

Potential BLET Student,

By obtaining the Isothermal Community College Basic Law Enforcement Training Application, you have taken the first step towards a rewarding career in the field of policing. This application contains all of the documentation required by the Criminal Justice Education and Training Standards Commission, whom govern BLET, as well as some additional requirements set by Isothermal Community College.

Integrity and attention to detail are at the cornerstone of our BLET Program and the law enforcement profession. As you progress through this application, please keep these attributes in mind and be sure to dot your I's and cross your T's as well as being truthful in divulging all the information that is being requested.

The BLET staff at Isothermal Community College is willing and able to assist you through the application process. I encourage you to stay in contact, bring in documents as you complete them, and ask any questions as they arise. I applaud your decision to seek out this challenge in becoming the next generation of law enforcement officers.

Sincerely,

Philip G. Bailey

Director, Basic Law Enforcement Training
Isothermal Community College

BLET Director:	Philip G. Bailey	pbailey@isothermal.edu	828-395-1644
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**CRIMINAL JUSTICE TRAINING CENTER
ISOTHERMAL COMMUNITY COLLEGE**

It is the determination of Isothermal Community College that these questions are necessary in order to fully and adequately evaluate applicants for the Basic Law Enforcement Training Program. These question are designed to ascertain whether the applicants meets the minimum requirements set forth by the Isothermal Community College Basic Law Enforcement Training program and the North Carolina Criminal Justice Education and Training Standards Commission.

BASIC LAW ENFORCEMENT TRAINING APPLICATION

CRIMINAL JUSTICE TRAINING CENTER
ISOTHERMAL COMMUNITY COLLEGE

286 ICC Loop Rd., P.O. Box 804 Spindale, NC 28160
Director Philip Bailey 828-395-1644
Email: pbailey@isothermal.edu

Isothermal Community College Personal History Application

NOTE: All Statements are subject to verification and any incorrect statements or omissions may result in immediate dismissal from the Basic Law Enforcement Program.

Date of Application: Month _____ Day _____ Year _____

Personal Information

Name: _____
First Middle Last

Social Security Number _____

Maiden Name: _____

Other Previous Names: _____

Nicknames or Aliases: _____

Present Mailing address: _____ Street _____

_____ City County State

Telephone: _____ Home _____ Work _____ Cell

Email Address _____

Date of Birth _____ 5. Place of Birth: _____

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

Military Service

Were you ever in the U.S. Military Service or other military organization? Yes _____ No _____

Were you ever denied entrance into the Military? Yes _____ No _____ If yes, Why?

(If you answered NO to Military Service skip to Educational)

List each tour of active duty where a DD-214 was issued:

Branch	Unit (Company or Ship)	Location	From Mo./ yr.	To Mo./Yr.

List all duty stations:

Branch	Unit (Company or Ship)	Location	From Mo./Yr.	To Mo. /Yr.

Have you ever received any of the following types of discharge?

Uncharacterized	Yes _____	No _____
Honorable	Yes _____	No _____
General (Under Honorable Conditions)	Yes _____	No _____
Under other than Honorable Conditions	Yes _____	No _____
Bad Conduct Discharge	Yes _____	No _____
Dishonorable Discharge	Yes _____	No _____
Dismissal	Yes _____	No _____

Were you ever court-martialed, tried on charges, or the subject of a summary court, desk court, non-judicial punishment, captain's mast, company punishment, article 15, and/or disciplinary action while a member of the military, national guard or reserve unit?

Yes _____ No _____

If yes, explain what occurred and what type of punishment you received:

List all medals and decorations awarded you during your military service:

EDUCATIONAL

Indicate below the schools you have attended (include incomplete courses) indicate the type of High School you attended: Traditional _____ Distance Learning _____ Home School _____

Did not attend high school other: _____

Name Address (City & State)	# Full years' Work Completed	When attended	Graduate d (Yes/No)	Degree Awarded	Major Field
High School					
Universities or College					

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? _____

RESIDENCIES

List every city/county in which you have lived since attaining the age of 16, with present address at top”

From Mo./Yr.		To Mo./yr.		Address of Residence City, Zip Code	State	County

EMPLOYMENT

List all jobs, positions or appointment you have held in the last ten years to include temporary, part time, paid or non-paid employment, active or inactive reserve, and internships. Put your present or most recent job first.

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 _____ Yr. _____ Mos.

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

Duties:

Reason for leaving _____

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 _____ Yr. _____ Mos.

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

Duties:

Reason for leaving _____

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 _____ Yr. _____ Mos.

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

Duties:

Reason for leaving _____

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 _____ Yr. _____ Mos.

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

Duties:

Reason for leaving _____

USE OF ALCHOL OR DRUGS

Do you drink alcoholic beverages? Yes _____ No _____
(If yes please explain to what extant)

Note: The word **“used”** means one time or more, including experimentations.” If any answer is yes, give full and complete details. (Attach extra sheets if necessary)

Have you ever used, to include tasting, any illegal drugs including 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 usage last occur?

When was the last time?

Have you ever used 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?

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 drugs and provide details concerning the purchase, possession, manufacture, growth delivery, or sale.

CRIMINAL OFFENSE RECORDS & DICIPINARY ACTIONS

NOTE: Answer all of the following questions completely and accurately. Any falsifications or misstatements of facts 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 criminal charges regardless of the date of offense and the disposition (to include dismissals, not guilty, no pros, PJC, or any other disposition where you entered a plea of guilty). Juvenile charges or arrest 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.

You must include any and all convictions regardless of whether or not the convictions were expunged pursuant to NCGS 15A-145.4 and 15A-145.5. If you list a charge(s), please attach certified and true copies of warrants(s) and judgment (s) for each offense, even if documentation and charges have previously been reported to this agency.

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 criminal citation or summons). Yes _____ No _____ If yes, give details below:

Offense Charged _____ Law Enforcement _____

Date _____ Disposition of case _____

Offense Charged _____ Law Enforcement _____

Date _____ Disposition of case _____

Offense Charged _____ Law Enforcement _____

Date _____ Disposition of case _____

Offense Charged _____ Law Enforcement _____

Date _____ Disposition of case _____

(Attach extra sheets if necessary)

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: _____

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

_____ Yes _____ No _____ I don't know _____

Have you ever been charged with a felony **(Including any charges expunged)**?

_____ Yes _____ No _____ I don't know _____

If yes, explain: _____

Have you ever been placed on probation? Yes _____ No _____

If yes, explain _____

Do you possess a valid driver's license from the State of North Carolina? Yes _____ No _____

Driver's licenses Number _____ Year Issued _____

Do you now possess, or have ever possessed a driver's license by any state other than North Carolina? Yes _____ No _____ If yes give state and number _____

AMERICANS WITH DISABILITIES ACT

Having been signed into law July 26, 1990; the Americans with Disabilities Act attempts to remove workplace discrimination against those who have disabilities.

The Criminal Justice Training Center and Isothermal Community College shall have as a goal, to be in full compliance with the spirit and intent of this Act and provisions therein.

We shall not knowingly discriminate against any qualified individual with a disability nor shall a qualified individual with a disability, by reason of said disability, be excluded from participation in or denied benefits of any program.

However; the following two (2) special considerations shall govern admission to this Criminal Justice Training Center B.L.E.T. program.....

(1) Personal Characteristics:

Since law enforcement officers are required to enforce the law and they are exposed to certain temptations such as favoritism, corruption or unlawful monetary gain; it is a business necessity that candidates exhibit a history and characteristics of honesty, reliability, interpersonal skills, integrity and the ability to manage personal finances.

Additionally, law enforcement officers are frequently placed in a position of physical and mental stress. Therefore; a history of mental or physical disability may be grounds for denying employment or these factors may be a consideration during the hiring process. Applicants posing a substantial risk of injury to themselves, other officers and the public may be at a substantial disadvantage during the hiring process.

(2) INEXPERIENCED LAW ENFORCEMENT OFFICER ESSENTIAL JOB FUNCTIONS:

The following are the “essential job functions” that are common to all inexperienced law enforcement officers in North Carolina, as determined by The N.C. Criminal Justice Education and Training Standards Commission and the Sheriff’s Education and Training Standards Commission. The successful applicant must be able to perform ALL of the essential job functions of an inexperienced law enforcement officer, generally unassisted and at a pace and level of performance consistent with the actual job performance requirements. This requires a high level of physical ability to include vision, hearing, speaking, flexibility and strength.

- 1. Effect an arrest, forcibly if necessary, using handcuffs and other restraints; Subdue resisting suspects using maneuvers and weapons and resort to the use of hands and feet and other approved weapons in self-defense.**
- 2. Prepare investigative and other reports, including sketches, using appropriate Grammar, symbols and mathematical computations.**
- 3. Exercise independent judgment in determining when there is reasonable Suspicion to detain, when probable cause exists to search and arrest and when Force may be used and to what degree.**
- 4. Operate a law enforcement vehicle during both the day and night; in emergency Situations involving speeds in excess of posted limits, in congested traffic and in Unsafe road conditions caused by factors such as fog, smoke, rain, ice and snow.**
- 5. Communicate effectively and coherently over law enforcement radio channels while initiating and responding to radio communications.**
- 6. Gather information in criminal investigations by interviewing and obtaining the Statements of victims, witnesses, suspects and confidential informers.**

7. Pursue fleeing suspects and perform rescue operations which may involve Quickly entering and exiting law enforcement patrol vehicles; lifting, carrying and Dragging heavy objects; climbing over and pulling up oneself over obstacles; Jumping down from elevated surfaces; climbing through openings; jumping over Obstacles, ditches and streams; crawling in confined areas; balancing on uneven Or narrow surfaces and using body force to gain entrance through barriers.

8. Load, unload, aim and fire from a variety of body positions handguns, shotguns and other agency firearms under conditions of stress that justify the use of deadly force and at levels of proficiency prescribed in certification standard

9. Perform searches of people, vehicles, buildings and large outdoor areas which may involve feeling and detecting objects, walking for long periods of time, detaining people and stopping suspicious vehicles and persons. 10/31/2012

10. Conduct visual and audio surveillance for extended periods of time.

11. Engage in law enforcement patrol functions that include such things as working rotating shifts, walking on foot patrol and physically checking the doors and windows of buildings to ensure they are secure.

12. Effectively communicate with people, including juveniles, by giving information and directions, mediating disputes and advising of rights and processes.

13. Demonstrate communication skills in court and other formal settings.

14. Detect and collect evidence and substances that provide the basis of criminal offenses and infractions and that indicate the presence of dangerous conditions.

15. Endure verbal and mental abuse when confronted with the hostile views and opinions of suspects and other people encountered in an antagonistic environment.

16. Perform rescue functions at accidents, emergencies and disasters to include directing traffic for long periods of time, administering emergency medical aid, lifting, dragging and carrying people away from dangerous situations and securing and evacuating people from particular areas.

17. Process and transport prisoners and committed mental patients using handcuffs and other appropriate restraints.

18. Put on and operate a gas mask in situations where chemical munitions are being deployed.

19. Extinguish small fires by using a fire extinguisher and other appropriate means.

20. Read and comprehend legal and non-legal documents, including the preparation and processing of such documents as citations, affidavits and warrants.

21. Process arrested suspects to include taking their photographs and obtaining a legible set of inked fingerprint impressions.

Note:

The successful candidate must be able to perform ALL of the above listed essential job functions of an inexperienced law enforcement officer, unassisted, and at a pace and level of performance consistent with the actual job performance requirements. This requires a high level of physical ability to include vision, hearing, speaking, flexibility and strength.

(candidate's signature)

(date)

BLET TOPIC LIST

1. Course Orientation - 2 hours
2. Physical Fitness Training - 54 hours
3. Ethics for Professional Law Enforcement - 4 hours
4. Arrest, Search & Seizure/Constitutional Law - 28 hours
5. Elements of Criminal Law - 24 hours
6. Communication Skills for Law Enforcement Officers - 8 hours
7. Law Enforcement Radio Procedures and Information Systems - 8 hours
8. Field Note taking & Report Writing - 12 hours
9. Interviews: Field & In-Custody - 16 hours
10. Subject Control/Arrest Techniques - 40 hours
11. Juvenile Law & Procedures - 8 hours
12. Fingerprinting & Photographing Arrestees - 6 hours
13. Responding to Victims & the Public - 10 hours
14. Firearms - 48 hours
15. Criminal Investigation - 34 hours
16. ABC Laws & Procedures - 4 hours
17. Motor Vehicle Law - 20 hours
18. Law Enforcement Driver Training - 40 hours
19. Crime Prevention Techniques - 6 hours
20. First Responder - 32 hours
21. Domestic Violence Response - 12 hours
22. Controlled Substances - 12 hours
23. Techniques of Traffic Law Enforcement - 24 hours
24. In-Custody Transportation - 8 hours

- 25. Traffic Crash Investigation - 20 hours
- 26. Explosives & Hazardous Materials Emergencies - 12 hours
- 27. Individuals With Mental Illness or Developmental Disabilities - 8 hours
- 28. Crowd Management - 12 hours
- 29. Preparing for Court & Testifying in Court - 12 hours
- 30. Patrol Techniques - 28 hours
- 31. Sheriff's Responsibilities: Detention Duties - 4 hours
- 32. Sheriff's Responsibilities: Court Duties - 6 hours
- 33. Civil Process - 24 hours
- 34. Anti-Terrorism - 4 hours
- 35. Rapid Deployment - 8 hours
- 36. Human Trafficking - 2 hours

Testing - 20 hours

TOTAL HOURS: 620

Taser, Pepper Spray and ASP (Baton) Training

Isothermal Community College
BLET Criminal Records
Request Form

Note to Candidate: This form is to be filled out with your name, address, telephone number, and date of birth. Afterwards, present this completed and signed form to the Clerk of Superior Court when requesting a criminal records background check.

To be completed by student:

Full Name: _____

Date of Birth: _____

Address: _____

Telephone: _____

Clerk of Superior Court: This is to confirm that the above named individual is applying for admission to Basic Law Enforcement Training at Isothermal Community College P.O. Box 804, Spindale N.C. 28160. Any accommodation that may be made for the candidate regarding costs / fees is greatly appreciated by our staff. All fees incurred are the candidate's responsibility.

Philip G. Bailey

Director
Basic Law Enforcement Training
Isothermal Community College
(828) 395-1644

BLOODBORNE PATHOGENS

Rules and regulations have been set forth by the United States Occupational Safety and Health Administration (OSHA) governing Bloodborne Pathogens and the possible exposure thereto.

Bloodborne Pathogens means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV).

Due to the scope and nature of Basic Law Enforcement Training, which involves various blocks of instruction, the potential exists whereby a candidate may be exposed to and / or come in contact with the blood of another trainee. Such an exposure potential is considered as being minimal; and any or all such contact is considered as being unintentional; none the less this possibility does exist.

Therefore, each candidate is hereby notified as to the availability of a vaccination for the Hepatitis B Virus (HBV). Should a candidate elect to receive this vaccination, it shall be done so at the personal expense of the candidate. Candidates who become enrolled in the Basic Law Enforcement Training program shall be required to select from the following options:

- 1) Have already received the vaccination process.**
- 2) Undergo the vaccination process (doing so at the candidate's expense)**
- 3) Execute a waiver of liability upon behalf of the Criminal Justice Training Center and Isothermal Community College.**

The candidate shall retain the option to elect to receive the vaccination after execution of the waiver should he / she decide to do so. It shall be done at the personal expense of the candidate.

(candidate's signature)

(date)

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)

**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. 5.1.14)

**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 / _____

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: _____

Lungs: _____

Abdomen: _____

Musculoskeletal: _____

Genitourinary: _____

Neurological: _____

Skin: _____

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 jejeunal 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 |

**Isothermal Community College
Basic Law Enforcement Training**

**EXPOSURE TO CHEMICAL AGENTS
RELEASE FORM
(CN, CS, OC)**

To the examining physician:

During training this individual will be exposed to chemical agents during mandated riot control training. Individuals with respiratory difficulties, including asthma, are not suitable candidates for this type of training. Please certify that this individual is physically able to engage in training exercises using chemical agents.

IT IS ACCEPTABLE FOR:

Students Name: _____

To participate in the above described activities including exposure to chemical agents.

Physician's Printed Name

Physician's Signature

Date

Required Documentation

Requirements for admission to Basic Law Enforcement Training	(signature)
American's with Disabilities Act statement (ADA)	(signature)
Blood Borne Pathogens statement	(signature)
Basic Law Enforcement Training Application	(signature / notarized)
CJETSC Form F-1 (medical history statement)	(signature)
CJETSC Form F-2 (medical examination report)	(signature)
ICC Exposure to Chemical Agents Waiver	(signature)

Certified Copy - Criminal History

(From every jurisdiction where candidate has resided since 16 years of age)

Certified Copy - Birth Certificate / Certificate of Naturalization

Copy of valid North Carolina driver's license

Copy of valid Social Security card

Copy of High School Diploma or GED (transcripts are not accepted)

COMPASS reading placement test (10th grade reading level required)

(This test will be scheduled and administered through the admissions office)

DD-214 (Separation from active military service) (if applicable)

Early enrollment waiver if 19 years of age (CJETSC)

Sponsorship Letter

(Candidates must obtain sponsorship from a local (or area) law enforcement agency. Sponsorship will waive tuition costs for the candidate. A letter of sponsorship is included in the application packet)

Requirements for admission into a BLET course are:

- **Must be a citizen of the United States;**
- **Must be 20 years of age;**
- **Priority admission is given to individuals holding full-time employment with criminal justice agencies;**
- **Must provide to the School Director a medical examination report, properly completed by a physician licensed to practice medicine in North Carolina, a physician's assistant, or a nurse practitioner, to determine the individual's fitness to perform the essential job functions of a criminal justice officer.**
- **Must have a high school diploma or GED. High school diplomas earned through correspondence enrollment are not recognized toward the educational requirements.**
- **Must take a standardized reading comprehension test and score at the tenth grade level or higher within one year prior to entrance into Basic Law Enforcement Training.**

- **Must provide to the School Director a certified criminal record check for local and state records for the time period since the trainee has become an adult and from all locations where the trainee has resided since becoming an adult. An Administrative Office of the Courts criminal record check or a comparable out-of-state criminal record check will satisfy this requirement.**
- **Must have not been convicted of any of a felony or:**
 - **a crime for which the punishment could have been imprisonment for more than two years; or**
 - **a crime or unlawful act defined as a "[Class B misdemeanor](#)" within the five year period prior to the date of application for employment unless the individual intends to seek certification through the North Carolina Sheriffs' Education and Training Standards Commission; or**
 - **four or more crimes or unlawful acts defined as "Class B Misdemeanors" regardless of the date of conviction; or**

- **four or more crimes or unlawful acts defined as "Class A Misdemeanors" except the trainee may be enrolled if the last conviction occurred more than two years prior to the date of enrollment; or**
- **a combination of four or more "Class A Misdemeanors" or "Class B Misdemeanors" regardless of the date of conviction unless the individual intends to seek certification through the North Carolina Criminal Justice Education and Training Standards Commission.**

Every individual who is admitted as a trainee in a presentation of the Basic Law Enforcement Training Course shall notify the School Director of all criminal offenses which the trainee is arrested for or charged with, pleads no contest to, pleads guilty to or is found guilty of, and notify the School Director of all Domestic Violence Orders (G.S. 50B) which are issued by a judicial official and which provide an opportunity for both parties to be present.

The notifications must be received by the School Director within 30 days of the date the case was disposed of in court.

(candidate's signature)

(date)

**Isothermal Community College
Basic Law Enforcement Training**

LETTER OF SPONSORSHIP

**To: Philip G. Bailey
Director of BLET Training
Isothermal Community College**

Please admit the candidate named below into Isothermal Community College's BLET training program under the sponsorship of this law enforcement agency.

By requesting the admission of this candidate, I attest that a thorough background investigation was conducted and revealed nothing that would prohibit this candidate from being employed by a law enforcement agency. Furthermore, I attest that I am aware of nothing in this person's character or reputation that would bring discredit upon my agency, Isothermal Community College or the law enforcement community.

The candidate understands that this sponsorship does not guarantee employment with this or any other law enforcement agency, nor does this sponsorship express or imply in any way a guarantee of employment with this or any other agency in the future.

(Agency Name)

(Printed Name of Agency Representative)

(Signature of Agency Representative)

(Date)

(Printed Name of Candidate)

(Signature of Candidate)

(Date)

