TATE REEVES
GOVERNOR

STATE OF MISSISSIPPI
DEPARTMENT OF PUBLIC SAFETY
MISSISSIPPI LAW ENFORCEMENT OFFICERS' TRAINING ACADEMY

SEAN TINDELL
COMMISSIONER

TONY CARLETON
DIRECTOR

To: Chiefs, Sheriffs, and Administrators

From: Director, MLEOTA

We appreciate your trusting us to train your officers. We do not take this lightly and are committed to providing your staff with the highest quality training possible. We strive to exceed the standards and training curriculum so that your staff is well-prepared to meet the needs of your community. To achieve this, we are implementing the following changes.

Have the recruit scan this QR code ASAP; to start the training process.

Pre-registration Scan QR code

PLEASE READ CAREFULLY

Pre-PT tests will be administered on select dates listed below **before** the start of the Academy. *This means that we will no longer offer a pre-PT test on the first day of the Academy unless there are extenuating circumstances.* Before administering the pre-PT test, officers' applications with the included physician's approval **must** be turned in.

The initial pre-PT test dates will be August 4, 2026 or August 11, 2026. A ***remedial*** **date** will be provided on **August 25, 2026,** for those who failed and would like another chance to pass. **All pre-PT tests will be conducted at 9:00 am at the MLEOTA gym**.

Officers must score a minimum of 50% before being allowed admittance to the Academy. If a student fails any portion, they will be given the results along with a program for improvement. 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.

COURSE TUITION AND EXPENSES

*Refresher class training is $1,800 *(not including meals or lodging)* for eleven (11) weeks (200 training hours) and prorated for those individuals who do not complete the entire 11-week course. This course will run concurrently with the basic class and will be given a schedule.

*Meals are $10.00 each. The motel is $40.00 per night.

**Firearms training*. The firearms curriculum consists of 52 hours of firearms training. The number of students training with a semi-automatic pistol has continued to increase. Additionally, our curriculum has evolved to reflect the training needs of modern policing. A basic recruit will now fire at least 1250 rounds and use several more targets than before. These changes will require a slight increase in the differential ammunition cost if the student uses a semi-automatic pistol during training. We furnish all semi-autos with ammunition. The cost differential for training with a semi-auto will be as follows:

- We can bill your agency.
- Your agency may send a check.
- Your agency may provide ammo.

9mm $ 265.00 45 Cal $358.42 40 Cal $299.06

If we can assist you in any way or answer any questions, please do not hesitate to call.

Joseph Green
Deputy Director
MLEOTA
Joseph.green@dps.ms.gov
601-933-2130 office

Refresher Class # 2-2026

September 6 – November 19, 2026

Attention

The refresher class is an 11-week training course consisting of 200 training hours. This class will be concurrent with the basic class which will take place over eleven weeks. All officers must pass a pre-entry P.T. test before being allowed into the program. The application **must** be turned in **prior** to taking the pre-PT test (*see scheduled Pre-PT dates below*).

Important Dates

- First Pre-PT test at MLEOTA (Gym) August 4, 2026 @ 9:00 am.
- Second Pre-PT test at MLEOTA (Gym) August 11, 2026 @ 9:00 am.
- Remedial Pre-PT test at MLEOTA (Gym) August 25, 2026 @ 9:00 am.
- Basic Class Begins at MLEOTA (Gym) May 10, 2026 @ 12:00 pm.

Application Deadline

The Academy **must** receive your original application **before** taking the Pre-PT test (*please see the scheduled Pre-PT dates listed above*).

Please mail the application and all required documents to:

MLEOTA
Attn. Brittany Hugo
3791 Hwy 468 W
Pearl, MS 39208
601-933-2128

*REQUIRED DOCUMENTS

PLEASE BE SURE OF THE FOLLOWING:

- ✓ Make sure the completed original medical application is submitted to this office (MLEOTA) before any physical tests or exercises can be administered.
- ✓ A copy of your high school diploma, transcript, or G.E.D.
- ✓ ***Questions 11-15 on page 12*** *of the medical forms must be inisialed YES before any physical tests or exercises can be administered*.
- ✓ Make certain the results of EKG are included.
- ✓ Include a valied ID.

*__Note__: All items on this list must be turned in **BEFORE** the scheduled Pre-PT test date.

For cancellations, please call 601-933-2128 or email Brittany Hugo bhugo@dps.ms.gov

Important Information

Refresher Law Enforcement Training

Class #2-2026

September 6 – November 19, 2026

- You will be billed for tuition in the 6th week of the class. 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 of Law Enforcement Officer Standards and Training (BLEOST) will not be processed until your tuition has been paid in full.

- Enclosed, please find the following: 1) Application(s) for Refresher 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.

REFRESHER LAW ENFORCEMENT TRAINING SUPPLY LIST

The following is a list of the clothing and equipment needed for this training course.

1. Students will be required to wear professional attire. Example: B.D.U. pants, polo shirts, and boots. Of course, uniforms are permitted. No t-shirts or open toed shoes.
2. Rainwear for outdoor classes during bad weather.
3. Students that stay with us should bring their hygiene kit (i.e. soap, shampoo, razer, deodorant, toothbrush, etc.).
4. Mouthpiece for defensive tactics.
5. Groin cup with carrier (males only).
6. Full duty belt with holster, mag pouch, handcuff case, handcuffs and key, etc.
7. Duty weapon with three (3) high-capacity magazines.
8. Under belt (Velcro lined under belt preferred).
9. Four (4) belt keepers
10. Handheld Flashlight (may be issued or purchased).
11. Ballistic vest.

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. Speakin

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 Temperature Extremes
3. Exposure to Outside Temperature Extremes
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

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

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								

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)

PHYSICAL FITNESS EXAMINATION

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.

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 besatisfactory;_excessive;____deficient. Under proper medical supervision, the applicant should___lose/__gain-__lbs

Comments: _____

_____

_____

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: _____

_____

2. **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: _____

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

Nose and sinus_____Throat and neck_____

Teeth and jaw_____Note any abnormalities or comments: _____

_____

4. **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: _____

_____

_____

6. **MUSCULO-SKELETAL SYSTEM** (Test by bending, stooping, and squatting. Also, test by head, arm, hand, finger, leg, and foot motions.)

Spine: Mobility_____ Symmetry_____ Posture_____ Upper Extremities_____ Lower Extremities_____

Note any abnormalities or comments: _____

_____

7. **NERVOUS SYSTEM** - Note any abnormalities or comments: _____

_____

8. **ABDOMEN, RECTAL** - Note any abnormalities or comments: _____

_____

9. **GENITO-URINARY Urinalysis**: Specific gravity_____ Sugar_____ ALB_____

Note any abnormalities or comments: _____

_____

10. **SKIN** - Noe any abnormalities or comments: _____

_____

11. 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.

12. 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.

13. 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.

14. Does the examinee have any physical defects or injuries that would prohibit participation or represent a safety hazard while participating in firearms training?___If so, please explain.

15. Is the examinee capable of or able to perform the physical exercises listed on page 7 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	Signature of Attending Physician	Date of Examination

***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, including 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 FBI. Further, I certify that the applicant is a law enforcement officer as defined in MCA § 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

MISSISSIPPI LAW ENFORCEMENT OFFICERS' TRAINING ACADEMY TATTOO SCREENING FORM

Name_____ Last 5 SSN_____ Date_____

Department Name_____

Part I. Purpose

The purpose of this form is to ensure proper documentation of all tattoos, brands, and/or body ornamentation. Refusal to complete this form in its entirety will result in the termination of your application process.

1. Does the applicant currently have, or ever had, any tattoos, brands, body marking, or body ornamentation, ***or*** has the applicant ever had a tattoo, brand, or body ornamentation removed, concealed, covered, or altered?

Y_____ N_____

If the answer to Question 1 is "no", move to Part IV of this form.

2. Are any of the tattoos, brands, or markings considered racist or offensive in nature?

Y_____ N_____

3. Do any of the tattoos, brands, or markings express an association with conduct or substances prohibited by the Mississippi Law Enforcement Officers' Training Academy's policies and procedures (to include tattoos associated with illegal drugs, drug usage, or drug paraphernalia)?

Y_____ N_____

4. Are any of the tattoos, brands, or markings a result of a specific activity (i.e., activity for membership initiation, or as the result of any violation of laws(s))?

Y_____ N_____

5. Are any of the tattoos, brands, or markings indicative of gang activity and/or gang affiliation, past or present?

Y_____ N_____

MISSISSIPPI LAW ENFORCEMENT OFFICERS' TRAINING ACADEMY TATTOO SCREENING FORM

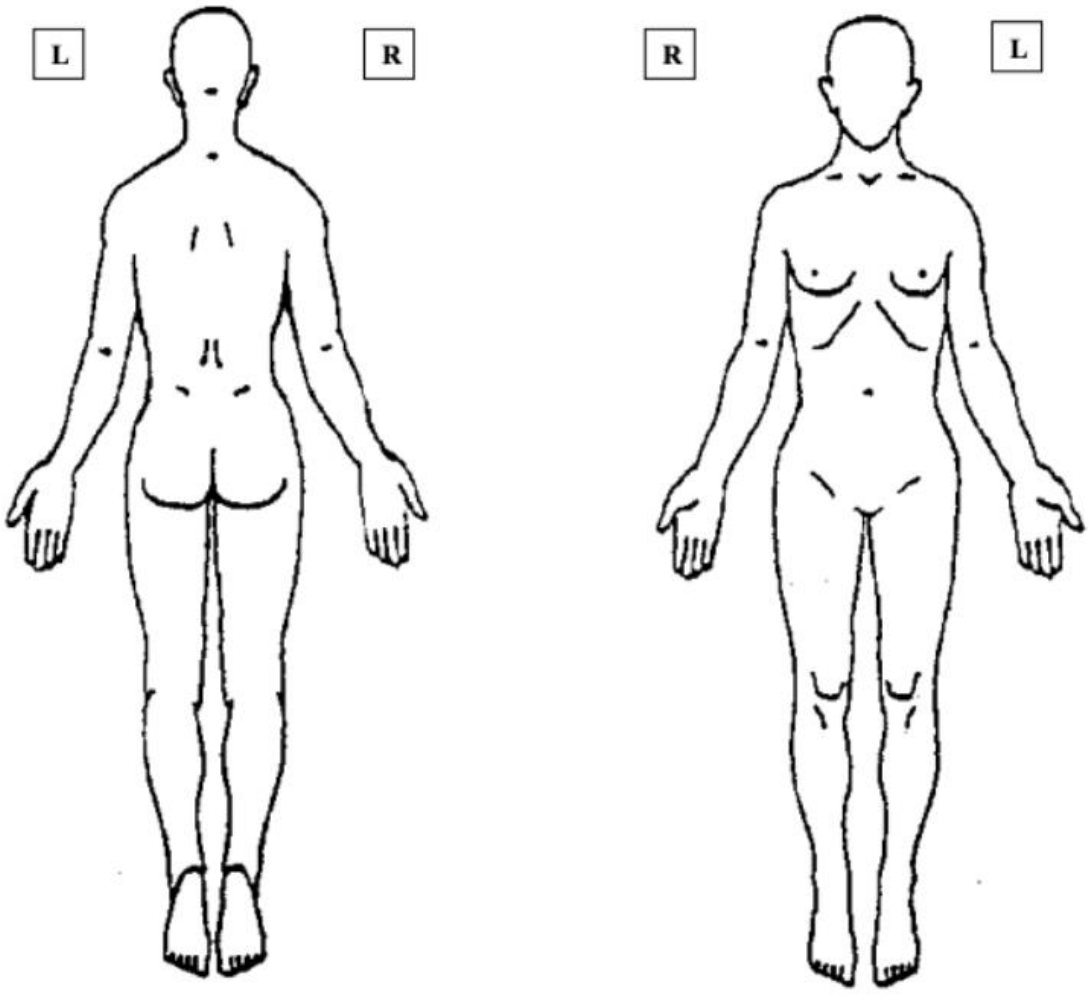
Part II. Review

If the applicant responded "yes" to question 1, their tattoo(s)/marking(s), or history thereof must be reviewed by a designated DPS employee to determine eligibility.

- **If the applicant responded "yes" to question 1, the applicant's tattoo must be reviewed to determine eligibility. If the applicant responded "yes" to questions 2 through 5, the applicant is ineligible.**
- **Digital photos are required for all reviews.**
- **Applicants may hand draw pictures of tattoos not visible indicating content and location.**

Part III. Documentation

The section below will document any tattoo, brand, marking, or body ornamentation. Place number on body location and describe in spaces provided indicating content and meaning:



MISSISSIPPI LAW ENFORCEMENT OFFICERS' TRAINING ACADEMY TATTOO SCREENING FORM

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

If you need more room, please utilize the back of this form.

Part IV. Certification

I have completely disclosed the full extent of my tattoos, brands, or body ornamentation, to include those removed or altered.

_____	_____	_____
Print Name of Applicant	Signature of Applicant	Date
_____	_____	_____
Print Department Head Name	Signature of Department Head	Date