

Application
Correctional Officer Candidate



Gulf Coast State College
Criminal Justice Training Academy
North Bay Campus

700 Hwy 2300
Southport, Florida 32409
850-747-3233

REQUIREMENTS FOR CORRECTIONAL OFFICER CANDIDATES

- (1) You must be at least 19 years of age (or reach age 19 by the end of class).
- (2) You must be a citizen of the United States.
- (3) You must be a high school graduate or its equivalent (GED).
- (4) If you have served in the Armed Forces of the United States, you must **NOT** have received a dishonorable discharge.
- (5) You must have a good moral character and **NOT** have been convicted of any felony or a misdemeanor involving perjury or a false statement.
- (6) You must undergo a thorough background investigation under procedures established by the Criminal Justice Standards and Training Commission, to include a Federal Bureau of Investigation fingerprint check.
- (7) You must have passed a physical examination by a licensed physician, physician assistant, or certified advanced registered nurse practitioner, based on specifications established by the Criminal Justice Standards and Training Commission.
- (8) You must complete and pass the required Florida Basic Abilities Test (FBAT) for Correctional Officers.

If you have any questions, call the Criminal Justice Training Academy at the North Bay Campus in Southport at (850) 747-3233, extension 2, Monday through Friday, from 8:00 a.m. until 4:00 p.m. CST or call the Gulf/Franklin Campus in Port Saint Joe at (850) 227-9670, extension 5507, Monday through Friday, 8:00 a.m. until 4:00 p.m. EST.

FINANCIAL ASSISTANCE

Financial assistance may be available for Correctional Officer candidates. Please contact Gulf Coast State College Office of Financial Aid at (850) 872-3845 or the Workforce Center at (850) 872-3853 for additional information.

APPLICATION PROCEDURES

Application procedures and FBAT testing should begin at least 4 to 6 weeks prior to the start of the Academy class you plan to attend.

FBAT TEST

You must take and pass the Florida Basic Abilities Test (FBAT) for Correctional Officers. This test is given by appointment at the North Bay Campus in Southport and the Gulf/Franklin Campus in Port St. Joe. There is a \$45.00 fee to take the FBAT. You may take the FBAT a maximum of three (3) times within a one-year period, with the required fee of \$45.00 paid for each testing.

REGISTRATION

You can register for classes at the North Bay Campus in Southport or the Gulf/Franklin Campus in Port St. Joe. The application package must be complete before a candidate is considered for registration. A Registration Record is necessary for registration. If you are a first-time student at Gulf Coast State College, an Application for Admission with supporting residency documents and \$20.00 application fee must also be submitted. These forms can be obtained from the Enrollment Office or Registration Desk on the day of your registration.

FEES

Registration fees and tuition must be paid at the time of registration in order to hold a seat in the class.

BOOKS

All required books are available for purchase at the time of registration. The cost for the Correctional Course Guide and High Liability Book is approximately \$10.00.

UNIFORMS

Academy uniforms will be ordered and paid for on the first day of class. You will need to bring cash, credit card, money order or check made payable to Helen's Uniforms for approximately \$150.00 (price subject to change without notice). If you are currently employed in corrections and plan to wear your employer's uniform during classes, you will not need to purchase Academy uniforms, but you will need to purchase physical training uniforms.

Until uniforms are received (about two weeks), clean casual clothing should be worn to class. No shorts, T-shirts or sandals are allowed. Males should wear shirts with collars.

REQUIRED DOCUMENTS AND FORMS CHECK LIST

- ___ A. **PERSONAL DATA FORM** Complete the attached form. Complete the **AFFIDAVIT OF NON-MILITARY SERVICE** if you have not served in the Armed Forces of the United States. The Affidavit must be signed before a Notary Public and notary services are provided, free of charge, at the North Bay Campus and the Gulf/Franklin Campus.

- ___ B. **CERTIFICATE OF APPLICATION** Complete the attached form.

- ___ C. **BACKGROUND CHECK FORM** Complete the attached form and return it, together with \$80.00 cash or money order payable to Gulf Coast State College. **Personal checks will NOT be accepted.**

- ___ D. **PHYSICIAN'S ASSESSMENT (PHYSICAL EXAMINATION)** You must use the attached CJSTC 75 Physician's Assessment form and CJSTC 75B Physical Fitness Assessment form and have them signed by the licensed physician, physician assistant, or certified advanced registered nurse practitioner, of your choice.

- ___ E. **DRIVER'S LICENSE** A valid driver's license is required.

- ___ F. **SOCIAL SECURITY CARD** A Social Security Card is required. Official written verification that a replacement Social Security Card was requested will be accepted pending receipt of the replacement card.

- ___ G. **HIGH SCHOOL DIPLOMA or GED** A high school Certificate of Completion is not acceptable. Non-Florida GED scores must meet Florida requirements in each category.

- ___ H. **BIRTH CERTIFICATE** A Birth Certificate or official Abstract of Birth is required.

- ___ I. **DD214** Veterans must provide a DD214 which shows the character of their discharge as being under other than dishonorable circumstances.

- ___ J. **NAME CHANGE DOCUMENTS** Any document that changed your name (marriage record, divorce decree, adoption order, etc.) for each and every time your name changed.

PERSONAL DATA FORM
Correctional Officer Candidate

PLEASE PRINT ALL INFORMATION LEGIBLY

FULL LEGAL NAME _____

MAIDEN NAME OR PREVIOUS NAME(S) _____

HOME PHONE _____ CELL PHONE _____

ADDRESS _____

Street Address/Apartment Number

City, State and Zip Code

DATE OF BIRTH _____ PLACE OF BIRTH _____

RACE _____ SEX _____ HEIGHT _____ WEIGHT _____ HAIR _____ EYES _____

SOCIAL SECURITY NUMBER _____

DRIVER'S LICENSE STATE AND NUMBER _____

HIGH SCHOOL DIPLOMA () G.E.D. () WHERE ATTAINED _____

COLLEGE 1 year () 2 years () 3 years () 4 years ()

DEGREES ATTAINED/MAJOR _____

MILITARY EXPERIENCE _____

PREVIOUS CRIMINAL JUSTICE TRAINING/EXPERIENCE _____

AFFIDAVIT OF NON-MILITARY SERVICE

I, _____, certify that I have **NOT** served in the Armed Forces of the United States of America. I understand falsification of this document could result in a charge of perjury.

_____ Date

_____ Signature

Sworn to and subscribed before me this _____ day of _____, 20____

Notary Public

My commission expires _____

CERTIFICATE OF APPLICATION

1. Applicant will complete Part I and Part II of this form.
 2. This form, together with all required documentation, is to be permanently retained on file at the Criminal Justice Training Academy of Gulf Coast State College.
 3. If your present name is different from that on any of the attached forms, documentation is required. A copy of the documentation authorizing the name change must be attached FOR EACH AND EVERY name change (marriage certificate, divorce decree, adoption order, etc.).
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PART I

I, _____, request admission into the Criminal Justice Training Academy of Gulf Coast State College and hereby declare that I understand and agree to the following conditions:

1. This application **DOES NOT** constitute an agreement for employment with any Criminal Justice agency.
 2. I will abide by and adhere to all rules and regulations of the Criminal Justice Standards and Training Commission and the Criminal Justice Training Academy.
 3. Registration will be on a space-available basis.
 4. All training costs will be borne by the applicant.
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PART II

The applicant must comply with Florida Statute 943.13. A copy of all required documents must be attached.

APPLICANT

ATTACHMENT REQUIRED

_____ Is at least 19 years old and is a citizen of the United States	Birth Certificate
_____ Is a high school graduate or equivalent	Diploma or GED
_____ Has not received a dishonorable discharge from the Armed Forces or __ Check here if non-veteran	Discharge/DD214 Affidavit of Non-Military Service
_____ Has undergone a physical examination by a licensed physician, PA or ARNP	Physician's Assessment CJSTC 75 and Physical Fitness Assessment CJSTC 75B
_____ Is of good moral character and has not been convicted of any felony or of a misdemeanor involving perjury or false statement	Criminal Justice Selection Center Background Check Form and appropriate fee

I HAVE READ AND FULLY UNDERSTAND THE ABOVE CONDITIONS AND CERTIFY THIS IS TRUE AND CORRECT.

Applicant's Signature

Social Security No

Date of Birth.

Date

GULF COAST CRIMINAL JUSTICE SELECTION CENTER

Background Check Form

North Bay _____

Gulf/Franklin _____

In compliance with FDLE Policies and Procedures, you are required to be fingerprinted and a criminal history records check will be done to determine if you have any arrests and/or convictions. The Selection Center manager, or their designee, will authorize the process and sign off as your sponsor to certify the record. **THE FEE FOR THIS SERVICE IS \$80.00.** No personal checks. Money orders or cash accepted. Money orders are to be made payable to Gulf Coast State College. Please read the information on the reverse of this form, answer **all** of the questions, and sign/date it at the bottom.

Full Legal Name _____

Maiden Name _____ Aliases/Nicknames _____

Street Address _____ Phone _____
(Please include City, State, and Zip Code)

E-Mail Address _____

Date of Birth _____ Place of Birth _____

Social Security # _____ State/Driver's License # _____

Sex _____ Race _____ Hair Color _____ Eye Color _____ Height _____ Weight _____

- Have you ever been arrested for a criminal charge (felony or misdemeanor)?
- Have you ever had adjudication withheld on any criminal charge (felony or misdemeanor)?
- Have you been charged or convicted of a criminal traffic offense (DUI, Reckless, etc.)?
- Has your driver's license been suspended or revoked for any reason within the last 3 years?
- Have you been charged or convicted of 3 or more moving traffic violations within the last 2 years?
- Have you ever received a dishonorable discharge from any branch of the United States Armed Forces?
- Have you ever received a court martial while serving in the U.S. Armed Forces?
- Have you ever received non-judicial punishment while serving in the U.S. Armed Forces?
- Have you ever had a criminal record sealed or expunged?

Yes	No

Please list all states and countries that you have resided within since your 18th birthday.

I hereby request and authorize the Gulf Coast Criminal Justice Selection Center to conduct a Background Investigation on me in compliance with FDLE's Policies and Procedures to determine if I meet the basic requirements as a Correctional Officer candidate.

Candidate's Signature Date

Selection Center Manager's Signature Date

GULF COAST CRIMINAL JUSTICE SELECTION CENTER

Criminal History Information

On your sponsorship form, list all arrests and/or charges for any felonies or perjury. If you have been convicted, plead nolo contendere, or if adjudication was withheld, under FDLE's rules you are not eligible for certification. If your records were sealed, or expunged, by court order, you are still not eligible for certification. However, if you were placed in a pre-trial program and successfully completed the program, you are eligible for certification.

If you have ever been charged with one of the "Enumerated Crimes or Misdemeanors" listed, you can still receive training and certification. However, it does not insure employment. Each agency has their differing standards for conduct. You will probably be asked about the charges, so be prepared to answer and document your responses. Do not omit, forget, conceal, hide, presume that it will not matter, or won't be discovered. If you have any doubt, then report and list the charge(s).

It is your responsibility to provide the documentation of any charges, along with the court's final disposition.

The staff will help you in determining your eligibility for certification.

Enumerated Crimes and Misdemeanors	
<i>Statute</i>	<i>Title</i>
316.193	Driving under the influence
316.1935	Fleeing and attempting to elude an officer
409.325	Public assistance fraud
784.011	Assault
784.03	Battery
784.048	Stalking
784.05(1), (2)	Culpable negligence with injury
790.01(1)	Carrying a concealed weapon
790.10	Improper exhibition of a weapon / firearm
790.27	Possession or sale of a firearm with altered serial number
794.027	Failure to report sexual battery
796.07	Prostitution / Lewdness
800.02	Unnatural or lascivious act
800.03	Exposure of sexual organs
806.101	False report of fires
806.13	Criminal mischief
810.08	Trespass in a structure or conveyance
812.014(2)(d)	Petty theft
812.015	Retail theft
812.14	Theft of utilities / cable service
817.235	Removal or altering property identification marks
817.49	False report of a crime
817.563(2)	Sale of counterfeit controlled substance
817.565	Fraudulent urine drug test
827.04(2), (3)	Child abuse
827.05	Negligent treatment of children
831.30	Prescription fraud
831.31(1)(b)	Manufacture of counterfeit controlled substance
832.05(2), (4)	Passing worthless checks
837.012	Perjury, not in official proceedings
837.05	False report to law enforcement
837.06	False official statement
839.20	Refusal to serve arrest warrant
843.02	Resisting an officer without violence
843.03	Obstruction by disguised person
843.06	Refusal to aid law enforcement officer
843.085	Unlawful use of police badges or other indicia of authority
847.011(1), (2)	Pornography offenses
856.021	Loitering or prowling
870.01(1)	Affrays and riots
893.13(1) <u>et al.</u>	Controlled substance violations
914.22(2)	Witness tampering
944.35(3)	Malicious battery on a prison inmate
944.37(7)(a)	False reports concerning use of force on an inmate
944.37	Acceptance of unauthorized compensation from an inmate
944.38	Dealing or bartering with prisoners
944.39	Interference with prisoners



1. Applicant's Name: _____
Last First MI

2. Applicant's Home Address: _____

3. Last Four Digits of the Applicant's Social Security Number: _____

4. Hiring Agency: Gulf Coast State College, Division of Public Safety, 5230 West Highway 98, Panama City, FL 32401-1041

5. The Applicant Is Requesting Employment in one of the Following Disciplines:

Law Enforcement Correctional Correctional Probation

Note: A position description was provided that describes the job duties the applicant will perform.

6a. To the Examining Physician:

The examination of this applicant is for employment 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 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.

6b. Physician's Attestment:

I hereby attest that I have examined the above named applicant and find him/her **CAPABLE** of performing the essential functions of the law enforcement, correctional, or correctional probation officer job for which the applicant is seeking employment reflected in number 5 above.

I hereby attest that I have examined the above named applicant and find him/her **NOT CAPABLE** of performing the essential functions of the law enforcement, correctional, or correctional probation officer job for which the applicant is seeking employment reflected in number 5 above.

7. **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":

7a. Did or did not reveal evidence of tuberculosis.

7b. Did or did not reveal evidence of heart disease.

7c. Did or did not reveal evidence of hypertension.

8. _____
Physician, Certified Advanced Registered Nurse Practitioner, or Physician Assistant's Signature Printed Name Examination Date

9. _____
Physician, Certified Advanced Registered Nurse Practitioner, or Physician Assistant's License Number Licensing State

10. _____
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.

GENERAL INSTRUCTIONS

- 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** and 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.
- An employing agency shall provide a position description to the physician, certified advanced registered nurse practitioner, or physician assistant that describes the job duties the applicant will perform. The position description will assist in determining whether the applicant is capable of performing the essential functions of a law enforcement, correctional, or correctional probation officer duties for which the applicant is seeking employment.
- This form or an equivalent form shall be used to satisfy the requirements of Section 943.13(6), F.S., and Rule 11B-27.002(1)(d), F.A.C. The completed form CJSTC-75 or an equivalent form shall be completed for each new employment or appointment of an officer, and shall not be completed more than one year prior to an officer's employment or appointment. A CJSTC-75 form completed for a specific employing agency shall not be used by any other employing agency.

INSTRUCTIONS ON HOW TO COMPLETE THIS FORM

1. **Applicant's Name:** Enter the applicant's full legal name.
2. **Applicant's Address:** Enter the applicant's home address.
3. **Last Four Digits of the Social Security Number:** Enter the last four digits of the applicant's social security number as in this example: 000-00-1234.
4. **Hiring Agency:** Enter the hiring agency's name.
5. **Request for Employment as an officer:** Place a check mark in the box for one of the following disciplines: Law Enforcement, Correctional, or Correctional Probation.
- 6a. **Examining Physician:** The examining physician shall examine the applicant for any medical or physiological reasons that would prevent the applicant for employment as an officer pursuant to the attached job duties.
- 6b. **Physician's Attestment:** 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 performing the essential functions of the law enforcement, correctional, or correctional probation officer discipline for which the officer/applicant is seeking employment.
7. Sections 112.18 and 943.13, Florida Statutes, require agency knowledge of the following three pre-existing conditions for potential future disability claims. These outcomes are not disqualifying for employment.
 - a. Place a check mark in the appropriate box to indicate whether the examination did or did not reveal evidence of tuberculosis.
 - b. Place a check mark in the appropriate box to indicate whether the examination did or did not reveal evidence of heart disease.
 - c. Place a check mark in the appropriate box to indicate whether the examination did or did not reveal evidence of hypertension.
8. **Signature:** The physician, certified advanced registered nurse, or Physician Assistant shall sign and print his or her name and enter the examination date.
9. **License Number:** Enter the physician, certified advanced registered nurse practitioner, or physician assistant's license number.

Licensing State: Enter the state in which the physician, certified advanced registered nurse practitioner, or physician assistant is licensed.
10. **Professional Address:** Enter the physician, certified advanced registered nurse, or physician assistant's professional address.



PHYSICAL FITNESS ASSESSMENT

Florida Department of Law Enforcement

Incorporated by Reference in Rule 11B-35.001(11)(c)12., F.A.C.



CJSTC 75B

- 1. Applicant's Name: Last First MI
2. Applicant's Address:
3. Enter Last Four Digits of Social Security Number:
4. Training School: Gulf Coast State College, Division of Public Safety, 5230 West Highway 98, Panama City, FL 32401-1041

5. The Applicant Is Requesting Admission Into a Basic Recruit Training Program for One of the Following Disciplines:

- Law Enforcement [] Correctional [] Correctional Probation []

6. Student Participation in Basic Recruit Training Program Activities. 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.
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:
C. The training center director has attached the training schools physical fitness conditioning program: Yes []

*****TO BE COMPLETED BY THE APPLICANT*****

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, grand mal or petite mal (seizures), pernicious anemia (severe reduction in red blood cells), diabetes (any form), pneumomediastinum 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 6, 6A, and 6B above.

9. Student's Printed Name: Date:

10. Student's Signature: Date:

11. Prior Exposure to OC or CS. For a student who has had prior chemical agent exposure that includes chemical agent contamination and working through the effects of chemical agent contamination in a training environment, please attach the supporting documentation of prior exposure and check one of the following boxes:

I certify that I have [] OR I have not [] been exposed to oleo-resin capsicum (OC) and/or orthochlorobenzal-malononitrile (CS) in the manner described in item number 11 above.

*****TO BE COMPLETED BY THE EXAMINING PHYSICIAN*****

12. Physician Attestment. The above applicant is seeking entry into a law enforcement, correctional, or correctional probation basic recruit training program. Rule 11B-35.001(11)(c)12., F.A.C., requires a complete physical examination at a level of specificity sufficient to determine whether there are any medical or physiological restrictions that would prevent the applicant from performing the required activities described in items 6, 6A, and 6B above. Disabilities, impairment, or limitations identified by the examination that would prevent the applicant from performing the required activities should be reported to the training school indicated in item number 4 above.

[] I hereby attest that I have examined the above named applicant and find him or her CAPABLE of participating in the basic recruit training program activities indicated in item numbers 6, 6A, and 6B above.

[] I hereby attest that I have examined the above named applicant and find him or her NOT CAPABLE of participating in the basic recruit training program activities indicated in item numbers 6, 6A, and 6B above

13. Physician, Certified Advanced Registered Nurse Practitioner, or Physician Assistant's Signature Printed Name Examination Date

14. Physician, Certified Advanced Registered Nurse Practitioner, or Physician Assistant's License Number Licensing State

15. Physician, Certified Advanced Registered Nurse Practitioner, or Physician Assistant's Professional Address

*****TO BE COMPLETED BY THE TRAINING CENTER DIRECTOR OR DESIGNEE*****

16. Training Center Director or Designee's Printed Name:

Training Center Director or Designee's Signature: Date:

INSTRUCTIONS FOR COMPLETING FORM CJSTC-75B

A basic recruit student approved to enter a basic recruit training program (B RTP) shall review and complete form CJSTC-75B to indicate the presence of any medical conditions that may prevent participation in the Physical Fitness Program and Chemical Agent Contamination of the B RTP. A copy of the Physical Fitness Program for law enforcement, correctional, or correctional probation discipline shall be attached to this form for the student to review.

1. **Applicant's Name.** Enter the applicant's last name, first name, and middle initial.
2. **Applicant's Address.** Enter the applicant's current address, city, state, and zip code.
3. **Applicant's Social Security Number.** Enter the last four digits of the applicant's social security number as in this example: 000-00-1234.
4. **Training School Name.** Enter the name of the Commission-certified criminal justice training school where the applicant is enrolled.
5. **Basic Recruit Training Program Discipline.** Place a check mark in one of the box(es) for the law enforcement, correctional, or correctional probation discipline for which the applicant is requesting admission.
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 orthochlorobenzal-malonotrile (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-75B prior to the student's examination by a physician, certified advanced registered nurse practitioner, or the physician's 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 orthochlorobenzal-malonotrile (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 6, 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. **Prior Exposure to Chemical Agent Contamination.** The student shall indicate in the appropriate box if he or she has been previously exposed to chemical agent contamination to the chemicals oleo-resin capsicum (OC) and/or orthochlorobenzal-malonotrile (CS), and shall attach supporting documentation of such contamination.
12. **Physician, Certified Advanced Registered Nurse Practitioner, or Physician Assistant's Attestment.** The physician shall check the appropriate box to indicate if the student is capable or not capable of participating in the B RTP activities indicated in item numbers 6, 6A, and 6B of this form.
13. **Physician, Certified Advanced Registered Nurse Practitioner, or Physician Assistant's Signature, Printed Name, and Examination Date.** The physician shall complete this item to verify his or her attestation to item number 12 of this form.
14. **Physician, Certified Advanced Registered Nurse Practitioner, or Physician Assistant's License Number and Licensing State.** The physician shall complete this item to verify his or her valid license number and licensing state.
15. **Physician, Certified Advanced Registered Nurse Practitioner, or Physician Assistant's Professional Address.** The physician shall print his or her complete professional address.
16. **Training Center Director or Designee's Printed Name, Signature and Date.** The training center director or designee who signs this form shall print his or her legal first and last name. The training center director or designee shall sign and date this form.

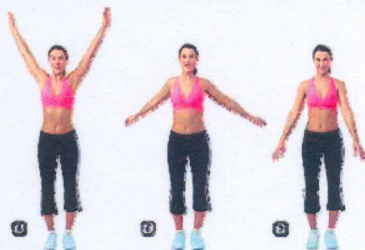
Physical Fitness Training Plan

Physical fitness is most easily understood by examining its components, or "parts." There is widespread agreement that these four components are basic.

1. **Cardiorespiratory Endurance** – the ability to deliver oxygen and nutrients to tissues, and to remove wastes, over sustained periods of time. **Long runs** and **swims** are among the methods employed in measuring this component.
2. **Muscular Strength** – the ability of a muscle to exert force for a brief period of time. Upper-body strength, for example, can be measured by various **weight-lifting exercises**.
3. **Muscular Endurance** – the ability of a muscle, or a group of muscles, to sustain repeated contractions or to continue applying force against a fixed object. **Pushups** are often used to test endurance of arm and shoulder muscles.
4. **Flexibility** – the ability to move joints and use muscles through their full range of motion. The **sit-and-reach test** is a good measure of flexibility of the lower back and backs of the upper legs.

THE WORKOUT SCHEDULE

The physical fitness training plan will include something from each of the four basic fitness components described above. Each workout will begin with a warm-up and end with a cool down. As a general rule, the workouts will be spaced throughout the week and avoid consecutive days of hard exercise. **Approximately three (3) hours each week, throughout the duration of the basic academy, will be dedicated to physical fitness training.**



Here are the amounts of activity necessary for the average, healthy academy cadet to maintain and/or increase his or her overall level of fitness. Included are some of the popular exercises we will be using in each category.

WARMUP – five to ten minutes of exercises such as **walking**, **slow jogging**, **knee lifts**, **arm circles** or **trunk rotations**. Low intensity movements that stimulate movements to be used in the activity can also be included in the warm-up.

MUSCULAR STRENGTH – approximately two 20 minute sessions per week that include exercises for all the major muscle groups. **Lifting weights** is the most effective way to increase strength. The use of fitness cords and bands can be used to reduce the risk of injury and to keep equipment costs at a minimum.



Physical Fitness Training Plan



MUSCULAR ENDURANCE – approximately three 30 minute sessions each week that include exercises such as **calisthenics**, **pushups**, **sit-ups**, **pull-ups**, and **weight training** for all the major muscle groups. The use of fitness cords and bands can be used to reduce the risk of injury and to keep equipment costs at a minimum.

CARDIORESPIRATORY ENDURANCE – approximately three 20 minute bouts of continuous aerobic (activity requiring oxygen) rhythmic exercise each week. Popular aerobic conditioning activities include **brisk walking**, **jogging**, **swimming**, **cycling**, **rope-jumping**, **rowing**, cross-country skiing, and some continuous action games like **racquetball** and **handball**.

FLEXIBILITY – ten to twelve minutes of stretching exercises performed slowly without a bouncing motion. This can be included after a warm-up or during a cool down.

COOL DOWN – approximately five to ten minutes of slow walking, low-level exercise, combined with stretching.



Sample One (1) Hour Workout:

1. Warm Ups: **Trunk Rotations**, **Arm Circles**, **Lunges**, **Stretching** – **10 Minutes**
2. Muscular Endurance: **Push Ups**, **Sit Ups**, **Pull Ups** – **10 Minutes**
3. Cardiorespiratory Endurance: *30 Minute **Class Run** – **30 Minutes**
4. Flexibility/Cool Down: **Slow Walk**, **Stretching** – **10 Minutes**

*Pace will vary based on fitness level of group running; classes can be broken into different groups based on individual fitness level (i.e., beginning, advanced, etc...).

Supplemental handouts for the **Physical Fitness Training Plan** are attached and listed below:

- PF Training Plan Handout #1: Warm Up & Stretching
 - PF Training Plan Handout #2: The Importance of Hydration during Exercise
 - PF Training Plan Handout #3: Beating the Heat during Summer Exercise
 - PF Training Plan Handout #4: Common Forms of Heat Related Illnesses
 - PF Training Plan Handout #5: Jogging Safely
 - PF Training Plan Handout #6: 10 Basic Weight Training Exercises
- Additional PF Training Plan Handouts are in development.

Note: This two page outline of the Physical Fitness Training Plan should be attached to the CJSTC Form #75B – Basic Recruit Student Physical Fitness and Chemical Agent Contamination to be viewed by the examining physician.