



Basic Law Enforcement Training (BLET) Application Packet

**Fayetteville Technical
Community College**
Spring Lake Campus
108 McKenzie Rd
Spring Lake, NC 28390
(910) 678-1032

www.faytechcc.edu



This application packet includes:

- Checklist
- Personal History Statement
- Medical Examination Report
- BLET Sponsorship Agreement
- Estimate of Expenses

An Equal Opportunity Institution

Basic Law Enforcement Training Academy

DAY or NIGHT

Completed Application

Deadline : _____

TURN IN THIS CHECKLIST WITH YOUR COMPLETED APPLICATION

General Admission Application

All students are required to submit an FTCC application. Even if you have previously attended, you will need to submit an application to reactivate your file. You may submit it online at www.faytechcc.edu. This must be completed by 100% of the BLET applicants. If you are a current student **STILL** update your application or you will **NOT** be registered into the class. Submit a copy of your "Application Agreement Statement".

Official High School /G.E.D. / College Transcripts

Official high school / GED / College transcripts verifying graduation is required. Graduation from an online or correspondence GED or High School does not qualify! **NOTE: If FTCC already has transcripts on file, no need to get another copy. If you obtain your transcripts on your own DO NOT OPEN THE SEALED ENVELOPE OR IT BECOMES UNOFFICIAL.**

TABE Reading Comprehension Exam

48 hours after completing your online application, schedule your TABE Reading Comprehension Exam. Call 910-678-8478 to schedule an appointment.
A 10th grade reading level is required to attend BLET. The reading exam cannot be older than one (1) year from the first day of the BLET class.

US Citizenship

A copy of your US citizenship (birth certificate or other documentation supporting US Citizenship (DO NOT BRING ORIGINAL JUST A COPY).

Driver's License

A copy of your valid driver's license (DO NOT BRING ORIGINAL JUST A COPY).

DD214

A copy of your DD214 (Military Separation Papers, if applicable).

Entry POPAT

A BLET staff member will schedule you for your physical fitness test.

CRIMINAL RECORDS CHECKS

All official criminal record checks from every place you have lived since the age of 18 years old.

Please contact a BLET staff member for details on how to obtain your official criminal record checks before attempting to obtain them on your own.

NOTE: You are responsible for obtaining your official criminal record checks not your sponsor! FTCC needs the official criminal records checks and you need to provide your sponsor with copies.

Sponsorship

A signed letter from a city, town, county or state law enforcement agency. The sponsorship letter must be dated **prior to the first day (orientation day) of class**. Do not delay in contacting agencies for sponsorship.

NOTE: Many agencies have additional requirements that must be met and you need to allow time to meet those requirements. Some agencies will hold on to your sponsorship until a week before class. You may turn in your completed application packet with the exception of the sponsorship letter, if you have not received it from your sponsor. Sponsorship is required to attend BLET. **YOU ALSO NEED TO PROVIDE YOUR SPONSORING AGENCY WITH A COPY OF YOUR CRIMINAL RECORDS CHECKS. FTCC BLET WILL NEED THE ORIGINAL CRIMINAL RECORDS CHECKS.**

NC Education and Training Standards Division Form F-1

Completed North Carolina Education and Training Standards Division Form F-1, Medical History Statement, **completed by you and signed by a Medical Doctor, Nurse Practitioner or a Physician Assistant licensed to practice medicine in the State of North Carolina** showing your accurate and true physical condition to the best of your knowledge. Must be current within **180** days (6 months) of the first day of class.

NC Education and Training Standards Division Form F-2

Completed North Carolina Education and Training Standards Division Form F-2, Medical Examination Report, **completed by a Medical Doctor, Nurse Practitioner or a Physician Assistant licensed to practice medicine in the State of North Carolina** stating that you are physically able to participate in rigorous law enforcement physical fitness training. Must be current within **180** days (6 months) of the first day of class.

A completed Fayetteville Technical Community College Basic Law Enforcement Training Academy Application.

Submission of Completed Packet

Completed applications are accepted by appointment **ONLY** or at a BLET Informational Workshop. Call 910-678-1032 or 910-486-7330 to schedule an appointment.



FAYETTEVILLE TECHNICAL COMMUNITY COLLEGE
BASIC LAW ENFORCEMENT TRAINING ACADEMY
TELEPHONE: (910) 678-1032

It is the determination of the College that these questions are necessary in order to fully and adequately evaluate applicants for law enforcement and criminal justice certification. These questions are designed to ascertain whether the applicant meets the minimum standards for certification and serve no other purpose.

**BASIC LAW ENFORCEMENT TRAINING
ACADEMY APPLICATION**

NOTE: This form is not designed for use as an initial application for employment and must not be used for that purpose. This form should only be completed by applicants for the Basic Law Enforcement Academy at Fayetteville Technical Community College.

NORTH CAROLINA
CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION

PERSONAL HISTORY STATEMENT

INSTRUCTIONS: Using the online form or legibly printing in ink, fill out this form **completely** and **accurately**. If you need extra space, add additional pages and identify the information by item number. If an item does not apply to you, indicate by entering N/A in the blank.

NOTE: All statements are subject to verification and any incorrect statements or omissions may bar or remove you from certification. Truthful statements to any item requested will not necessarily exclude you from consideration.

NOTE: The Social Security Number is used to make positive identification of applicant and/or law enforcement personnel. **DISCLOSURE IS VOLUNTARY.** However, failure to provide this information may result in a delay in the processing of application materials and may result in inaccurate records being assigned to you.

Position(s) applied for: _____

Agency: _____ Month: _____ Day: _____ Year: _____

PERSONAL

1. Name _____ 2. Social Security Number: _____
First Middle Last

Maiden Name: _____

Other Previous Last Names: _____

Nicknames or Aliases: _____

Has your name been legally changed after age 12? Yes No

If yes, submit documentation with date and attach to this form.

3. Present Mailing _____
Address: Street & Number City County State Zip Code

Permanent Mailing _____
Address: Street & Number City County State Zip Code

Telephone Number: _____
Home Work

Cell Phone: _____ Email Address: _____

4. Date of Birth _____ Age _____ 5. Place of Birth _____

6. Citizenship: U.S. Born U.S. Naturalized Other-Specify: _____

NOTE: Data solicited in this block will be utilized for Equal Employment Statistical purposes only.

7. Ethnic Background:

- American Indian Spanish American
 Asian American White
 Black Other: _____

8. Sex: Male Female

9. Have you previously submitted an application for this academy?

- YES NO Approximate date: _____

EDUCATIONAL

10. Indicate below the schools you have attended. (Include incomplete courses)

Indicate the type of High School you attended:

- Traditional Home School
 Distance Learning Did not attend high school Other: _____

Name Address (City and State)	No. Full Years Work Completed	When Attended	Graduated (Yes/No)	Degree Awarded	Major Field
High Schools					
University or Colleges					
Extension or Correspondence Courses					

11. If you did not graduate from high school, have you passed the General Educational Development (GED) Test?

- YES NO If yes, when and where did you complete the GED?

NOTE: Questions included in the next section are intended to assist in the conducting of a background investigation and are not intended for use by the employing agency as disqualifying factors for employment as a justice officer.

MARITAL

12. Marital Status (Check one)

Single Married Divorced
 Engaged Separated Widowed

FAMILY HISTORY

15. Are you related by blood or marriage to any person(s) now employed by this agency? YES NO

If yes, give name(s) and details:

16. Is any member(s) of your immediate family now in prison or on either probation or parole? YES NO

If yes, give name(s) and details:

RESIDENCES

17. List every city/county in which you have lived since attaining the age of 18, with present address at top:

From Mo/Yr		To Mo/Yr		Address of Residence	City, State	County

ATTACH EXTRA SHEETS, IF NECESSARY

Questions 18-25 are not required to apply to BLET and have been removed from the application.

WORK HISTORY

26. Have you ever been denied employment by a criminal justice agency?

YES NO If yes, list agency name and give details: _____

27. Have you ever held a position in any capacity which required certification or licensure from any Commission, Board or Agency established to certify or licensure that position? (Note: List any such Commission, Board, or Agency, whether in or out of North Carolina.) YES NO

27a. If yes, was such certification or license ever suspended, revoked, or any sanctions taken against it by the issuing authority? YES NO

27b. If such certification or licensure was ever suspended, revoked, or any sanctions taken against it by the issuing authority, please list the agency's name taking the action against the certification or licensure, date of the action, reason for the action, and the period of time for the suspension, revocation, or sanction.

28. If you have ever been discharged or requested to resign, or allowed to resign in lieu of termination, from any position because of criminal or personal misconduct or rules violations?

YES NO If yes, list organization name and give details:

29. Do you object to wearing a uniform? YES NO

30. Do you object to working nights? YES NO

31. Do you object to working rotating shifts? YES NO

32. Do you object to occasionally being away from home overnight and for other periods of time attending meetings, acquiring training and otherwise performing official duties? YES NO

33. List **ALL** jobs, positions or appointments you have held in the last ten years to include temporary, part-time, paid or not paid employment, active or inactive reserve, and internships. Put your present or most recent job first. List a **Reason for Leaving** for each job. Include military service in proper time sequence and temporary part-time jobs. If there are gaps in your employment please provide an explanation for each period of unemployment.

A. Title of present or last position _____

Employer Address and Phone Number _____
Name Phone Number

Street City State Zip Code

Date Employed _____ Starting Salary _____ Last Salary _____

Date Separated _____ Name/Title of Supervisor _____

Full Time ____Yrs ____Mos Part Time ____Yrs ____Mos

If part time, number of hours worked per week _____ No. employees supervised by you _____

Duties: _____

Reason for leaving: _____

B. Title of present or last position _____

Employer Address and Phone Number _____
Name Phone Number

Street City State Zip Code

Date Employed _____ Starting Salary _____ Last Salary _____

Date Separated _____ Name/Title of Supervisor _____

Full Time _____ Yrs _____ Mos Part Time _____ Yrs _____ Mos

If part time, number of hours worked per week _____ No. employees supervised by you _____

Duties: _____

Reason for leaving: _____

C. Title of present or last position _____

Employer Address and Phone Number _____
Name Phone Number

Street City State Zip Code

Date Employed _____ Starting Salary _____ Last Salary _____

Date Separated _____ Name/Title of Supervisor _____

Full Time _____ Yrs _____ Mos Part Time _____ Yrs _____ Mos

If part time, number of hours worked per week _____ No. employees supervised by you _____

Duties: _____

Reason for leaving: _____

D. Title of present or last position _____

Employer Address and Phone Number _____
Name Phone Number

Street City State Zip Code

Date Employed _____ Starting Salary _____ Last Salary _____

Date Separated _____ Name/Title of Supervisor _____

Full Time _____ Yrs _____ Mos Part Time _____ Yrs _____ Mos

If part time, number of hours worked per week _____ No. employees supervised by you _____

Duties: _____

Reason for leaving: _____

E. Title of present or last position _____

Employer Address and Phone Number _____
Name Phone Number

Street City State Zip Code

Date Employed _____ Starting Salary _____ Last Salary _____

Date Separated _____ Name/Title of Supervisor _____

Full Time _____ Yrs _____ Mos Part Time _____ Yrs _____ Mos

If part time, number of hours worked per week _____ No. employees supervised by you _____

Duties: _____

Reason for leaving: _____

F. Title of present or last position _____

Employer Address and Phone Number _____
Name Phone Number

Street City State Zip Code

Date Employed _____ Starting Salary _____ Last Salary _____

Date Separated _____ Name/Title of Supervisor _____

Full Time _____ Yrs _____ Mos Part Time _____ Yrs _____ Mos

If part time, number of hours worked per week _____ No. employees supervised by you _____

Duties: _____

Reason for leaving: _____

G. Explain Periods of unemployment of three months or more. _____

MILITARY SERVICE

34. Were you ever in the U.S. Military Service or any other military organization? YES NO

Were you denied entrance into the military? YES NO If yes, why? _____

QUESTIONS 35 THROUGH 43 ARE APPLICABLE ONLY TO VETERANS

35. What is your service number? _____

36. What was the highest rank that you held? _____

37. What was the last rank that you held? _____

38. What was the date and location of your first enrollment or commission? Date: _____

44. If you are presently a member of the National Guard or any military reserve, give the unit, location, and describe your obligation:

USE OF ALCOHOL OR DRUGS

45. Do you drink alcoholic beverages? YES NO

NOTE: In questions 46 and 47, the word **'used'** means **"one time or more, including experimentation."** If any answer is yes, give full and complete details. (Attach extra sheets if necessary.)

46. Have you ever used, to include tasting, any illegal drugs, but not limited to, marijuana, steroids, opiates, pills, heroin, cocaine, crack, LSD, designer or synthetic drugs, etc., to include even one-time use or experimentation?

YES NO I don't know (explain below)

If yes, what were the circumstances, drugs used, and when did the last usage occur?

When was the last time? _____

47. Have you ever prescription drugs other than under the supervision of or as prescribed by a physician?

YES NO I don't know (explain below)

If yes, what were the circumstances, drugs used, and when did the last usage occur?

48. Have you ever purchased, possessed, manufactured, grown, delivered or sold any amount of illegal drugs or controlled substances for which you did not have a valid prescription? YES NO I don't know (explain below)

If yes, identify the drug(s) and provide details concerning the purchase, possession, manufacture, growth, delivery, or sale.

CRIMINAL OFFENSE RECORD AND DISCIPLINARY ACTIONS

NOTE: Answer all of the following questions completely and accurately. Any falsifications or misstatements of fact may be sufficient to disqualify you. If any doubt exists in your mind as to whether or not you were arrested or charged with a criminal offense at some point in your life or whether an offense remains on your record, you should answer "Yes." You must list any and all criminal charges regardless of the date of offense and the disposition (to include dismissals, not guilty, nol pros, PJC, or any other disposition where you entered a plea of guilty). Juvenile charges or arrests should also be listed.

Include all offenses other than minor traffic offenses. Specifically include DWI, DUI, driving while under the influence of drugs, driving while license permanently revoked, speeding to elude arrest, or duty to stop in event of accident. **Attached to this form is an additional list of North Carolina traffic offenses which must be listed.**

49. Have you ever been arrested by a law enforcement officer or otherwise charged with a criminal offense?
(The term "charged" as used in this question includes being issued a citation or criminal summons.)

YES NO If "Yes", please give details:

A. Offense Charged: _____ Law Enforcement Agency: _____
Date: _____ Disposition of Case: _____

B. Offense Charged: _____ Law Enforcement Agency: _____
Date: _____ Disposition of Case: _____

C. Offense Charged: _____ Law Enforcement Agency: _____
Date: _____ Disposition of Case: _____

D. Offense Charged: _____ Law Enforcement Agency: _____
Date: _____ Disposition of Case: _____

E. Offense Charged: _____ Law Enforcement Agency: _____
Date: _____ Disposition of Case: _____

F. Offense Charged: _____ Law Enforcement Agency: _____
Date: _____ Disposition of Case: _____

(ATTACH EXTRA SHEETS, IF NECESSARY)

50. Have you ever had a Domestic Violence Protection Order issued against you?
(Include both ex-parte Domestic Violence Protective Orders and those entered subsequent to a hearing.)

YES NO

Date of Issuance: _____

County of Issuance: _____

Name of Plaintiff: _____

Date of Expiration: _____

51. Under federal law you may be disqualified to receive or possess a firearm if you meet any of the following conditions:

- (a) currently under Indictment or Information in any court for a crime punishable by imprisonment for a term exceeding one year.
- (b) have been convicted in any court of a crime punishable by imprisonment for a term exceeding one year. A person would not be ineligible under this criteria if the person has been pardoned for the crime or conviction, the crime or conviction has been expunged or set aside, or the person has had his/her civil rights restored, and under the law where the conviction occurred the person is not prohibited from receiving or possessing any firearm.
- (c) are a fugitive from justice.
- (d) are an unlawful user of, or addicted to, marijuana, or any depressant, stimulant, or narcotic drug, or any other controlled substance.
- (e) have been adjudicated mentally defective or have been involuntarily committed to a mental institution.
- (f) have been discharged from the Armed Forces under dishonorable conditions.
- (g) are illegally in the United States.
- (h) have renounced his/her citizenship, having previously been a citizen of the United States.

NOTE: A “crime punishable by imprisonment for a term exceeding one year,” as discussed in (a) and (b) above is defined in federal law so as to exclude most misdemeanors in North Carolina.

If any of the above (a through h) apply, please note below and submit an explanation on a separate sheet of paper which accompanies this form. Your signature on the attestation found on page 15 of this document indicates you have read this section and understand each of the disqualifiers.

52. Have you been convicted of a misdemeanor under federal or state law which has, as an element, the use or attempted use of physical force, or the threatened use of a deadly weapon?

YES NO I don't know (explain below) If so, did you commit the act(s) against a current or former spouse, parent, or guardian or against a person with whom you were or are cohabiting with or a person similarly situated to a spouse, parent, or guardian of the victim (Domestic Violence Offense)?

YES NO

Offense Charged: _____

Law Enforcement Agency: _____

Date: _____

Disposition: _____

53. Have you been charged with or convicted of a felony? (including any charges expunged pursuant to NCGS 15A-145.4 and 15A-145.5.)

YES NO If yes, give details:

54. Have you ever been placed on probation? YES NO If yes, give details:

55. Do you possess a valid driver's license from the State of North Carolina? YES NO

Driver's License Number _____ Year Issued _____

Expiration Date _____

56. Do you possess, or have you ever possessed a driver's license issued by any state other than North Carolina? YES NO

If yes, give state and number _____

57. Was your license ever suspended or revoked? YES NO If yes, state which and give reasons: _____

58. Was your license ever restored? YES NO When? _____

59. Have your driving privileges ever been restricted? YES NO If yes, give details: _____

CAREER OBJECTIVES

60. Briefly explain your reasons for applying for this position: _____

61. List special skills, training, fields of work for which you are licensed, registered, or certified, and hobbies which may be useful in the performance of the duties of the position for which you have applied:

62. What are your feelings about the use of deadly force if it became necessary in the performance of official duties?

REFERENCES

63. Give the names of five responsible persons, other than relatives or past employers, who could provide information about your character, ability, experience, personality and other qualities.

NAME	ADDRESS	TELEPHONE
A.		
B.		
C.		
D.		
E.		

STATE OF NORTH CAROLINA
 COUNTY OF _____

I hereby certify that each and every statement made on this form is true and complete and understand that any misstatement or omission of information will subject me to disqualification or dismissal. I also acknowledge that I have a continuing duty to update all information contained in this document. I will report to the employing agency and forward to the NC Criminal Justice Education and Training Standards Commission any additional information which occurs after the signing of this document.

This the _____ day of _____, 20 _____

CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION

CRIMINAL JUSTICE STANDARDS DIVISION

Post Office Drawer 149, Raleigh, NC 27602

Telephone: (919) 661-5980

Fax (919) 779-8210



MEDICAL HISTORY STATEMENT

Form F-1(LE)
(Rev. 6/11)

**This information is for official use only and will not be released to unauthorized persons.
Payment for services rendered is the responsibility of the hiring agency or the individual.
The Criminal Justice Standards Division is NOT responsible for payment.
Mail form to hiring agency or individual
DO NOT mail form to Criminal Justice Standard Division**

Instructions:

To be completed by applicant for a certifiable position prior to the physical examination and presented to the examining qualified medical professional (Physician, Physician’s Assistant, or Nurse Practitioner licensed to practice medicine in North Carolina), or Physician and/or Surgeon authorized to practice medicine in accordance with the rules and regulations of the U.S. Armed Forces, at the time of examination [12 NCAC 9B .0104(a)]. All questions must be answered completely and accurately. The original or a copy must be retained in personnel files by the appointing agency.

Date: _____

Name: _____ Date of Birth: _____
Last First Middle

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Last 4 Digits of SSN: _____

Current Medications

Prescription Medications: (Include pain relievers, birth control pills, etc.)

Over the Counter Medications: (Include all cold allergy, headache, vitamins, supplements, herbal remedies, etc.)

Allergies

Drug Allergies: (Include your reaction to the medication)

All Other Allergies: food, insects, seasons, animals, materials, etc. (Include reaction)

Past Medical History

List **ALL** hospitalizations and operations since childhood:

(Include type of surgery, date of surgery, any complications or other significant information)

Have you **EVER**, in your life, had any of the following types of medical problems? [check all that apply to you]

- 1. **CANCER:** any type of cancer including skin cancer, breast cancer, and leukemia?
- 2. **MAJOR INFECTIOUS DISEASE:** such as tuberculosis, hepatitis, HIV/AIDS, rheumatic fever and others?
- 3. **NEUROLOGICAL PROBLEMS:** such as seizure disorder, stroke, concussion, severe headache, skull fracture, recurrent vertigo, balance problems, encephalitis, meningitis, tremors, multiple sclerosis, Huntington=s chorea, peripheral neuropathy and others?
- 4. **PSYCHOLOGICAL PROBLEMS:** such as depression, manic episodes, psychotic episodes, post-traumatic stress disorder and others?
- 5. **EYE PROBLEMS:** such as eye injury, color blindness, poor night vision (night blindness), glaucoma, blindness in one or both eyes, very poor vision when not corrected and others?
- 6. **EAR PROBLEMS:** such as ear injury, chronic ringing (tinnitus), chronic or long-lasting ear infection, Meniere=s disease, moderate to severe hearing loss in one or both ears and others?
- 7. **NOSE PROBLEMS:** such as nose injury, allergies, nasal bleeding, loss of sense of smell, chronic or long-lasting infections and others?
- 8. **MOUTH OR THROAT PROBLEMS:** such as injury, major dental work, any kind of speech defect, chronic or long-lasting infections, abnormality of nose, mouth or throat that would interfere with wearing a respirator and others?
- 9. **LUNG PROBLEMS:** such as asthma, emphysema, chronic or recurrent bronchitis, pneumonia, tuberculosis or lung abscess and others?
- 10. **HEART AND CIRCULATION PROBLEMS:** such as heart murmur, heart disease, heart attack, hypertension (high blood pressure) irregular rhythm, valve abnormalities, varicose veins, phlebitis, peripheral vascular disease, Raynaud=s disease and others?
- 11. **DIGESTIVE SYSTEM PROBLEMS:** such as any kind of ulcer disease, hepatitis or liver disorder, any kind of colitis, Crohn=s disease, ulcerative colitis, irritable bowel syndrome, esophageal disorders, pancreatitis, gall stones, stomach or intestinal bleeding and others?
- 12. **HORMONE OR ENDOCRINE PROBLEMS:** such as diabetes, thyroid disease, parathyroid or adrenal problems and others?
- 13. **URINARY TRACT PROBLEMS:** such as kidney stones, pyelonephritis (kidney infection), nephrosis, single functioning kidney, polycystic kidney disease, repeated bladder infections and others?
- 14. **HERNIA:** such as inguinal, umbilical, ventral, femoral, hiatal or incisional hernias?
- 15. **MUSCLE, BONE AND JOINT PROBLEMS:** such as chronic back or neck pain, numbness fibromyalgia, back or neck disk disease, osteomyelitis (bone infection), muscular dystrophy, arthritis, spinal curvature, carpal tunnel syndrome loss of a finger or toe, and others?
- 16. **BLOOD SYSTEM PROBLEMS:** such as anemia, hemophilia or bleeding disorder, white blood cell abnormality and others?

(Continued on next page)

Males Only:

- 17. Prostate problems such as enlargement or prostatitis?
- 18. Genital problems such as epididymitis or testicular injury?

Females Only:

- 19. Currently pregnant?
- 20. History of endometriosis, pelvic inflammatory disease, abnormal Pap smear, PMS or other problem with your menstrual cycle?

Immunizations

- 21. Have you ever had a positive TB test?
- 22. Have you received Hepatitis B vaccinations?
- 23. When did you receive your last tetanus (lockjaw) immunization? _____

Occupational History

Have you ever been exposed to any of the following, whether at home, work, military or any other setting? [check all that apply]

- 24. Repetitive Loud Noises (Including guns, jet engines, loud machinery)?
- 25. Chemical exposure to skin or lungs?
- 26. Dusty conditions (sandblasting, grinding, mining or drilling of rock, coal, silica, asbestos)?

Check all **YES** answers:

- 27. Have you ever sustained an injury while at work that necessitated extended care by a health care provider?
- 28. Have you ever had a motor vehicle accident or other injury event causing back or neck pain?
- 29. Are you limited or unable to perform any physical activity because of muscle or joint discomfort?
- 30. Do you have any missing limbs or non-functional joints?
- 31. Do you have numbness, weakness, or pain in your upper extremities (including your hands)?
- 32. Have you ever been advised by a physician to avoid sitting or standing over a certain time?
- 33. Have you ever worked in law enforcement?
- 33a.If yes, have you ever missed more than three consecutive days of work for any medical or psychological problem?
- 34. Have you ever served in any of the armed forces?
- 34a.If yes, have you ever missed more than three consecutive days or service for any medical or psychological problem?
- 35. Do you have any medical condition that would prevent you from working extended shift periods, rotating shifts, or night shifts?
- 36. Do you have difficulty sitting for any extended period of time?
- 37. Have you ever been advised by a physician to avoid lifting above a certain weight limit?
- 38. Do you have any difficulty in properly holding, aiming or firing a handgun, rifle or shotgun?
- 39. Do you have any difficulty driving at high speeds in a motorized vehicle?
- 40. Have you ever had an automobile accident while driving over sixty (60) miles per hour?
- 41. Have you ever had any automobile accidents as a result of losing control of your vehicle?
- 42. Do you have any difficulty driving for three (3) consecutive hours without stopping?
- 43. Do you have any difficulty running for five (5) consecutive minutes without stopping?
- 44. Have you ever passed out, temporarily lost control of any part of your body, or had blackout spells (episodes you do not remember)?

(Continued on reverse side)

Explanation of any “Yes” answers: (Identify by number)

Additional pages may be attached and must include your name, the last four digits of your social security number, and must be signed and dated.

Penalty:

Any falsification, withholding or failure to answer all questions completely and accurately may disqualify you from receiving or retaining employment or certification as a criminal justice officer. Falsification regarding pre-existing conditions may disqualify you from receiving benefits from your employer.

Certification:

I hereby certify that there are no willful misrepresentations, omissions or falsifications in the foregoing statements and answers to questions, and that all statements and answers are true and correct to the best of my knowledge and belief.

Signature of Applicant (Use Ink)

Date Signed

Qualified Medical Professional Review:

Signature of Qualified Medical Professional
(Use Ink)

Date Reviewed

Name, Title and Address of qualified medical professional completing review – **Please Type.**

**CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION
CRIMINAL JUSTICE STANDARDS DIVISION**

Post Office Drawer 149, Raleigh, NC 27602
Telephone: (919) 661-5980
Fax (919) 779-8210

MEDICAL EXAMINATION REPORT

Form F-2(LE)
(Rev. 3/16)

**This information is for official use only and will not be released to unauthorized persons.
Payment for services rendered is the responsibility of the hiring agency or the individual.
The Criminal Justice Standards Division is NOT responsible for payment.
Mail form to hiring agency or individual
DO NOT mail form to Criminal Justice Standard Division**

Instructions:

To be completed by a qualified medical professional (Physician, Physician's Assistant, or Nurse Practitioner licensed to practice medicine in North Carolina, or Physician and/or Surgeon authorized to practice medicine in accordance with the rules and regulations of the U.S. Armed Forces, [12 NCAC 9B .0104(a)], following an actual physical examination. The original or a copy of this report must be retained in personnel files by the appointing agency.

Date: _____ Last 4 Digits SSN: _____

Name: _____ Date of Birth: _____
Last First Middle

Employing Agency: _____

Height: _____ Weight: _____

Vision

Visual Acuity: **If applicant wears glasses or contacts, test and record acuity with and without glasses**

Without glasses: R - 20 / _____ L- 20 / _____ Both - 20 / _____

With glasses: R - 20 / _____ L- 20 / _____ Both - 20 / _____

With contacts: _____ R - 20 / _____ L- 20 / _____ Both - 20 / _____

How long have contacts been worn? _____

Color Perception: Normal Abnormal: _____

Peripheral Vision: Normal Abnormal: _____

Hearing

Hearing Acuity: Audiogram or 15' whispered conversation (check one)

Right ear: Normal Abnormal: _____

Left Ear: Normal Abnormal: _____

Cardiovascular

Blood Pressure: _____ Resting Pulse: _____

Cardiac Examination: Normal Abnormal: _____

Peripheral Circulation: Normal Abnormal: _____

ECG: Indicated by hx or exam: _____ (If resting pulse is less than 50 or greater than 100)

Abnormal Findings

HEENT: Normal Abnormal _____

Lungs: Normal Abnormal _____

Abdomen: Normal Abnormal _____

Musculoskeletal: Normal Abnormal _____

Genitourinary: Normal Abnormal _____

Neurological: Normal Abnormal _____

Skin: Normal Abnormal _____

Urinalysis Normal Abnormal _____

TB Risk Questionnaires Administered: Yes No Additional Screening Required: Yes No

Specify Additional Screening: _____

Are there any conditions, physical, emotional or mental, which, in your opinion, suggest further examination?

No Yes:

Do you have any reservations about this candidate's ability to physically perform required duties?

No Yes:

I have read and fully understand the Medical Screening Guidelines Implementation Manual for the certification of Criminal Justice Officers in the State of North Carolina.

Signature of Qualified Medical Professional

Medical License #

Date

Name and Address of Qualified Medical Professional (**Please Type**)

Tuberculosis Risk Questionnaire

- | | | |
|---|-----|----|
| 1) Were you born outside the USA in one of the following parts of the world: Africa, Asia, Central America, South America or Eastern Europe? | Yes | No |
| 2) Have you traveled outside the USA and lived for more than one month in one of the following parts of the world: Africa, Asia Central America, South America or Eastern Europe? | Yes | No |
| 3) Do you have a compromised immune system such as from any of the following conditions: HIV/AIDS, organ or bone marrow transplantation, diabetes, immunosuppressive medicines (e.g. prednisone, Remicade), leukemia, lymphoma, cancer of the head or neck, gastrectomy or jejunal bypass, end-stage renal disease (on dialysis), or silicosis? | Yes | No |
| 4) Have you ever done one of the following: used crack cocaine, injected illegal drugs, worked or resided in jail or prison, worked or resided at a homeless shelter, or worked as a healthcare worker in direct contact with patients? | Yes | No |
| 5) Have you ever been exposed to anyone with infectious tuberculosis? | Yes | No |

Tuberculosis Symptom Questionnaire

Do you currently have any of the following symptoms?

- | | | |
|--|-----|----|
| 1) Unexplained cough lasting more than 3 weeks | Yes | No |
| 2) Unexplained fever lasting more than 3 weeks | Yes | No |
| 3) Night sweats (sweating that leaves bedclothes and sheets wet) | Yes | No |
| 4) Shortness of breath | Yes | No |
| 5) Chest Pain | Yes | No |
| 6) Unintentional weight loss | Yes | No |
| 7) Unexplained fatigue (very tired for no reason) | Yes | No |

BASIC LAW ENFORCEMENT TRAINING SPONSORSHIP AGREEMENT

I agree to the following specifications in consideration for receiving sponsorship for the Basic Law Enforcement Training Academy at Fayetteville Technical Community College beginning on _____:

I, the undersigned sponsored student, do understand and agree that the sponsoring agency and/or any of its staff or employees are neither responsible nor liable for acts or omissions that may occur during the Basic Law Enforcement Training Academy, or any activity connected with the Academy.

I, the undersigned sponsored student, do understand and agree that in order for my sponsorship to continue in the Basic Law Enforcement Training Academy that I am to conduct myself in a manner that is appropriate for a professional law enforcement officer. If I am involved in any action that would reflect in a negative manner upon my sponsoring agency or Fayetteville Technical Community College, my sponsorship will be terminated which will jeopardize my enrollment in the Basic Law Enforcement Training Academy.

I, the undersigned sponsored student, accept responsibility for the nature and inherent risk associated with my attendance in the Basic Law Enforcement Training academy and do hereby release and discharge the sponsoring agency, its agents, and employees, from any and all claims, damages or causes of actions resulting from or arising out of participation in the Basic Law Enforcement Training Academy at Fayetteville Technical Community College.

I, the undersigned sponsored student, do understand that the sponsoring agency will not provide any equipment or financial assistance related to the Basic Law Enforcement Training Academy. Neither does sponsorship provide any indication of future positions with my sponsoring agency full-time, part-time or auxiliary.

I, the undersigned sponsored student, do understand and agree that in no way has an offer of employment been made by anyone in regards to the sponsoring agency and in no way is the sponsoring agency obligated to offer or provide employment to me or obligated to swear me in to prevent by Basic Law Enforcement Training certification from expiring.

Sponsored Student (Printed)

Sponsored Student Signature

Date

NOTE: A copy of criminal records checks for the time period the trainee has become an adult (16 years old), from all locations where the trainee has resided since becoming an adult has been provided to me by the trainee and is on file with this agency. This signature verifies to the best of our knowledge that there are no charges in the trainee's criminal record that would prohibit them from attending Basic Law Enforcement Training.

Sponsoring Agency Representative (Print)

Sponsoring Representative Signature

Date

Name Sponsoring Agency

Estimate of Expenses

1. Physical Examination	\$100.00 +/-
2. Minimum of 2 Black Polo Shirts @ \$29.99 each (FTCC Bookstore)	\$59.98
3. Minimum of 2 black T-shirts (local vendor)	\$15.00
4. Minimum of 2 pair of Khaki colored Propper BDU Trouser Item # F520155250 or 5.11 Tactical Khaki Colored Taclite Pro Pants (Item# 162 TDU Khaki) (local vendor) @ \$25.99 each.	\$51.98
5. 1 Black 5.11 TYPE TDU belt	\$12.99
6. One pair, high top, 8" Black Tactical Boots (local vendor)	\$75.00
7. PT items listed as item #7 are to be purchased at the FTCC Bookstore	
• 2 pair BLET plain black T-shirts & black shorts	
• 1 set of BLET plain black sweatshirt and black sweatpants	
• 1 long sleeve BLET plain black T-shirt (optional)	
• 1 Black Baseball cap	\$121.99 +/-
8. 1 Pair of Running Shoes (local vendor)	\$75.00 +/-
Minimum of 2 pair of white ankle athletic socks (local vendor)	\$10.00 +/-
1 yellow reflective belt for PT (local vendor)	\$10.00 +/-
9. Basic Law Enforcement Training Manuals Complete Set {Available from the NC Justice Academy in Salemburg, NC. Cash or Credit Card Only}	approx. \$800-\$1,000
10. Certified Criminal Records Checks (depending on how many places you've lived)	\$25.00 - \$200.00+/-
11. Student Activity Fee (can't pay this until you are registered which will be right before class starts)	\$56.00

* BLET jackets are available at the Spring Lake Book Store and are **optional**. Should you choose to wear a jacket it must be black in color with **no** hood and **approved** by the School Director. Fleece jackets are recommended.

* All prices are estimations may vary depending on supplier.