naturalization)

High School Transcripts or Equivalent (Must be sealed)

Affidavit of Criminal/Military History (Must be notarized)

Applicant Waiver Agreement & Statement

FERPA Consent Form

Driver's License (Enlarged copy)

Social Security Card (Enlarged copy)

Proof of Health & Accident Insurance (Military-ID Card Covers)

CJBAT Test Result (Must not be older than 4 years at start of class)

DD-214 (Discharged/Retired Military)

CJSTC Form 58 (Must be notarized)

CJSTC Form 75 (Must use these forms for Physical Forms)

Contact VA (Regarding VA benefits): vets@fscj.edu or (904) 357-8890

Financial Aid application at fafsa.ed.gov

Declaration of Residency

Florida State College at Jacksonville is a member of the Florida College System and is not affiliated with any other public or private university or college in Florida or elsewhere.

Florida State College at Jacksonville does not discriminate against any person on the basis of race, color, ethnicity, genetic information, national origin, religion, gender, marital status, disability, or age in its programs or activities. Inquiries regarding the non-discrimination policies may be directed to the College's Equity Officer, 501 West State Street, Jacksonville, Florida 32202 | (904) 632-3221 | equityofficer@fscj.edu



NORTHEAST FLORIDA CRIMINAL JUSTICE CENTER
FLORIDA STATE COLLEGE AT JACKSONVILLE

APPLICANT CONTACT SHEET

Please Print Neatly

TODAY'S DATE: _____

I am interested in the following program:

BLE Day Class BLE Night Class Crossover Corrections

Last Name: _____ First Name: _____ Middle: _____

Last 4 SSN _____ Date of Birth: _____ Race: _____ Sex: _____

Complete Mailing Address: _____

City _____ State _____ Zip Code: _____

Email Address: _____

Telephone Numbers:

Cell: _____ Home: _____

Work: _____ Other: _____

Best time of day to contact: _____ Best number to contact: _____

Emergency Contact Information:

Name: _____

Telephone Numbers:

Cell: _____ Other: _____

*In compliance with Florida Statute 119.071(5), Florida State College at Jacksonville issues this notification regarding the purpose of the collection and use of Social Security numbers. Florida State College will collect your Social Security Number (SSN) for record identification, state and federal reporting. Providing your SSN on this application means that you consent to the use of your number in the manner described. If you choose not to provide your SSN, you will be provided an alternate identification number. All Social Security Numbers are protected by Federal regulations and are not to be released to unauthorized parties. Read more about the collection and use of social security numbers (<http://www.fscj.edu/ssn>). Florida State College at Jacksonville is a member of the Florida College System and is not affiliated with any other public or private university or college in Florida or elsewhere. Florida State College at Jacksonville does not discriminate against any person on the basis of race, color, ethnicity, genetic information, national origin, religion, gender, marital status, disability, or age in its programs or activities. Inquiries regarding the non-discrimination policies may be directed to the College's Equity Officer, 501 West State Street, Jacksonville, Florida 32202 | (904) 632-3221 | equityofficer@fscj.edu.



NORTHEAST FLORIDA CRIMINAL JUSTICE CENTER
FLORIDA STATE COLLEGE AT JACKSONVILLE

AFFIDAVIT OF CRIMINAL AND MILITARY HISTORY

I understand to be accepted into the Criminal Justice Center Academy program I must meet the minimum standards required of a police/corrections officer in the State of Florida. As part of this requirement I certify that I have not been convicted of any Felony or Misdemeanor involving perjury or false statement or have been dishonorably or undesirably discharged from any branch of the Armed Forces of the United States.

In the State of Florida, County of _____ before me personally appeared _____ who being duly sworn deposes and Says I hereby certify that to the best of my knowledge and belief I meet the Requirements outlined above.

Applicant Signature: _____ Date Signed: _____

Sworn to subscribed before me this _____ day of _____ AD. _____

Notary Public, State of Florida

My commission expires: _____

(Any person who after July 1, 1981 pleads guilty or nolo-contendere (no contest) to or is found guilty of a Felony or Misdemeanor involving perjury or false statement shall not be eligible notwithstanding suspension of sentence or withholding of adjudication.)

Florida State College at Jacksonville is a member of the Florida College System and is not affiliated with any other public or private university or college in Florida or elsewhere.

Florida State College at Jacksonville does not discriminate against any person on the basis of race, color, ethnicity, genetic information, national origin, religion, gender, marital status, disability, or age in its programs or activities. Inquiries regarding the non-discrimination policies may be directed to the College's Equity Officer, 501 West State Street, Jacksonville, Florida 32202 | (904) 632-3221 | equityofficer@fscj.edu.

APPLICANT WAIVER AGREEMENT

AND STATEMENT

For Criminal History Record Checks

This form shall be completed and signed by every applicant for non-criminal justice purposes.

I hereby authorize (*enter Name of Non-Criminal Justice Agency*) **Florida State College at Jacksonville** to submit a set of my fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me. I understand that I would be able to receive any national criminal history record that may pertain to me directly from the Federal Bureau of Investigation (FBI). Pursuant to Title 28, Code of Federal Regulations (CFR), Sections 16.30-16.34 and that I could then freely disclose any such information to whomever I chose.

I understand that, my fingerprints may be retained at FDLE and the FBI for the purpose of providing any subsequent arrest notifications, upon request you may provide me a copy of the criminal history record report if any, you receive on me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I am aware that procedures for obtaining a change, correction, or updating of the FDLE or FBI criminal history are set forth in F.S. 943.056 and Title 28, CFR, Section 16.34.

Signature: _____ Date: _____

Printed Name: _____ Date of Birth: _____

Address: _____

**ORIGINAL-MUST BE RETAINED BY NON-CRIMINAL
JUSTICE AGENCY**

Office of the Registrar

The Family Educational Rights and Privacy Act (FERPA), affords certain rights to students concerning the privacy of, and access to, their education records. Students may choose to complete and submit this form allowing the release of their education records to specified third parties. This form authorizes Florida State College at Jacksonville to release education records to third parties; it does not obligate Florida State College at Jacksonville to do so. Florida State College at Jacksonville reserves the right to review and respond to requests for release of education records on a case-by-case basis. For additional information, visit the College catalog for Student Records and Privacy or visit the U.S. Department of Education's website at (www2.ed.gov/policy/gen/guid/fpco/ferpa).

Name of Student (Last, First, Middle Initial):	*Student ID:	Date of Birth:
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*In compliance with Florida Statute 119.071(5), Florida State College at Jacksonville issues this notification regarding the purpose of the collection and use of Social Security numbers. Florida State College will collect your Social Security Number (SSN) for record identification, state and federal reporting. Providing your SSN on this application means that you consent to the use of your number in the manner described. If you choose not to provide your SSN, you will be provided an alternate identification number. All Social Security Numbers are protected by Federal regulations and are not to be released to unauthorized parties. Read more about the collection and use of social security numbers(<http://www.fscj.edu/ssn>).

Education records to be released (check all that apply):

- Academic Information** (transcript, credit hours enrolled/earned, grades/GPA, class schedule, academic progress, enrollment status, etc.)
- Financial Aid Information** (awards, application data, disbursements, eligibility, financial aid academic progress status, etc.)
- Loan Information** (College maintained loan disbursements, billing and repayment history – including credit reporting history, balances, collection activity, etc.)
- Student Account Information** (billing statements, charges, credits, payments, past due amounts, collection activity, financial hold, etc.)
- All Records Listed Above**
- Other** (please specify): PERSONAL IDENTIFICATION INFORMATION (PII)
i.e. Law Enforcement / Corrections Program Application documents

Name and address of Person(s) to whom educational records may be released:

Northeast Florida Criminal Justice Center/Jacksonville Sheriff's Office 4715 Capper Road, Jacksonville, FL 32218		
Name	Mailing Address	Relationship to Student
Name	Mailing Address	Relationship to Student

Duration of release (check one):

- One -Time Use: This authorization is only applicable as of the date indicated below
- Limited Use: Expire this authorization at end of term/year indicated: _____
- Unlimited Access: Allow until a written revocation is obtained from student

I understand that (1) I have the right not to consent to the release of my education records, (2) I have the right to inspect any written records released pursuant to this consent, and (3) I have the right to revoke this consent at any time by delivering a written revocation to the Registrar.

Student's Signature: _____ Date: _____

Instructions for completing this form:

- The form must be fully completed and **signed / dated by the student**. Records cannot be released if any section of this form is not complete.
- Completed forms should be submitted to any campus/center Enrollment Services Office. Questions about this form may be directed to the Office of the Registrar at (904) 632-3186.



Florida Department of Law Enforcement

AUTHORITY FOR RELEASE OF INFORMATION (Background Investigation Waiver)

Incorporated by Reference in Rule 11B-27.0022(a), F.A.C.



CJSTC 58

To: Concerned Person or Authorized Representative of Any Organization, Institution or Repository of Records
APPLICANT'S NAME:
DATE OF BIRTH:
LAST FOUR DIGITS OF SOCIAL SECURITYNUMBER:

AGENCY REQUESTING BACKGROUND INFORMATION: Florida State College at Jacksonville

ADDRESS: 4715 Capper Road, Jacksonville, FL 32218

Having made application for certification or employment as a law enforcement, correctional, or correctional probation officer within the state of Florida, I hereby authorize for one year, from the date of execution hereof, any authorized representative of a Florida criminal justice agency or a Regional Criminal Justice Selection Center bearing this release to obtain any information pertaining to my employment, credit history, education, residence, academic achievement, personal information, work performance, background investigations, polygraph examinations, any and all internal affairs investigations or disciplinary records, including any files that are deemed to be confidential and/or sealed.

I also authorize release of any criminal justice records of arrests, citations, detentions, probation and parole records, or any police reports or other police records in which I may be named for any reason, including any files that are deemed to be juvenile and confidential. I hereby direct you to release this information upon the request of the bearer, whether in person or by correspondence. I further authorize the bearer to make copies of these records.

This release is executed with the full knowledge and understanding that these records and information are for the official use of a Florida criminal justice agency or Regional Criminal Justice Selection Center in fulfilling official responsibilities, which may include sharing the records or information with other criminal justice agencies, Regional Criminal Justice Selection Centers or the State of Florida or release to third parties as may be required by Florida public records laws. I hereby release you, as the custodian of such records, and employer, educational institution, physician, hospital or other repository of medical records, credit bureau or consumer reporting agency, including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. A copy of this form will be as effective as the original.

I hereby authorize the National Records Center, St. Louis, Missouri, or other custodian of my military record to release information or copies from my military personnel and related medical records, including a copy of my DD 214, Report of Separation, or other official documents from the United States Military denoting discharge status or current active military status to:

Section 768.095, F.S., titled Employer Immunity from Liability; disclosure of information regarding former or current employees states: An employer who discloses information about a former or current employee to a prospective employer of the former or current employee upon request of the prospective employer or of the former or current employee, is immune from civil liability for such disclosure of its consequences, unless it is shown by clear and convincing evidence that the information disclosed by the former or current employer was knowingly false or violated any civil right of the former or current employee protected under chapter 760, Florida Statutes. Pursuant to Sections 943.134(2)(a) and (4), F.S., Chapter 2001-94, Laws of Florida, disclosure of information is required unless contrary to state or federal law. Civil penalties may be available for refusal to disclose non-privileged legally obtainable information.

Applicant's Signature Date

Applicant's Address

OATH

Pursuant to Section 117.05(13)(a), Florida Statutes

STATE OF COUNTY OF

Sworn to (or affirmed) and subscribed before me this

day of year By

Signature of Notary Public - State of Florida

Print, Type, or Stamp Commissioned name of Notary Public

Personally Known OR Produced Identification

Type of Identification Produced

PHYSICIAN'S ASSESSMENTIncorporated by Reference in Rules
11B-27.002(1)(d) and 11B-35.001(11)(c)14., F.A.C.**CJSTC**
75

1. Applicant's Name: _____
Last First MI
2. Last Four Digits of the Applicant's Social Security Number: _____
3. Hiring Agency: _____
4. Training School: _____
5. The Applicant Is Requesting Employment and/or Admission Into a Basic Recruit Training Program in One of the Following Disciplines:
Law Enforcement Correctional Correctional Probation

Note: For employment, a position description that describes the job duties the applicant will perform must be provided.
For training, the physical fitness conditioning program developed by the training center must be provided.

6. Student Participation in Basic Recruit Training Program. A student enrolled in a basic recruit training program (B RTP) is required to participate in the following activities:
- A. Defensive tactics and firearms high-liability training is a component of the curriculum mandated by the Criminal Justice Standards and Training Commission. Firearms training requires firing a handgun and long gun creating exposure to lead. Defensive tactics training requires sustained physical exertion and chemical agent contamination to the chemicals oleo-resin capsicum (OC) and/or orthochlorobenzalmalononitrile (CS).
- B. Physical Fitness Conditioning and Physical Fitness Testing: A B RTP student shall participate in physical fitness conditioning and a fitness test and includes the following measures:
• Vertical Jump • One Minute Sit Ups • 300 Meter Run • Maximum Push Ups • 1.5 Mile Run/Walk
- C. The training center director has attached the training school's physical fitness conditioning program: Yes No

*****TO BE COMPLETED BY THE STUDENT*****

7. Medical Conditions Regarding OC/CS Contamination. A B RTP student should be aware of the following personal considerations that may restrict participation in the chemical agent contamination of the B RTP and could possibly be aggravated to a severe degree during the contamination: Recent eye surgery, heart problems, panic disorder or stress, respiratory disorder, emphysema (loss of elasticity/thinning of lung tissues), bronchial asthma, x-ray evidence of pneumoconiosis (black lung), evidence of reduced pulmonary (lung) function, chronic obstructive pulmonary disease, coronary (heart) artery disease, cerebral (brain) blood vessel disease, severe or progressive hypertension (high blood pressure), epilepsy, generalized seizures, pernicious anemia (severe reduction in red blood cells), diabetes (any form), pnueumomediastinum gap (air in the sac surrounding lungs), history of skin allergies, or any condition for which the student is presently taking medication.
8. B RTP Student Certification. I certify that I have reviewed the above information and I do or do not have any medical restrictions that would prevent me from participating in the basic recruit training program activities outlined in item numbers 6A and 6B above.
9. Student's Printed Name: _____
10. Student's Signature: _____ Date _____
11. To the Examining Physician:

The examination of this applicant is for employment or training as an officer, and shall include a complete physical examination at a level of specificity sufficient to determine whether there is any medical or physiological reason that would prevent the applicant from performing the essential functions for employment or training as an officer for the discipline indicated in number 5 above. Disabilities, impairment, or limitations identified by the examination, which would prevent the applicant from performing the essential functions for the officer position, should be reported to the employing agency.

12. Physician's Attestation:
 I hereby attest that I have examined the above named applicant and find him/her **CAPABLE** of participating in basic recruit training and/or performing the essential functions of the law enforcement, correctional, or correctional probation officer job for which the applicant is seeking employment and/or training reflected in number 3 and/or 4 above.
 I hereby attest that I have examined the above named applicant and find him/her **NOT CAPABLE** of participating in basic recruit training and/or performing the essential functions of the law enforcement, correctional, or correctional probation officer job for which the applicant is seeking employment and/or training reflected in number 3 and/or 4 above.
13. Pre-existing Conditions: Sections 112.18 and 943.13, F.S., require agency knowledge of the following three pre-existing conditions. However, these outcomes do not statutorily disqualify the applicant from employment.
Please respond to the following "in my professional opinion, this examination":
13a. Did or did not reveal evidence of tuberculosis.
13b. Did or did not reveal evidence of heart disease.
13c. Did or did not reveal evidence of hypertension.

14. _____ Printed Name Examination Date
Physician, Certified Advanced Registered Nurse Practitioner, or Physician Assistant's Signature
15. _____ Licensing State
Physician, Certified Advanced Registered Nurse Practitioner, or Physician Assistant's License Number
16. _____
Physician, Certified Advanced Registered Nurse Practitioner, or Physician Assistant's Professional Address

INSTRUCTIONS FOR COMPLETING FORM CJSTC-75

Use this form to document and verify the applicant's compliance with the employment requirements of Section 943.13, F.S., and Rule 11B-27.002(1)(d), F.A.C., and/or with the Basic Recruit Training Program entrance requirements of Rule 11B-35.001(14)(b), F.A.C.

GENERAL INSTRUCTIONS

- The physical examination must be performed by a physician licensed under Chapters 458 or 459, F.S., a certified advanced registered nurse practitioner, or a physician assistant.
- This form or an equivalent form, indicating that the officer is capable of performing the essential functions of the law enforcement, correctional, or correctional probation officer duties for which the applicant is seeking employment, **is required** for each new employment or appointment of an officer and may ~~shall~~ be used in conjunction with the Patient Information form CJSTC-75A or an equivalent form, to assist the physician, certified advanced registered nurse practitioner, or physician assistant, by providing testing guidelines to examine the applicant. The physical examination shall not be completed more than one year prior to the officer's date of employment or appointment and a CJSTC-75 form completed for one employing agency may not be used by any other employing agency. If the examination is for employment only, sections 6 – 10 are not required.
- This form, indicating that an applicant is capable of participating in a Basic Recruit Training Program (B RTP), **is required if the applicant is entering a B RTP** and must be completed prior to entrance into a B RTP. The completed form must be maintained in the B RTP course file.
- If an applicant is entering a Basic Recruit Training Program and gaining employment with a criminal justice agency at the same time, a single CJSTC-75 form may be completed for the employing agency and for the training center. The original CJSTC-75 form should reside at the employing agency with a copy being provided to the training center.

INSTRUCTIONS ON HOW TO COMPLETE THIS FORM

1. **Applicant's Name:** Enter the applicant's full legal name.
2. **Last Four Digits of the Social Security Number:** Enter the last four digits of the applicant's social security number.
3. **Hiring Agency:** Enter the hiring agency's name (if applicable).
4. **Training Center:** Enter the training center's name (if applicable).
5. **Request for Employment and/or Training as an officer:** Place a check mark in the box for the discipline in which the applicant is being employed or completing training.
6. **Student Participation in Basic Recruit Training Program Activities. Defensive Tactics (includes chemical agent contamination), Firearms, and Physical Fitness Conditioning and Physical Fitness Testing:** High-liability training in defensive tactics, firearms, and chemical agent contamination is a component of the curriculum mandated by the Criminal Justice Standards and Training Commission and participation in the activities is a requirement for successfully completing a B RTP. **There is no pass or fail at this time.** The test results for each of the five required tests will be recorded on the Academy Physical Fitness Standards Report, form CJSTC-67A as "I" if the student did not perform the test component or "D" if the student was dismissed from the basic recruit training program.
 - A. **Defensive Tactics and Firearms Training.** Firearms training requires firing a handgun and long gun creating exposure to lead. Defensive tactics training requires sustained physical exertion and chemical agent contamination to the chemicals oleo-resin capsicum (OC) and/or orthochlorobenzalmalononitrile (CS).
 - B. **Physical Fitness Conditioning and Physical Fitness Testing.** The Physical Fitness Test includes the following measures and are defined as follows:
 - **Vertical Jump.** This measures leg power by measuring how high a person jumps.
 - **One Minute Sit Ups.** This measures abdominal, or trunk, muscular endurance. While lying on his or her back, the student will be given one minute to do as many bent-leg sit ups as possible.
 - **300 Meter Run.** This measures anaerobic power, or the ability to make an intense burst of effort for a short time period or distance. This component consists of sprinting 300 meters as fast as possible.
 - **Maximum Push Ups.** This measures the muscular endurance of the upper body. This component consists of doing as many push-ups as possible until muscular failure. Males are required to perform the standard push-up and females have the option to perform the standard or modified push-up.
 - **1.5 Mile Run/Walk.** This measures aerobic power or cardiovascular endurance (stamina over time). To complete this component, the student runs or walks a distance of 1.5 miles as fast as possible.
 - C. **A physical fitness conditioning program developed by the training school shall be attached to form CJSTC-75 prior to the student's examination by a physician, certified advanced registered nurse practitioner, or the physician assistant.**
7. **Medical Conditions Regarding Chemical Agent Contamination.** The student shall review the listed medical conditions and list other conditions that may restrict him or her from participating in Chemical Agent Contamination to the chemicals oleo-resin capsicum (OC) and/or orthochlorobenzalmalononitrile (CS).
8. **Basic Recruit Training Program Activities Certification.** The student shall check the appropriate box to indicate if he or she **does or does not** have a medical condition that would restrict participation in the B RTP activities indicated in item numbers 6A and 6B of this form.

9. **Student's Printed Name.** The student shall print his or her first name, last name, and middle initial.
10. **Student's Signature and Date.** The student shall provide a signature and date to verify the information provided by the student is true and correct.
11. **Examining Physician:** The examining physician shall examine the applicant for any medical or physiological reasons that would prevent the applicant from entry into a B RTP or as an officer for employment purposes, pursuant to the attached job duties and/or physical conditioning program.
12. **Physician's Attestation:** The physician, certified advanced registered nurse practitioner, or physician assistant shall mark the appropriate box attesting that the applicant is capable or not capable of participating in basic recruit training and/or performing the essential functions of the law enforcement, correctional, or correctional probation officer discipline for which the officer/applicant is seeking training and/or employment.
13. **Pre-existing Conditions:** The physician, certified advanced registered nurse practitioner, or physician assistant shall mark the appropriate box for each pre-existing condition attesting that the examination of the applicant **Did or Did Not** reveal evidence of the pre-existing conditions listed. These outcomes are not disqualifying for employment.
14. **Signature:** The physician, certified advanced registered nurse, or physician assistant shall sign and print his or her name and enter the examination date.
15. **License Number:** Enter the physician, certified advanced registered nurse practitioner, or physician assistant's license number and licensing state.
16. **Professional Address:** Enter the physician, certified advanced registered nurse, or physician assistant's professional address.



NORTHEAST FLORIDA CRIMINAL JUSTICE CENTER
FLORIDA STATE COLLEGE AT JACKSONVILLE

RECRUIT RIDE-ALONG / WORK-ALONG

Applicants for the Northeast Florida Criminal Justice Center (NEFCJC) Law Enforcement Basic Recruit Training Program are required to observe law enforcement activities (ride-along) prior to admission. The requirement entails a ride-along with on duty sworn law enforcement officers. The applicants must adhere to all pertinent rules, and submit liability forms as required by the agency. It is the sole decision of the agency to grant permission for a ride-along.

Applicants for the NEFCJC Corrections Basic Recruit Training Program are required to complete a work-along as an observer prior to admission.

Note to Participating Agency: The student listed below is being processed for admission to the NEFCJC. Your assistance in granting permission for this ride-along or work-along is appreciated.

To be completed by the student

Student Name: _____ DOB _____ SSN _____
Address: _____ City: _____ State: _____ Zip: _____
Driver License # _____ Expiration Date: _____

To be completed by the agency

Agency Name: _____ Point of Contact Phone: _____
Officer Name: _____ ID#: _____ Shift: _____
Date of Ride: _____ Comments: _____

To be completed by the agency

Agency Name: _____ Point of Contact Phone: _____
Officer Name: _____ ID#: _____ Shift: _____
Date of Ride: _____ Comments: _____

To be completed by the agency

Agency Name: _____ Point of Contact Phone: _____
Officer Name: _____ ID#: _____ Shift: _____
Date of Ride: _____ Comments: _____

STUDENT MUST RETURN THIS FORM WITH THE PHASE THREE APPLICANT PACKET

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