# Logo Description automatically generatedBasic Class # 274

April 7 – June 20, 2024

(480 hours) 11 weeks

Tuition: $4,000.00

# Important Dates

Pre-PT test at MLEOTA (Gym) March 7, 2023 @ 9:00 a.m.

Basic Class Begins at MLEOTA (Gym) April 7, 2024 @ 8:00 a.m.

#### ATTENTION:

**This is an eleven (11) week Basic Class consisting of 480 training hours. This class will consist of ten (10) hour training days, four (4) days a week, for eleven (11) weeks.**

**Application Deadline**

The Academy must receive your original application and a Xerox copy of the same by

March 7, 2023.

Please mail these documents to:

MLEOTA – Attn. Barbara Loyd

3791 Hwy 468 W

Pearl, MS 39208

The Academy must receive your application by March 7, 2023

All Recruits are requested to report to the Academy on April 7, 2024, by 9:00 a.m. to meet in the MLEOTA gym and be prepared to do the Pre-Entrance PT exam.

All Recruits must have the application and physical completed to participate in the Pre-PT test on 3/7/2024

## OFFICERS ARE RESPONSIBLE FOR REPORTING IN THEIR OWN PERSONAL PT GEAR. THE ACADEMY WILL NOT PROVIDE PT GEAR FOR THE TEST ON THAT FIRST DAY.

For cancellations, please call 601-933-2101 or email Barbara Loyd at [BLoyd@dps.ms.gov](mailto:BLoyd@dps.ms.gov)

#### PLEASE BE SURE OF THE FOLLOWING:

* Return the original and 1 copy of the application (pages 1-9) - No lab reports or extra medical forms.
* Return 2 copies of proof of high school education and criminal history NCIC Report
* Make sure Application and Medical forms are completed in full
* Please pay strict attention in answering questions 11-14 on page 5 of the medical forms
* Make certain results of EKG are included
* Photo of officer
* Copies of C.P.R. and First Aid Cards – please send with the application

\*Note: Please return these as soon as possible

**Important Information**

Basic Law Enforcement Training Basic Class # 274

April 7 – June 20, 2024 (480 Hours)

* You have indicated that you have an officer(s) to send to Basic Law Enforcement Training Class. The completed, original application and a Xerox copy must be returned to this office by the stated deadlines.



You will be billed for the 6th week of the class for tuition. Tuition may be paid by check

or money order and payable to the Mississippi Law Enforcement Officers Training Academy (MLEOTA).

* Certification of your officer(s) by the Board on Law Enforcement Officer Standards and Training (BLEOST) will not be processed until your tuition has been paid in full.
* Self-Sponsored are required to pay a non-refundable fee of $600.00 at application submission. You will then be required to pay quarterly. In the first quarter, the remaining balance of $400.00 is required. The remaining quarters will require payment of

$1000.00 each. All payments must be paid in full before certifications can be received.

* Enclosed, please find the following: 1) Application(s) for Basic Law Enforcement Training. 2) A list of supplies needed by the officer during training.
* Please answer every question. The application(s) will be returned to your office if any part is not completed.
* The results of the EKG must be listed on page 4, item 5. It is not necessary to attach the printout.
* Signatures are required in several places. Please be sure the physician, the officer/student, and the agency head sign in each area indicated.

If you will NOT be using your training slots, please call 601-933-2101.

TO: Chiefs, Sheriffs, and Administrators

FROM: Director, MLEOTA



Basic class training is $4,000 for eleven (11) weeks and prorated for those individuals who do not complete the entire 11-week course.

For the potential participants of the Basic Law Enforcement Training Class, we will be offering a physical fitness test. The test will be administered on the class-reporting day.

We require the application of the recruit with the **physician's approval** before the test can be administered. Upon successful completion, the student **will not** be required to retake the test at the beginning of the training session. However, the test will be given again on reporting day to those students who did not take the Pre-entrance test and to those who failed and wish for another opportunity.

If a student fails any portion, you will be given the results along with a program for improvement of the individual officer. We have found those who fail the pre-enrollment test are generally very close to the minimum standard and usually make dramatic improvements if given the chance and a little time.

Our assessment of the fitness level of the officer and your encouragement will provide the ingredients to have them ready to meet the program's challenges.

We hope this evaluation will assist you when you have doubts or concerns about the conditioning of your officer. It will eliminate any surprises associated with dismissing someone from training before it even starts. If we can assist you in any way or answer any questions concerning this test, please do not hesitate to call.

## BASIC LAW ENFORCEMENT TRAINING SUPPLY LIST

The following information is provided for your convenience so that your officer may report to the Academy with the clothing and equipment needed for this training course.

1. Bring at least five (5) pairs of khaki pants with belt loops (no elastic waistbands). All students will be required to wear khaki pants and MLEOTA t-shirts during the training program, MLEOTA t-shirts will be provided by the Academy.

The MS Law Enforcement Officers Training Academy (MLEOTA) requires all basic students to wear Khaki colored trousers. These trousers must be neat, pressed for classroom attendance, and functional for all other training outside the classroom.

MLEOTA recommends the '511' or the 'Proper' brand for all training activities. Many other styles and manufacturers of khaki trousers are acceptable for academy training. If another brand has been purchased, there is no reason to make additional purchases. No student will be penalized for uniform dress due solely to manufacturer brand. The recommended brands above (5.11and Proper) are acceptable for all range exercises. These trousers (511and Proper) have cargo pockets that accommodate loose rounds of ammo and extra magazines.

1. FOR P.T. – Five (5) White cotton t-shirts with last name ironed-on back in 2" block letters navy blue will be required for physical training classes. During the colder months, students will be required to have two pairs of navy-blue warm-ups with last names ironed on the back of the warm-up top in white 2" block letters.
2. Rainwear for outdoor classes during bad weather.
3. You may bring one (1) changing of civilian clothing to wear here at the Academy while on free time at night.
4. Socks - (black) for uniform, (white) for gym.
5. One pair of black shoes or boots, plain toe, capable of being highly shined. No "corfam", patent leather or other permanently shined shoes allowed.
6. Container of black KIWI polish for shoes, boots, and **black belt with silver buckle** along with a suitable shoe-shining cloth for application.
7. One pair of running shoes or gym shoes.
8. One pair of shower shoes.
9. All personal hygiene items are needed for 11 weeks. Personal hygiene and appearance shall not be neglected. The face will be shaved; however, mustaches are allowed and must be neat and trim, the hair cut according to the Academy policy (neat) and clothing and equipment kept neat and clean.

Supply List (cont'd)

1. Padlock to lock personal items.
2. Cloth laundry bag
3. One pocket dictionary
4. Ballistic Vest
5. Flashlight
6. Athletic cup w/support (males)
7. Mouthpiece (defensive tactics)
8. Starch for uniforms
9. Clothes iron

## ITEMS PROVIDED BY THE ACADEMY:

* 1. Meals - 3 per day, every day of the week.
  2. Beds and Linens - 2 towels, 1 bath cloth, 2 sheets, 1 pillowcase and 1 blanket per week. Students may bring additional towels or bathcloths if they feel they are needed.
  3. School supplies - notebooks, paper, pens, handouts, etc.
  4. Washer and dryer - Students are required to supply their own detergent.
  5. MLEOTA water bottle

### UPON ARRIVAL STUDENTS WILL BE PROVIDED FROM THE ACADEMY: (No cost

**to student or department)**

1. A baseball cap with MLEOTA emblem (the designated headgear).
2. Two pairs of gym shorts with MLEOTA emblem for P.T.
3. Three (3) MLEOTA t-shirts.

THE ACADEMY DOES NOT ACCEPT CHECKS FOR PURCHASES FROM THE STORE

**(CASH OR CREDIT CARD ONLY).** Students must bring cash to pay for any additional items (t- shirts, shorts, and caps) that are available to be purchased from the store.

## PLEASE READ CAREFULLY

Mississippi Law Enforcement Officers Training Academy firearms training has and always will strive to provide the very best instruction, facility, and equipment available anywhere in the country. The firearms curriculum consists of 52 hours of firearms training. The number of students training with semi-automatic has continued to increase. A basic recruit will now fire at least 1250 rounds and use several more targets. These changes will require a slight increase in the differential ammunition cost if the student uses a semi-auto pistol during training. We furnish all semi-autos with ammunition. The cost differential for training with a semi-auto will be as follows:

* **Your agency can be billed;**
* **You may send a check;**
* **You may bring department-provided ammo.**

9mm $ 260.00 45 cal $288.00 40 cal $252.00

# APPLICATION FOR BASIC CLASS

## PLEASE NOTICE

ADDITIONAL INFORMATION REQUIRED

THE BOARD ON LAW ENFORCEMENT STANDARDS AND TRAINING REQUIRES A COPY OF THE APPLICANT'S NCIC REPORT AND PROOF OF SUCCESSFUL COMPLETION OF HIGH SCHOOL EDUCATION (HIGH SCHOOL DIPLOMA OR GED)

*ALSO, PLEASE DO NOT FORGET TO ATTACH A PHOTOGRAPH OF THE APPLICANT.*

TO: All Sheriffs, Chiefs of Police and Agency Directors Dear Sir/Madam:

We will present Tactical Driver Training for the Basic Class. Your officer(s) will require a car for this training. We request that all wheel covers be removed, and the car is equipped with a spare tire and jack. Our Academy will not furnish oil, transmission fluid or engine coolant.

A large portion of this training will be devoted to Emergency Vehicle Response and Pursuit Driving. Sirens and Blue lights will be required for this training. If your agency does not use sirens and blue lights, we will not require the equipment for your officer.

If you have any questions, please give me a call.

Yours for better law enforcement, Tony Carleton

Director MLEOTA



**Peace Officer Standards & Training**

**Full-Time Basic/ Part Time Basic/ Refresher Training Packet**

Dear Law Enforcement Administrator and Examining Physician:

**This training packet contains a medical evaluation, a reimbursement supplement, and an application for enrollment to the Academy. Please complete all forms in accordance with the instructions below. Submit the completed packet *(pages 1 - 11)* to the Academy at least one week prior to attending a training course, (forms that have been completed six months or more prior to training cannot be accepted).** With an increased awareness of the importance of physical fitness in the law enforcement profession, as well as in the overall maintenance of quality of life, the Board on Law Enforcement Officer Standards and Training (**BLEOST**) has enhanced fitness standards for law enforcement candidates. Students will be participating in vigorous physical fitness training and defensive tactics, as well as stress-related training (physical and mental), in such areas as driving, firearms and officer survival. Driving and firing events incorporate seasonal inclement weather with day and night sessions to further enhance stress-related training.

This medical examination report should provide an adequate evaluation of the physical condition of a law enforcement candidate and identify potential problem areas in each candidate's ability to successfully complete training. Agencies are urged to carefully consider any decision to enroll a student in training who has a potential problem. Students with weight problems, who have not been active in a physical fitness program or who have some medical difficulty, will have a greater probability of not completing the course. If possible, fitness levels should be at or above the minimum levels established in this packet prior to attending the basic course. **The procedures for completing these forms are as follows:**

Title/Page Number

Memorandum page i

Law Enforcement Officer's Duties & Working Conditions page ii

Physical Fitness Requirements

page iii

Medical Examination Report Health Questionnaire pages 1 & 2

Medical Examination Report Physical Fitness Examination

pages 3, 4 & 5

NCIC Report and H.S. Diploma or G.E.D. First Aid / C.P.R. Certification Salary Information

page 6

Law Enforcement Agency's Affidavit and Applicant's Affidavit & Injury Liability Waiver page 7

Application for Training & Personal Information Summary page 8

Usage

Provide information to the trainee's agency & to the examining physician

Provide information to the attending physician and to the applicant

Provide information to the physician and to the applicant

Provide the physician with the trainee's current health information

To determine the applicant's ability to participate in the physical fitness program

Provide information to BLEOST for certification and reimbursement purposes

To swear and affirm the validity of the information given within this document to the training academy and to BLEOST

Provide training eligibility information to the training academy and to BLEOST

Disposition

To be read and used by the agency and the attending physician, then discarded

To be read by the physician and the applicant, then discarded

To be read by the physician and the applicant, then discarded

To be completed by the trainee and agency then given to the physician prior to the trainee's examination

To be completed and signed by the physician

and returned to applicant's agency

To be completed by the agency

To be signed and dated by the agency head or authorized signee and by the applicant

To be completed by the trainee and agency, and returned to the Academy at least two weeks prior to training

**If you have any questions, please call the BLEOST staff at (601) 977-3777.**

M.S. Dept. of Public Safety/Div. Of Public Safety Planning/

W:\Work\\_BLEOST\SOS\2014\Proposed Ch. 8,9Sept. 2014\ SOS 9-11-14 Ch. 8, 9.wpd **Office of Standards and Training**

1025 NorthparkDr.

Page i of iii Ridgeland, Mississippi 39157

rev. - 8 March 2018 Telephone # - (601) 977-3777, Fax # - (601) 977-3773

**for the Physician**

##### Duties and Working Conditions

**Encountered by Law Enforcement Officers**

Every law enforcement officer employed by a law enforcement unit must be examined by a licensed physician. **The physician's report must conclude that, in the opinion of the physician, the applicant has the ability to physically perform the duties of a law enforcement officer.**

**The duties of a law enforcement officer include, but may not be limited to, performance of the following physical activities:**

1. Use of Firearms
2. Driving Emergency Vehicles
3. Handcuff Prisoners
4. Administer First Aid
5. Rescue Operations
6. Lifting & Carrying 0-70 lbs.
7. Direct Traffic
8. Subdue Prisoners
9. Pursue Suspects
10. Walking-Lateral Mobility
11. Walking Rough Terrain
12. Bending
13. Stooping
14. Crouching
15. Sitting
16. Standing
17. Standing-Long Periods
18. Kneeling
19. Twisting Body
20. Pushing
21. Pulling
22. Running
23. Sense of Touch
24. Reaching
25. Gripping Hands & Fingers
26. Climbing Stairs
27. Climbing Ladders
28. Hearing Alarms
29. Hearing Voice Conversation
30. Color Identification
31. Close Vision
32. Far Vision
33. Side Vision-Depth Perception
34. Night Vision
35. Maintaining Balance
36. Operating Passenger Vehicles
37. Finger Dexterity
38. Speaking

**Working conditions for law enforcement officers may include, but may not be limited to, the following:**

* 1. Exposure to the Sun
  2. Exposure to Inside TemperatureExtremes
  3. Exposure to Outside TemperatureExtremes
  4. Dampness
  5. High Humidity
  6. Noisy Work Areas
  7. Work at Heights
  8. Work in Confined Space
  9. Work in Crowded Areas
  10. Working Alone
  11. Work with Inmates
  12. Exposure to Intense Light
  13. Exposure to Noxious Odors
  14. Work on High Ladders
  15. Working in Remote Locations
  16. Wearing Helmets
  17. Wearing Safety Glasses
  18. Wearing Chemical- Resistant Clothing
  19. Wearing Ear Plugs-Muffs
  20. Wearing Rubber Boots
  21. Exposure to Bee Stings
  22. Exposure to Poison Oak
  23. Exposure to Dust or Pollen
  24. Exposure to Fumes
  25. Air Travel
  26. Working Long Hours
  27. Working with Adult Mental Patients
  28. Working Night Shifts
  29. Working Day Shifts
  30. Working Weekends
  31. Exposure to Tobacco Smoke
  32. Exposure to Other Smoke
  33. Working at High Elevation
  34. Working with Intellectual Disabilities
  35. Providing Remote Emergency Medical Assist.
  36. Scuba Diving

|  |  |  |
| --- | --- | --- |
| W:\Work\\_BLEOST\SOS\2014\Proposed Ch. 8,9Sept. 2014\ SOS 9-11-14 Ch. 8, 9.wpd |  | M.S. Dept. of Public Safety/Div. Of Public Safety Planning/  **Office of Standards and Training** |
| rev. - March 8 2018 | Page ii or iii | 1025 NorthparkDr.  Ridgeland, Mississippi 39157  Telephone # - (601) 977-3777, Fax # - (601) 977-3773 |

**Information for the Physician - Continued**

##### Physical Fitness Requirements

The Board on Law Enforcement Officer Standards and Training (BLEOST), in recognizing the importance of physical fitness for academy performance and subsequent job performance, has established physical fitness training standards that must be achieved to successfully complete the training program. The board has established a test that effectively measures cardiovascular endurance and strength. An additional component of fitness, body weight and composition (% of body fat), has a great impact on the examinee's ability to perform the other tests. The evaluation of the candidate's fitness begins with a physician's examination and a determination of the ratio of fat to lean tissue. If an individual's weight exceeds the threshold weight, then a skinfolds caliper measurement should be taken to determine body fat percentage.

The BLEOST will require all board-approved training academies to administer an entry physical fitness test for those students reporting to the training program. The test will be given immediately upon reporting for training and will determine whether a student can remain in the program. This test is an eligibility requirement. A passing score of 50% must be achieved. Those students who fail the test must leave the Academy. They may, however, resubmit their application to attend a future training class.

The test is comprised of three components: agility run, push-ups, and a 1½ mile run and is administered to all Full- time, Part-time, and Refresher trainees. It is the same test administered at the end of the program for Full- time and Part-time trainees (Refresher trainees are not required to take the final test) with one exception: The entry test requires 50% to pass while the final test requires 70%. This requirement does not relieve students from participating in P.T. training once they pass the entry requirement. Full time and Part-time trainees will continue to participate in scheduled P.T. training and must also pass a final P.T. test with a minimum score of 70% to graduate.

Physical fitness can only be achieved over time. It requires a commitment to regular exercise and good eating habits. Thus, it is important to disseminate this information so that all impacted personnel can prepare ahead of time. Scores needed to enter training and to graduate are as follows:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **AGE GROUPS** ' | | | | | **20-29** | | | | | | **30-39** | | | | | | **40-50+** | | | | | |
|  | | **Score** | | | **Male** | | | **Female** | | | **Male** | | | **Female** | | | **Male** | | | **Female** | | |
| **AGILITY RUN**  **(maximum allowed times for each group measured in seconds)** | | **100%** | | | **15:90** | | | **17:80** | | | **16:40** | | | **18:90** | | | **17:35** | | | **20:55** | | |
| **70%** | | | **18:60** | | | **21:10** | | | **19:10** | | | **22:20** | | | **20:05** | | | **23:85** | | |
| **50%** | | | **20:40** | | | **23:30** | | | **20:90** | | | **24:40** | | | **21:85** | | | **26:05** | | |
| **1.5 MILE RUN**  **(maximum allowed times for each group measured in minutes)** | | **100%** | | | **9:00** | | | **10:48** | | | **10:00** | | | **12:00** | | | **11:00** | | | **13:12** | | |
| **70%** | | | **14:30** | | | **17:18** | | | **15:30** | | | **18:30** | | | **16:30** | | | **19:42** | | |
| **50%** | | | **18:10** | | | **21:38** | | | **19:10** | | | **22:50** | | | **20:10** | | | **24:02** | | |
| **AGE GROUPS** ' | | | **17-21** | | | **22-26** | | **27-31** | | **32-36** | | | **37-41** | | **42-46** | | | **47-51** | | | **52 +** | |
|  | **Score** | | **M** | **F** | | **M** | **F** | **M** | **F** | **M** | | **F** | **M** | **F** | **M** | **F** | | **M** | **F** | | **M** | **F** |
| **PUSH-UPS**  **(minimum required in a two-minute time**  **limit)** | **100%** | | **82** | **58** | | **80** | **56** | **78** | **54** | **73** | | **52** | **72** | **48** | **66** | **45** | | **62** | **41** | | **56** | **40** |
| **70%** | | **52** | **28** | | **50** | **26** | **48** | **24** | **43** | | **22** | **42** | **18** | **36** | **17** | | **32** | **13** | | **26** | **12** |
| **50%** | | **32** | **13** | | **30** | **11** | **28** | **10** | **23** | | **9** | **22** | **8** | **18** | **7** | | **17** | **6** | | **12** | **6** |

M.S. Dept. of Public Safety/Div. Of Public Safety Planning/

W:\Work\\_BLEOST\SOS\2014\Proposed Ch. 8,9Sept. 2014\ SOS 9-11-14 Ch. 8, 9.wpd **Office of Standards and Training**

1025 NorthparkDr.

Page iii of iii Ridgeland, Mississippi 39157

rev. - 2 March 2018 Telephone # - (601) 977-3777, Fax # - (601) 977-3773

(This page Left Blank Intentionally)

**Medical Examination Report Health Questionnaire**

##### To be completed by the applicant & the applicant's agency.

**Print or type**

Applicant's Name Doctor's Name

Applicant's Department/Agency Name of Office or Clinic

Department's Address Clinic's Address

Telephone Number Telephone Number

**TO THE APPLICANT:** Medical clearance is required by the Board on Law Enforcement Officer Standards and Training. Your cooperation in completing this questionnaire in a complete and detailed manner will expedite the evaluation and avoid delay. Complete this form (sections A, B., and C) prior to your physical examination and give it to the examining physician at the time of examination. Explain all items answered **Yes** in this questionnaire. Write your own account in **Sections B** and **C**. Include diagnosis and dates.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SECTION A** - check each condition or ailment that applies **Yes or No**.  Explain each **Yes** answer in **Section B** and list physicians consulted in **Section C**. | | | | | | | | | |
|  | Condition | No | Yes | Hosp. |  | Condition | No | Yes | Hosp. |
| 1 | Head injury |  |  |  | 24 | Sensitivity to dust |  |  |  |
| 2 | Back trouble, pain |  |  |  | 25 | Other allergies |  |  |  |
| 3 | Any defect of bones/joints including amputations, dislocations, or breaks |  |  |  | 26 | Frequent colds |  |  |  |
| 27 | Cancer, malignancy |  |  |  |
| 4 | Lameness |  |  |  | 28 | Tumor, growth, cyst |  |  |  |
| 5 | Rheumatism, arthritis |  |  |  | 29 | Complications from childhood diseases |  |  |  |
| 6 | Trick/locked knee, knee injury |  |  |  | 30 | Polio |  |  |  |
| 7 | Foot trouble |  |  |  | 31 | Rheumatic fever |  |  |  |
| 8 | Eye injury, surgery, disease |  |  |  | 32 | Heart trouble, circulatory trouble |  |  |  |
| 9 | Wear or have worn glasses/contacts |  |  |  | 33 | High, low blood pressure |  |  |  |
| 10 | Hard of hearing, hearing problems |  |  |  | 34 | Varicose veins |  |  |  |
| 11 | Wear or have worn a hearing aid |  |  |  | 35 | Pernicious anemia, leukemia, other blood disorders or ailments |  |  |  |
| 12 | Headaches |  |  |  |
| 13 | Mental illness, nervous breakdown |  |  |  | 36 | Hepatitis, jaundice, other liver ailments |  |  |  |
| 14 | Addiction to drugs, alcohol |  |  |  | 37 | Diabetes, sugar in urine |  |  |  |
| 15 | Fainting, dizzy spells |  |  |  | 38 | Ulcers, other stomach trouble |  |  |  |
| 16 | Epilepsy, fits |  |  |  | 39 | Colitis |  |  |  |
| 17 | Any disorder of the nervous system |  |  |  | 40 | Gall bladder trouble |  |  |  |
| 18 | Tuberculosis, another lung trouble |  |  |  | 41 | Kidney/bladder trouble |  |  |  |
| 19 | Shortness of breath |  |  |  | 42 | Piles/hemorrhoids |  |  |  |
| 20 | Asthma |  |  |  | 43 | Rupture/hernia |  |  |  |
| 21 | Bronchitis |  |  |  | 44 | Mononucleosis |  |  |  |
| 22 | Allergic reaction to poison oak, ivy |  |  |  | 45 | HIV/ARC/AIDS |  |  |  |
| 23 | Skin trouble |  |  |  |  | | | | |

W:\Work\\_BLEOST\SOS\2014\Proposed Ch. 8,9Sept. 2014\ SOS 9-11-14 Ch. 8,

rev. - March 2 2018

Page 1 of 9

M.S. Dept. of Public Safety/Div. Of Public Safety Planning/

025 NorthparkDr.

Ridgeland, Mississippi 39157

Telephone # - (601) 977-3777, Fax # - (601) 977-3773

**Health QUESTIONNAIRE - CONTINUED**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Section A** (contd.) | |  | No | Yes |
| 46 | Have you ever had or been advised to have an operation? | |  |  |
| 47 | Have you ever been a patient (committed or voluntary) in a mental hospital? | |  |  |
| 48 | Have you had any other illness, injury or physical condition not previously named (other than in childhood)? | |  |  |
| 49 | Have you had an injury within the last 5 years which caused you to lose time from work? | |  |  |
| 50 | Have you ever been denied employment or insurance for medical reasons? | |  |  |
| 51 | Have you ever been deferred from military service for medical, emotional or health reasons? | |  |  |
| 52 | Have you ever been discharged or released from employment or from the armed forces for medical, emotional or health reasons? | |  |  |
| 53 | Have you ever received or applied for pension or compensation for disability or injury? | |  |  |
| 54 | Are you presently under the doctor's care for any condition? | |  |  |
| 55 | Have you taken any prescribed medication in the last 12 months for any reasons? | |  |  |
| 56 | Do you or have you ever had any physical or emotional limitations? | |  |  |

|  |  |
| --- | --- |
| **Section B** | Explain all items answered **Yes** in **Section A** of this questionnaire. Continue 8.5 x 11 sheets of paper, if necessary, and attach to this page. |
| Condition # |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

|  |  |  |
| --- | --- | --- |
| **Section C** | If you saw a doctor for any conditions answered **Yes,** then list the physician's name and office address below. | |
| Condition # | Physician's Name | Office Address (street/P.O. box, city, state) |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**NOTE: Any falsification, withholding or failure to answer all questions completely and accurately may**

**cause revocation of certification and/or expulsion from training. MCA § 97-7-10 “Fraudulent Statements and Representations” provides for severe penalties for misrepresentations or fraudulent statements to a board. This statute authorizes a fine of up to ten thousand dollars ($10,000) and a jail sentence of up to five (5) years.**

W:\Work\\_BLEOST\SOS\2014\Proposed Ch. 8,9Sept. 2014\ SOS 9-11-14 Ch. 8,

rev. - March 2 2018

Page 2 of 9

M.S. Dept. of Public Safety/Div. Of Public Safety Planning/

025 NorthparkDr.

Ridgeland, Mississippi 39157

Telephone # - (601) 977-3777, Fax # - (601) 977-3773

**Physical Fitness Examination**

Name Age Male Female Height Weight

|  |  |  |  |
| --- | --- | --- | --- |
| **Threshold Weight Table** | | | |
| **Height in Inches** | **Threshold Weight** | **Height in Inches** | **Threshold Weight** |
| 52 | 75 | 69 | 176 |
| 53 | 80 | 70 | 184 |
| 54 | 85 | 71 | 192 |
| 55 | 89 | 72 | 200 |
| 56 | 94 | 73 | 209 |
| 57 | 99 | 74 | 217 |
| 58 | 105 | 75 | 226 |
| 59 | 110 | 76 | 235 |
| 60 | 116 | 77 | 245 |
| 61 | 121 | 78 | 255 |
| 62 | 128 | 79 | 265 |
| 63 | 134 | 80 | 275 |
| 64 | 141 | 81 | 285 |
| 65 | 147 | 82 | 297 |
| 66 | 154 | 83 | 307 |
| 67 | 161 | 84 | 318 |
| 68 | 168 |  | |

Threshold weight (height in inches divided by 12.3, then cubed) shall be utilized to evaluate an individual's fitness as it relates to body fat composition. Individuals who exceed the threshold weight will then be checked by skinfolds for percent body fat.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Body Fat Limits** | | | | | | |
| **MALE** | **20-29** | **30-39** | **AGE GROUPS** | | **40-49** | **50-59** |
| % of Body Fat | 20.4 | 23.5 | | 25.5 | | 27.1 |
| **FEMALE** | **20-29** | **30-39** | **AGE GROUPS** | | **40-49** | **50-59** |
| % of Body Fat | 27.7 | 28.9 | | 32.1 | | 35.6 |

Considering the threshold weight, body fat percentage and other individual characteristics, I consider this Individual's present weight of pounds to be satisfactory; excessive; deficient. Under Proper medical supervision, the applicant should lose/ gain- lbs.

Comments:

W:\Work\\_BLEOST\SOS\2014\Proposed Ch. 8,9Sept. 2014\ SOS 9-11-14 Ch. 8,

rev. - March 2 2018

Page 3 of 9

M.S. Dept. of Public Safety/Div. Of Public Safety Planning/

025 NorthparkDr.

Ridgeland, Mississippi 39157

Telephone # - (601) 977-3777, Fax # - (601) 977-3773

1. **Visual Acuity** If applicant wears glasses, test, and record with and without glasses.)

With Glasses right 20/ left 20/ both 20/ Field of Vision right left

Depth Color

Without Glasses right 20/ left 20/ both 20/ Perception Perception

Note any abnormalities or comments:

1. **Hearing** right 15/ left 15/

Drum perforation or damage:

Hearing aid (Normal hearing is generally considered to be able to distinguish the words in A whispered conversation from ten (10) feet away.)

Note any abnormalities or comments:

1. **Head** Note any injury, deformity or disease involving.

Nose and sinus Throat and neck

Teeth and jaw

Note any abnormalities or comments:

1. **Lungs** Note any abnormalities or comments:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 5. **Cardiovascular System**  Action | blood pressure | pulse | sounds | rhythm |
| At rest | / |  |  |  |
| After moderate Exercise | / |  |  |  |
| Two minutes after  Moderate exercise | / |  |  |  |

Circulation to extremities:

EKG results:

(The trainee cannot start P.T. without undergoing an EKG examination.)

Note any abnormalities or comments:

W:\Work\\_BLEOST\SOS\2014\Proposed Ch. 8,9Sept. 2014\ SOS 9-11-14 Ch. 8,

rev. - March 2 2018

Page 4 of 9

M.S. Dept. of Public Safety/Div. Of Public Safety Planning/

025 NorthparkDr.

Ridgeland, Mississippi 39157

Telephone # - (601) 977-3777, Fax # - (601) 977-3773

* 1. **Musculo-Skeletal System** (Test by bending, stooping, and squatting. Also, test by head, arm, hand,

finger, leg, and foot motions.)

Upper Lower

Spine: Mobility Symmetry Posture Extremities Extremities

Note any abnormalities or comments:

* 1. **NERVOUS SYSTEM N o t e** any abnormalities or comments:
  2. **ABDOMEN, RECTAL N o t e** any abnormalities or comments:
  3. **GENITO-URINARY U r i n a l y s i s:** Specific gravity Sugar A.L.B.

Note any abnormalities or comments:

* 1. **SKIN N o t e** any abnormalities or comments:
  2. Are there any conditions physical, mental, or emotional which in your opinion suggest a need for further examination? If yes, explain on a separate 8½ by 11-inch sheet of paper.
  3. With respect to the duties and conditions listed on page ii. do you have any reservations about this candidate's ability to physically perform the duties of a law enforcement officer? if so, explain on a separate 8½ by 11-inch sheet of paper.
  4. Does the examinee have any defects or injuries that would prohibit safe operation of a motor vehicle under adverse or stressful situations? If so, please explain.
  5. Does the examinee have any physical defects or injuries that would prohibit participation or represent a safety hazard while participatingin firearms training? If so, please explain.
  6. Is the examinee capable of or able to perform the physical exercises listed on page iii at the levels that are Indicated? If not, please explain on a separate 8½ by 11 sheets of paper.

**Physician’s Affidavit**

I, the undersigned, do hereby swear and affirm that on the date stated below I completed a physical examination of the applicant named in this Medical Examination Report. Further, it is my medical opinion that the examinee **is** physically able to successfully complete basic training and physically able to perform the duties of a law enforcement officer.

Print or Type the Name of Attending Physician Date of Examination S~~ignature of Attending Physician~~

W:\Work\\_BLEOST\SOS\2014\Proposed Ch. 8,9Sept. 2014\ SOS 9-11-14 Ch. 8,

rev. - March 2 2018

Page 5 of 9

M.S. Dept. of Public Safety/Div. Of Public Safety Planning/

025 NorthparkDr.

Ridgeland, Mississippi 39157

Telephone # - (601) 977-3777, Fax # - (601) 977-3773

**Attach a copy of the applicant’s NCIC Report, proof of successful completion High**

**School education (e.g. - High School Diploma or GED) and First Aid/CPR Certification to the top left corner of this page.**

**Salary Information**

Any reimbursement of training expenses will be authorized only for those agencies and subdivisions of the state who are in compliance with all provisions of the Law Enforcement Officers Training Program (LEOTP) to include those policies and procedures established by the Board on Law Enforcement Officer Standards and Training pursuant to the LEOTP. The board staff shall review all the information available on each graduating class and determine the eligibility and amount of reimbursement to each agency.

##### *NOTE*: As of July 1, 2013, any officer (law enforcement trainee) who is not certified within one year (within two years for Part-time certification) from his or her date of hire is not authorized to be paid a salary. Accordingly, the Board will not reimburse any salaries paid under such circumstances. However, any person, who, due to illness or other events beyond his or her control, could not attend the required school or training as scheduled, may serve with full pay and benefits in such a capacity until he or she can attend the required school or training.

**Attach a copy of the applicant's payroll voucher in the blank space below or complete the following statement. The voucher must show the number of regular hours worked and the amount of pay for those hours.**

The person named in this application will be paid a base (circle one) hourly, weekly, biweekly, or monthly s a l a r y in the amount of $ during his or her basic training.

**Attach the applicant’s payroll voucher below, if needed**

W:\Work\\_BLEOST\SOS\2014\Proposed Ch. 8,9Sept. 2014\ SOS 9-11-14 Ch. 8,

rev. - March 2 2018

Page 6 of 9

M.S. Dept. of Public Safety/Div. Of Public Safety Planning/

025 NorthparkDr.

Ridgeland, Mississippi 39157

Telephone # - (601) 977-3777, Fax # - (601) 977-3773

***NOTE*: MCA § 97-7-10 “Fraudulent Statements and Representations” provides for severe penalties for misrepresentations or fraudulent statements to a board. This statute authorizes a fine of up to ten thousand dollars ($10,000) and a jail sentence of up to five (5) years.**

**Law Enforcement Agency’s Affidavit**

I, the undersigned, do hereby swear and affirm that on the date stated below I reviewed the results of this candidate's Medical Examination Report, to include all comments and/or abnormalities, the Application for Training and Personal Information Summary. I certify that to the best of my knowledge the applicant is physically qualified to perform the duties of a law enforcement officer and that he or she has passed a physical examination, that there are no willful misrepresentations, omissions or falsifications in the statements and answers to questions within this document, that all statements and answers are true and correct to the best of my knowledge and belief, that the fingerprints of the applicant are on file with the Department of Public Safety/Criminal Investigation Bureau and with the F.B.I. Further, I certify that the applicant is a law enforcement officer as defined in M.C.A. § 45-6-3 (c) and that he or she has been recruited pursuant to Chapter 474, Sections 6 and 11 of the General Laws of the State of Mississippi and is approved, by me, for attendance at the Academy and will be considered on active-duty status, with my organization, during his or her training period.

Print or Type the Signee's Name

Signature of the Agency Head or Authorized Signee Date

**Applicant’s Affidavit & Injury Liability Waiver**

I, the undersigned, do hereby swear and affirm that there are no willful misrepresentations, omissions or falsifications in the statements and answers to questions within this document, and that all statements and answers are true and correct to the best of my knowledge and belief. I agree to obey the Academy regulations and understand that I am subject to dismissal from the Academy for any infraction. Should a question of my integrity or that of a fellow student arise because of some incident while attending the Academy, I will voluntarily submit to a polygraph examination upon request. I understand that any reported criminal violation will be turned over to the appropriate law enforcement agency for investigation. I understand that I will only be covered to the extent that I would be covered for any illness or injury incurred while on duty at my employing agency under personal or department medical insurance. Further, I certify that I am in good health, physically fit, and of good moral character. I hereby release the Board on Law Enforcement Officer Standards and Training (BLEOST) and any department officially associated or connected with the Academy of attendance from liability in case of illness or accident.

I also understand that by gaining entrance into Academy, this facility has become my Academy of record. If I withdraw voluntarily, or am dismissed by the academy staff, I cannot attend any other academy unless I am released to do so by the academy director. Any previous attempts to complete the Law Enforcement Officers Training Program must be disclosed to the academy staff before admittance.

Signature of Applicant Date Signed

W:\Work\\_BLEOST\SOS\2014\Proposed Ch. 8,9Sept. 2014\ SOS 9-11-14 Ch. 8,

rev. - March 2 2018

Page 7 of 9

M.S. Dept. of Public Safety/Div. Of Public Safety Planning/

025 NorthparkDr.

Ridgeland, Mississippi 39157

Telephone # - (601) 977-3777, Fax # - (601) 977-3773

**Application for Training and Personal Information Summary**

Agency or

Department Dept.'s Dept. 's Phone

Address Number

Street or Post Office Box City Zip

Name of Social Security

Applicant Number

Last, First Middle

Date of Place Date

Employment of Birth of Birth Home Home Phone

Address Number

Street or Post Office Box City Zip

Total criminal justice experience (years) . Criminal justice training completed /hrs.

Does the applicant have current (check if yes): Intoxilyzer Certification? First Aid Card?

High School

Graduate or G.E.D.

Name of School City State

College Attended

Degrees held or College Units (credit hours) earned

Military Experience

# of Years Rank Branch of Service

Spouse's Name Child's Name(s)

Special Skills

Languages Hobbies

Family Doctor Known Allergies

Emergency Contact Alternate Contact

& Phone Number & Phone Number

### Attach the applicant's photograph below. Trim the photograph to fit.

W:\Work\\_BLEOST\SOS\2014\Proposed Ch. 8,9Sept. 2014\ SOS 9-11-14 Ch. 8,

rev. - March 2 2018

Page 8 of 9

M.S. Dept. of Public Safety/Div. Of Public Safety Planning/

025 NorthparkDr.

Ridgeland, Mississippi 39157

Telephone # - (601) 977-3777, Fax # - (601) 977-3773

**Regarding office(s) attending Basic Training Course**

**Date**

**PLEASE INDICATE IF YOUR OFFICER HAS ATTENDED ANOTHER ACADEMY AT ANY TIME AND SIGN BELOW.**

**NO Officer HAS NOT attended another academy**

|  |  |  |
| --- | --- | --- |
| **YES** | **Officer H.A.S. attended another academy.** | **If** |
| **Academy Attended** | **yes, which Academy and date attended.** |  |

**Date Attended**

**Officer's Name**

**Name of Department**

**Signature of Department Head**

Page 9 of 9