**LAW ENFORCEMENT ACADEMY**

**APPLICATION CHECKLIST**

|  |  |
| --- | --- |
| Date: Date | Academy Interest: Day  Night |
| Name: | Last Name First Name Middle Name |
| Address: | Street Address |
| City, State, Zip: | City, State Zip |
| Home Phone: | 000-000-0000 |
| Work Phone: | 000-000-0000 |
| Contact Person/Phone other than yourself: | Contact Name 000-000-0000 |

***\* FOR OFFICE USE ONLY \****

|  |  |  |
| --- | --- | --- |
| **Document/Information** | **Obtained** | **Date** |
| COM Application |  | Date |
| Driver ‘s License |  | Date |
| Social Security card |  | Date |
| Proof of Education |  | Date |
| Fingerprints |  | Date |
| TCOLE Return |  | Date |
| DD 214 |  | Date |
| Proof of Citizenship/Birth Cert/ Passport/Nat. Papers |  | Date |
| Clearance Letter(s) |  | Date |
| L2 |  | Date |
| L3 |  | Date |
| Proof of Auto Liability Insurance |  | Date |
|  |  |  |
| APPLICANT STATUS |  | Date |
| ADMISSION |  | Date |

**COLLEGE OF THE MAINLAND**

**LAW ENFORCEMENT TRAINING CENTER**

**APPLICANT QUESTIONAIRE**

**BACKGROUND**

Have you ever been arrested/convicted of any of the following offenses?

|  |  |  |
| --- | --- | --- |
| Family Violence |  | ***If yes- Stop now!*** |
|  |  |  |
| Class A Misdemeanor or Felony |  | ***If yes- Stop now!*** |
|  |  |  |
| Class B Misdemeanor in the last 10 years |  |  |
|  |  |  |
| Status/Outcome of case(s)? |  |  |

****

|  |  |  |
| --- | --- | --- |
| Have you participated in **ANY** recreational drug usage in the last three (3) years? |  | ***If yes- Stop Now!*** |

*If you have any question regarding the above questions, see the Academy Director.*

**EDUCATION**

*Applicants who possess a high school diploma, or GED, or Honorable Discharge from military service must apply to the college and meet College of the Mainland entrance requirements. In addition, applicant must obtain the approval of the director of Law Enforcement Training.*

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

**MILITARY**

|  |  |  |  |
| --- | --- | --- | --- |
| Years of continual Service | 00 | Type of Discharge | Enter Type |
| Disabilities? |  | Type of Disability | Enter Type |

*Accommodations can be made for some disabilities, but the type of training conducted is physical in nature and required by TCOLE, the State licensing agency. A physician must certify your ability to perform the outlined tasks to enter the program.*

**Law Enforcement Academy application instructions and checklist for student:**

Apply to College of the Mainland to be accepted as a student at [www.com.edu](http://www.com.edu). Select ***Apply Now*** in the top red banner.

MAKE APPOINTMENTS FOR: *(within* ***60 days*** *prior to the start of the Academy)*

Mention you are **applying to the College of Mainland Police Academy**

Ident-to-GO (Fingerprinting) *(electronic fingerprinting form)*

1-888-467-2080 www.IdentoGo.com

Wellnow Health (physical, drug screen) *(****L2*** *form)*

409-572-2535 - 676 FM 517 West, Dickinson TX 77539

Dr. Victor Hirsch (Psychological evaluation) *Dr. must fill out* ***L3*** *form*

281-332-3852 - 1025 East Main, Suite 100, League City, TX

Documents needed: (*bring these to the office and we will make copies)*

Driver’s license

Social Security card

Proof of Citizenship (Birth certificate or passport or Naturalization papers)

High School diploma and/or GED verification form

High School Transcripts (send to COM Admissions)

College transcripts (send to COM Admissions)

Proof of auto liability insurance

Clearance letters needed: **Local Area Background check from each city you have lived in since you were 17 years old.**

* 1. Go to that city’s police department, tell them you are applying to College of the Mainland’s Police Academy and ask for a *Local Area Background check.* You will be given a report while you wait.
  2. If you have lived outside of our area or state, the Public Careers Office can fax a request to that city’s police department for your local background check.
  3. For more information call:

**Michele Brown** 409-933-8285, *Administrative Assistant*

**Thom Karlok** 409-933-8299, *LE Academy Program Director*

**Fall 2020**

**College of the Mainland**

**Basic Peace Officer Training Academy**

The Basic Peace Officer Academy (768 hours) is designed to meet the training requirements of the Texas Commission on Law Enforcement Standards and Education and to prepare you for the state licensing exam. You must meet all requirements set forth by TCOLE (see attachment in the application package) in order to be accepted into the training program.

The Basic Peace Officer Course is now a credit course. Students who have not generated a transcript at this institution will be required to make application to the college before gaining entry into the academy. If a prospective cadet has no college hours at any institution, ***we highly recommend*** the applicant take the reading/comprehension test and score at a freshman level in order to master the subject matter and better enhance their ability to pass the state licensing exam. Anyone scoring lower than that minimum amount will have to meet with the Director of Training prior to admission.

# Dates

Application Deadline: Friday, July 3, 2020 at 5:00pm

Orientation: Friday, July 10, 2020 at 9:00am

Academy Begins: Monday, July 27, 2020 at 7:45am

State Exam: Thursday, December 10, 2020

Graduation: Thursday, December 10, 2020 at 6:00pm

Thursday, October 13th, 2016, 6:00P….…………………………Graduation

# Estimated Costs

In-District Tuition & Fees $1,632.00 (estimated)

Out-of- District Tuition & Fees $2,515.00 (estimated)

Tuition must be paid on the day of Orientation or arrangements finalized on other forms of loans or grants!

**Additional Fees**

Fingerprints $ 45.00

Physical Exam $ 75.00 (approx.)

Psychological Exam $ 150.00 (approx.)

Textbook (Texas Criminal & Traffic Law Manual) $ 48.00 (approx.)

Uniforms $ 310.00 (approx.)

State Test $ 29.00

Re-Test (each attempt) $ 29.00

**Application Procedure**

All students applying for the Basic Peace Officer Academy are required to complete and submit an application packet ***prior*** to Orientation. It is ***your responsibility*** to make sure that all completed paperwork is submitted on time. Students who fail to submit the completed packet in a timely manner will be denied entry.

\*\* ***Please retain this sheet for reference. \*\****

## **Application Packet Contents & Required Paperwork**

1. Applicant checklist

Fill out top portion only for contact information purposes. Must be completed and left with Program Assistant before leaving.

1. Liability Release for Criminal History Background. Fill out and leave with Program Assistant before leaving.
2. Academy Application

Fill out all portions of the application and return to the Program Assistant at least one (1) month prior to academy start date. Fingerprints will be completed at that time.

1. Medical Exam- Two (2) parts.
2. Part 1- Student must fill out this potion and ***have it notarized.***
3. Part 2- Must be completed and signed by a physician.

We are in compliance with ADA regulations governing persons with disabilities. Due to the nature of the job and training only “**reasonable”** allowances can be made.

**Any student with a documented disability needing academic accommodations is requested to contact the Coordinator of Services for Students with Disabilities in the Student Advisement Office at ext. 8379. The Office of Services for Students with Disabilities is located on the second floor of the Student Center Building in room 203A.**

5. Students who do not possess transferable college hours must meet college requirements for entry.

6. Registration and Fee Payment Documentation

Students who have met all the criteria ***will be allowed to register on the Orientation date.*** Documentation that the fees are paid must be brought to the Program Assistant on that day.

# Loans/Grants/Military

If you have any loans, grants, or military financial aid please supply us with all of the documentation available and a contact person. If there is no documentation or a contact person to approve your payment/attendance, you will not be allowed in the class.

**LAW ENFORCEMENT TRAINING ACADEMY**

**CADET APPLICATION**

**PERSONAL INFORMATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: | First Name Last Name | | Date of Birth: | Enter Date |
| D.L. # | 000000000000 | | SS# or COM ID# | Enter ID |
| Address: | Street Address | | | |
| City, State, Zip: | City | | State | Zip |
| Cell Phone: | 000-000-0000 | Alt Phone: | 000-000-0000 | |

**EMERGENCY NOTIFICATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | First Name Last Name | Relationship: | Relationship |
| Address: | Street Address | | |
| City, State, Zip: | City | State | Zip |
| Home Phone: | 000-000-0000 | Cell/Work Phone: | 000-000-0000 |

**LAW ENFORCEMENT AFFILIATION** *(Only for agency sponsored cadets)*

|  |  |  |  |
| --- | --- | --- | --- |
| Agency Name: | Agency Name | Phone: | 000-000-0000 |
| Address: | Street Address | | |
| City, State, Zip: | City | State | Zip |
| Agency Contact Person: | Agency Contact | Phone: | 000-000-0000 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Have you previously attended a Police Academy? | | |  |  | |
| If yes, give year: | Year | Name/Location of Academy: | | Academy Name | |
| Did you complete the academy? | |  |  | If yes, month & year? | Month/Year |
| Did you take the licensing exam? | |  |  | Is yes, year and state? | Year/State |
| Outcome? | |  |  |  |  |
| If you passed, what is reason for attending this program? | | | Reason | | |

*I have read the requirements set forth by the Texas commission on Law Enforcement Standards and Education and meet the standards for entry. Any false or misleading information furnished on any part of the application is grounds for dismissal without a refund. Attached are the rules for entry.*



**COLLEGE OF THE MAINLAND LAW ENFORCEMENT TRAINING PROGRAM**

*(Name of Law Enforcement Agency)*

**AUTHORITY TO RELEASE INFORMATION**

TO WHOM IT MAY CONCERN:

I hereby authorize the College of the Mainland Law Enforcement Training Program and its authorized representatives bearing this release, or a copy thereof, within one year of its date, to obtain any information in your files pertaining to my employment, military, credit, education or medical records, including not limited to academic, achievement, attendance, athletic, personal history, and disciplinary records, medical records, and credit records.

I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for official use. Consent is granted to all parties to furnish such information, as described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as custodian of such records, and any school, college, university, or other educational institution, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or attempt to comply with it.

I am furnishing my Social Security Account Number on a voluntary basis with the understanding such is not required by any law or regulation. I have been advised that all parties will utilize this number only to facilitate the location of employment, military, credit, and educational records concerning me in connection with this application. Should there by any question as to the validity of this release, you may contact me as indicated below:

Applicant’s Printed Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Notarized Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sworn to and signed before me, on this the \_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_,

in and for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ county, in the state of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Signature of Notary Public: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOTARY SEAL

Printed Name of Notary Public: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My Commission Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Authorization for Release of Criminal History Information**

**and Waiver of Liability**

**The City of Texas City**

**County of Galveston**

**The State of Texas**

**KNOW ALL MEN BY THESE PRESENTS:**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, do hereby authorize the Texas Department of Public Safety, any and all of its employees, and/or any Federal, State, and Local Governmental agency and their employees to obtain and review any and all Criminal Histories concerning myself, whether such records are public, private, or confidential in nature.

I further authorize the Texas Department of Public Safety, any and all of its employees, and/or any Federal, State, and Local Governmental agency and their employees to release to the College of the Mainland Law Enforcement Training Center and its Director and/or other employees any and all Criminal Histories concerning myself, whether such records are public, private, or confidential in nature.

It is my intent that this Release is to give my consent for a full and complete disclosure of any and all records, which contain or may contain information relating to any and all Criminal Histories concerning myself, if any do in fact exist. I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly from any source utilized by the above name agencies and the College of the Mainland Law Enforcement Training Center will be considered in determining my eligibility and suitability for attending Law Enforcement Training at the College of the Mainland Law Enforcement Training Center.

I further waive any and all rights I may have to the confidential nature of any and all information contained in any Criminal History reports generated concerning myself; provided that such information is used solely for the purposes for which this Release and Waiver is being given. I further hold harmless the Texas Department of Public Safety, any and all of its employees, and/or any Federal, State, And Local Governmental agency, the College of the Mainland and the College of the Mainland Law Enforcement Training Center and their employees from any and all liability, if any, which might arise or could arise from obtaining, copying, reviewing, and utilizing such information for the purposes state herein.

***The Criminal History information to be obtained pursuant to this Release and Waiver is to by used for the purpose of determining my eligibility and suitability for attending Law Enforcement Training at the College of the Mainland Law Enforcement Training Center and the Texas Commission on Law Enforcement [T.C.O.L.E.]. A photocopy of this release form will be valid as an original, even though the photocopy contains only a photocopy of my signature.***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature (Including Maiden Name) Date of Birth

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address Social Security Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip Code Phone Number

**BASIC LICENSING ACADEMY**

**PHYSICAL EXAMINATION RECORD**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: | First Name Last Name | | | | | SSN: | 000-00-0000 | | DOB: | Birth Date | | |
| Person to notify in an Emergency: | | | | Contact Name | | | | | | | | |
| Phone: | | 000-000-0000 | | | | | | | | | | |
| Address: | | Street Address | | | | | | | | | | |
| City, State, Zip: | | City | | | | | | State | Zip | | | |
| Do you take maintenance medication? | | |  | |  | | | | | | | |
| If yes, explain here: | | |  | | | | | | | |  | |
| Do you have any condition that could affect your safety or the safety of others while performing strenuous physical activities in firing of live ammunition, PT, or other practical exercise in academy training? | | | | | | | | |  | | |  |
| If yes, explain here: | | |  | | | | | | | |  | |

I certify that the above answers are true and complete, and I am aware that any material omission or falsification will result in immediate dismissal from the Academy with no refund of tuition.



**POLICE ACADEMY APPLICANT**

**DECLARATION OF PHYSICAL CONDITION AND**

**PHYSICAL EXAMINATION BY LICENSED PHYSICIAN**

**INSTRUCTIONS:**

Step 1: **Part One** is to be filled out by the Applicant. Once the Applicant has completed this part, he/she shall sign and turn the packet over to the physician for use during the actual physical examination.

Step 2: **Part Two** is to be filled out by the examining Physician. Once the examination is completed, the physician shall sign and date this part.

Step 3: Once **Part One and Part Two** have been properly filled out and signed by the applicant and the physician, the document is to be returned to the Director of Training.

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant’s Name: | First Name Last Name | Applicant’s Social Security #: | 000-00-0000 |

**PART ONE TO BE PRESENTED TO PHYSICIAN**

**Applicant’s Statement of Physical Condition, Past and Present**

*Instructions: Applicant is to check the items which apply to present or past medical history.*

|  |  |
| --- | --- |
| **Heart and Related Areas:** | **Paralysis and Muscle Injury:** |
| Previous Heart Problems | Limited function of one or more limbs |
| Previous Blood Pressure Problems | Nerve and/or muscle injury in past |
| Presently being treated for Heart Problems | Presently being treated for Nerve/Muscle injury problems |
| On medication for Blood Pressure | Presently taking medication for Nerve or Muscle problems |
| Have taken treatment and/or medication | No problems with Paralysis and/or Muscle Injury |
| No problems with Heart and/or Blood Pressure |  |
| **Back Injury and/or Problems:** | **Non-Paralytic Orthopedic:** |
| Previous injury to back | Chronic pain in one or more limbs affecting movement |
| Taken/presently taking medication for back problems | Weakness in bones or joints affecting movement |
| Undergone surgery for back injury or problems | Numbness in one or more limbs |
| Limited movement, bending, etc., due to surgery | No problem in this area |
| Existing injury or problem not being treated | Other problems present: |
| No problems with back |  |
| Can perform all range of motions and movements |

**PART ONE (CONTINUED) TO BE PRESENTED TO PHYSICIAN**

|  |  |
| --- | --- |
| **Have you ever or do you presently suffer from:** | **Medication and/or Drugs:** |
| Tuberculosis Emphysema Asthma | Presently using depressants |
| Diabetes which DOES limit your physical activities | Presently using amphetamines |
| Diabetes which does NOT limit your physicals activities | Presently using medication for dizziness/headaches |
| Vision impairment which requires glasses | Presently using medication for depression/mental disorders |
| Vision impairment which limits use in one/both eyes | Presently using Marijuana [Meaning past 180 days] |
| Disease/Sickness which is transmitted by contact | Presently using Cocaine [Meaning past 180 days] |
| State any sickness/disease/condition that would prevent you from participating in physical training as described in the Memorandum of Physical Activities: | Presently using Heroin [Meaning past 180 days] |
| Presently using medication for pain, injury, illness |
|  |  |
| Bone Injuries that were treated by a Physician. If yes, describe: |  |
|  |  |
| Soft Tissue Injuries that were treated by a Physician. If yes, describe: |  |
|  |  |

**AFFIDAVIT OF APPLICANT**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, swear of affirm that all of the above statements are true and correct.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Signature Date Signed

Before me the undersigned authority personally appeared \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, who after being by me duly sworn stated upon his/her oath or affirmation on the \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_ that all of the above statements are true and correct.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public in and for the State of Texas

STAMP BELOW:

**PART TWO TO BE COMPLETED BY PHYSICIAN**

**Instructions to Physician:**

Please read the Applicant’s Statement of Physical Condition, Past and Present before you conduct the actual physical examination and sign on the form “OK’ with your signature that you have done so. Also, please read the description of the physical activities accompanying this form in which the applicant shall be involved. If in your opinion, there exists any condition, past or present, or discovered by you during the actual examin­ation of the Applicant that would impede or be critical to the Applicant’s participation in the described activities, then provide your opinion in writing in the space provided on this form for that purpose.

**Please provide the following information:**

Applicant examined: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Examined: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Last First Middle

Height: \_\_\_\_\_Ft. \_\_\_\_\_\_In. Weight: \_\_\_\_\_\_\_Lbs. Bone structure: Large Medium Small

Physical appearance\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Eyes: Color: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Appearance/Apparent Defects \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vision: R 201 with Glasses R 201

L 201 with Glasses L 201

Color Sense: Red \_\_\_\_\_\_\_\_\_\_\_\_\_field Wide\_\_\_\_\_\_\_\_\_\_\_\_\_

Green \_\_\_\_\_\_\_\_\_\_\_field Medium\_\_\_\_\_\_\_\_\_\_\_

Yellow \_\_\_\_\_\_\_\_\_\_\_field Narrow\_\_\_\_\_\_\_\_\_\_\_

Blood Pressure: Reading: \_\_\_\_\_\_\_\_\_\_\_\_ High: \_\_\_\_\_ Low: \_\_\_\_\_ Normal: \_\_\_\_\_

Is the person taking medication to control their blood pressure? YES\_\_\_\_\_ NO\_\_\_\_\_

If “YES,” does it limit Applicant’s ability to actively participate in full physical activities? YES\_\_\_\_ NO\_\_\_\_

Heart Rate/Beat: Reading: \_\_\_\_\_\_\_\_High: \_\_\_\_\_Low: \_\_\_\_\_Normal: \_\_\_\_\_MURMURS: \_\_\_\_\_

Would the heart rate prohibit full participation in the described physical activities? YES\_\_\_\_\_ NO\_\_\_\_\_

Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lungs/Breathing: Normal \_\_\_\_\_\_\_\_ Abnormal \_\_\_\_\_\_\_\_ Taking Medication YES\_\_\_\_\_ NO\_\_\_\_\_

Does Applicant’s Lungs/Breathing condition prohibit full participation in the stated physical activities: YES\_\_\_\_NO\_\_\_ Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the Applicant have any injuries and/or illnesses that would prohibit the Applicant from fully participating in the described physical activities? YES\_\_\_\_\_ NO\_\_\_\_\_

If any injury and/or illness is temporary and will prohibit participation on a temporary basis, state:

Description of Injury and/or Illness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description of Activities Prohibited: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provide Estimated Length of Time Activities Prohibited: Number of Calendar Days: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will a Physician’s Release be Required for the applicant to participate in the activities: YES\_\_\_\_\_ NO \_\_\_\_\_

Flexibility: Does the applicant demonstrate a limited motion or movement when bending over: YES\_\_\_\_\_ NO\_\_\_\_\_\_

Does the applicant demonstrate a limited motion or movement in arms: YES\_\_\_\_\_ NO\_\_\_\_\_\_

legs: YES\_\_\_\_\_ NO\_\_\_\_\_\_

hands: YES\_\_\_\_\_ NO\_\_\_\_\_\_

other, specify \_\_\_\_\_\_\_\_\_\_\_\_

In your opinion is applicant physically capable and fit to participate in the described activities: YES\_\_\_\_\_ NO\_\_\_\_\_\_

Additional Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Physician’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Physician’s Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: (\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Physician’s Signature Date

**COLLEGE OF THE MAINLAND**

**LAW ENFORCEMENT TRAINING CENTER**

**Required Documentation to Accompany the Basic Licensing Academy Application**

* Copy of Driver License and Social Security Card
* Education – *It is* ***highly recommended*** *that any applicant who does not possess college hours take the T.S.I. Exam (administered in the Testing Department). The recommended score on this test is at least 351 on reading and comprehension.*
  + If you possess a GED, proof of successful completion must be attached.
  + If you possess a high school diploma, a copy of the diploma or official transcript must be attached.
  + If you possess a college degree, a copy of the diploma or official transcript must be attached.
* A clearance or disposition letter from each agency/city you have lived in from age 17 to present that lists any charges and the disposition of those charges, if any.
* Proof of citizenship which can be any of the following:
* Valid U.S. Passport
* Birth Certificate
* Naturalization Papers

***Applications will not be accepted without the above attached documents!***

**Day Academy PT Program Summary**

The COM Police Academy PT Program is designed to get the cadet prepared for the following:

* Different course modules presented in the academy
* Law Enforcement Agency Entrance PT exams and assessments
* Law Enforcement personnel Day-to-Day tasks

The PT program is a mandatory portion of the Day Academy; thus participation is required on Monday, Wednesday and Friday generally from 5pm – 6pm. PT will occur at the dates and times listed on the class schedule. If an instructor lets out early, cadets should be ready for PT at the schedule listed time. The only approved exceptions for not attending at PT session is related to the following:

* Function related to the application process for a Law Enforcement Agency;
* Doctor’s appointment; and
* Any other reasons **must be discussed and approved by the Academy Director prior to the PT session**.

The PT program will include periodic agility and fitness evaluations to determine the cadet’s level as they progress through the academy.

The required clothing will be as follows:

* White t-shirt with 1’ letters on front right part of shirt that has the cadet’s first initial and last name. The back of the white t-shirt will have the cadet’s last name in 3’ letters. The cadet needs to use a sharpie or black marker to write names on t-shirt. Females must wear dark colored shirt or sports bra under white t-shirt.
* Dark navy or black shorts
* Good quality running shoes
* Hat and sunglasses are permitted

For the law enforcement field, a person must maintain proper nutrition and keep themselves at a high level of fitness.

* Prior to the start of the academy, cadets should be able to perform a minimum of 20-25 pushups and 25-30 sit ups with proper form and technique, in one (1) minute. The cadet should also be able to handle performing a 35-45-minute cardio workout with few rest and water breaks. Furthermore, cadets should be able to run a 1 ½ (1.5) mile in under 20 minutes. The goal of the PT 1 ½ mile run is for each cadet to have a time under 18 minutes and 30 seconds, (18.30).
* There is a time Obstacle Course run in which the goal is to complete the run in or less than one minute and forty-five seconds, (1:45).
* The weekend prior to the start of the academy, the cadets should properly hydrate which would include drinking at least six 20 oz. bottles of water.
* From today until the start of the academy the cadets need to start a food intake journal that will list the type and quantity of their daily food intake. This journal will be discussed on the first day of the academy.
* To assist cadets with their preparation for the PT portion of the academy, the following is suggested:
  + Use a phone App or work-out program(s) related to running or working out;
  + Examples of these are:
    - My Fitness Pal, Couch to 5K, Run Keeper Phone App
    - P90X, Insanity or Body Beast Programs

The COM PT Program is set-up to progress a cadet from a basic to an intermediate level of fitness by the end of the nine-weeks that PT is required. For those cadets who may already be at an intermediate level, the nine-weeks should be viewed as an opportunity for you to move from an intermediate to an advanced fitness level.

*Kevin Lagatella, COM Adjunct Instructor, Deputy/Galveston County S.O.*

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| **College of the Mainland** | | |  |  |  |  |  |
| **Basic Peace Officer Academy** | | |  |  |  |  |  |
|  |  |  |  |  | **TCOLE Req** | | **COM** |
| **TCOLE Mandated Subjects:** | | |  |  | **Min. Hrs.** |  | **Hrs.** |
|  |  |  |  |  |  |  |  |
| Academy Introduction & Orientation | | | |  | **2** |  | **2** |
|  |  |  |  |  |  |  |  |
| 1- Fitness & Wellness/Stress Mangement | | | |  | **16** |  | **16** |
| 2- Professional Policing & History | | | |  | **8** |  | **8** |
| 3- Professionalism & Ethics | | |  |  | **8** |  | **8** |
| 4- U.S. Constitution/C.J. System | | |  |  | **8** |  | **12** |
| 5- Multiculture/Human Relations | | | |  | **26** |  | **40** |
|  | Multiculture | |  |  | 10 |  | 16 |
| 6- Legal Aspects | |  |  |  | **48** |  | **52** |
|  | Code Criminal Procedure | | |  | 20 |  | 24 |
| 7- Arrest Search & Seizure | | |  |  | 28 |  | 28 |
| 8- Penal Code | |  |  |  | **44** |  | **48** |
| 9- Traffic Code | |  |  |  | **68** |  | **68** |
|  | Traffic Law | |  |  | 42 |  | 42 |
|  | Accident Investigation | | |  | 24 |  | 24 |
|  | Traffic Direction | |  |  | 2 |  | 2 |
| 10- Intoxicated Driver | | |  |  | **24** |  | **40** |
|  | Intox. Driver | |  |  |  |  | 16 |
|  | SFST (Patrol Procedures) | | |  | 24 |  | 24 |
| 11- Civil Process | |  |  |  | **8** |  | **8** |
| 12- TABC Law | |  |  |  | **4** |  | **7** |
| 13- Health & Safety Code (Narcotics) | | | |  | **12** |  | **16** |
| 14- Juvenile Issues | |  |  |  | **10** |  | **16** |
| 15- Written & Verbal Communication | | | |  | **16** |  | **16** |
|  | Report Writing | |  |  |  |  | **14** |
| 16- Spanish | |  |  |  | **16** |  | **20** |
| 17- Use of Force Law/Options | | |  |  | **24** |  | **24** |
| 18- Strategies of Defense (Less than lethal) | | | |  | **40** |  | **48** |
|  | Handcuffing | |  |  |  |  | 16 |
|  | Baton |  |  |  |  |  | 16 |
|  | OC Spray |  |  |  |  |  | 8 |
|  | Groundfighting | |  |  |  |  | 8 |
| 19- Strategies of Defense (Firearms) | | | |  | **48** |  | **72** |
| 20- Emergency Medical | | |  |  | **16** |  | **8** |
| 21- Emergency Communications (TCIC/NCIC) | | | | | **12** |  | **12** | **8 hrs. NCIC/4 hrs. Em. Com.** |
| 8822- Professional Police Driving | | |  |  | **32** |  | **32** |
| 23- Problem Solving/Critical Thinking | | | |  | **16** |  | **16** |
| 24- Patrol Procedures/Consular Notification | | | | | **42** |  | **42** |
| 25- Victims of Crime | |  |  |  | **10** |  | **12** |
| 26- Family Violence & Related Assaultive Offenses | | | | | **20** |  | **20** |
| 27-CIT/ Crisis Intervention | | |  |  | 16 |  | **24** |
|  | Mental Health Code | |  |  | 8 |  | 8 |
| 28- Hazardous Materials/HAZMAT | | | |  | **6** |  | **6** |
| 29- Criminal Investigation | | |  |  | **44** |  | **44** |
|  | General |  |  |  |  |  | 16 |
|  | Crime Scene Protection | | |  |  |  | 6 |
|  | Interviewing Techniques | | |  |  |  | 4 |
|  | Booking Procedures | |  |  |  |  | 4 |
|  | Case Management | |  |  |  |  | 4 |
|  | Courtroom Demeanor | | |  |  |  | 2 |
|  | Practical |  |  |  |  |  | 8 |
| 30- Racial Profiling | |  |  |  | **4** |  | **4** |
| 31- Assest Forfeiture | |  |  |  | **4** |  | **4** |
| 32- Identity Crimes | |  |  |  | **4** |  | **4** |
| 33- TCOLE Rules | |  |  |  | **3** |  | **3** |
|  |  |  |  |  |  |  |  |
| **Final Exam** | |  |  |  |  |  | **2** |
| **TOTALS** |  |  |  |  | **643** |  | **768** |











