

Checklist: Please be sure you have enclosed the following forms and items when completing your application:

- Application Form** – clearly printed – signed – dated
 - Photocopy of valid driver license
 - Current abstract of driving record
 - Photocopy of social security card
 - Photocopy of proof of citizenship (birth certificate or passport)
 - Official High School or High School Equivalency (HSE) Transcript (if never attended college) *
 - Official College Transcripts (if attended) *
- Liability Waiver** – signed – dated
- Cadet Warning Notice** – signed – dated – **NOTARIZED**
- Waiver of Felony Conviction** – dated – **NOTARIZED**
- Medical and Exercise Profile** – signed - dated
- Immunization Record including MMR (2 are required) and documentation of Meningitis vaccination if received (not required)**
- Physician’s Statement** – signed by physician
- Physical Fitness Readiness** – signed - dated

Payment Policy – signed – dated

Withdrawal and Refund Policy – signed – dated

Emergency Contact Information

Must be completed before first day of class:

Meningitis Fact Sheet and Response Form – uploaded through Web for Students

**Official transcripts must be received in a sealed, signed envelope by the issuing school or college. They must be received unopened and intact. Official transcripts may be mailed with your application or sent directly from the school or college to the Office of the Registrar.*



Liability Waiver

All participants in programs and opportunities provided by SUNY Morrisville are exposed to the possibility of physical injury due to the nature of these activities. Participants accept this risk and responsibility as their own by choosing to participate in these activities. By so participating, each participant waives and releases any and all rights and claims for damages that the participant, and his/her heirs or successors, may have resulting from the participant's participation in SUNY Morrisville's programs or opportunities.

Date: _____

Class: Pre-Employment Police Basic Training Program, Phase I (2024-25)

Participant name: (print) _____

(signature) _____

THIS FORM IS USED TO ENSURE STUDENTS ATTENDING A PRE-EMPLOYMENT POLICE BASIC TRAINING PROGRAM HAVE BEEN ADVISED OF THE PROGRAM REQUIREMENTS AND RULES AND REGULATIONS GOVERNING TRAINING AND APPOINTMENT AS A POLICE OFFICER. FORMS PRESENTED FOR FILING MUST CONTAIN ORIGINAL SIGNATURE. ALTHOUGH THE BLANK FORM MAY BE DUPLICATED, PHOTOCOPIES OF COMPLETED FORMS, OR FORMS WITH PHOTOCOPIED SIGNATURES WILL NOT BE ACCEPTED.

Students in the Pre-Employment Police Basic Training Course must be advised of several conditions of this training program that will affect them during and after attending the program. Schools are required to advise the student of these conditions by the policy established for this program by Division of Criminal Justice Services.

1. Completion of this program is **not a guarantee of employment** as a police officer.
2. To complete this pre-employment training program, a student must participate in physical fitness training and successfully complete a physical fitness examination.
3. To complete this pre-employment training program, a student must comply with mandated New York State regulations that include: strict attendance requirements; maintaining a notebook; and passing written examination/s.
4. This is a two-phase program. The first phase is conducted pre-employment and the second phase is conducted after appointment as a police officer. Each individual phase of this training program must be completed as a single and cohesive unit. This means that students must complete the phase of the program at one institution. The following phase may be conducted at a separate institution.
5. Before being appointed as a police officer, a person must complete New York State Civil Service requirements and appointing agency hiring standards (including minimum and maximum age and residency requirements) by taking a written examination and scoring high enough on the eligibility list to be considered for appointment.
6. Before being appointed as a police officer, a person must take and successfully complete a physical fitness examination.
7. Before being appointed as a police officer, a person must submit to a medical examination, which may include drug screening.
8. Before being appointed as a police officer, a person may be required to submit to a psychological examination.
9. Before being appointed as a police officer, a person with criminal conviction or with a felony conviction may be disqualified from employment.
10. Before being appointed as a police officer, a person may be required to submit to a background investigation.
11. Upon appointment as a police officer, a person will be required to satisfactorily complete additional training. Failure to complete this training will result in denial of certification by the New York State Municipal Police Training Council. This certification is required by § 209-q of the General Municipal Law for police officers to remain in their positions.
12. Pre-employment training will be valid for two years after completion of this program. If a person is not appointed before two years has elapsed, they will be required to attend a Police Refresher Course. After ten years from the date of completion records on the transcript, the training will no longer be valid (this is consistent with the provision of §209-q of the General Municipal Law pertaining to police officers).

Applicant Attestation: This affidavit must be signed and sworn to by the applicant before a Notary Public. I hereby attest that the information in this application is true to the best of my knowledge and belief. I understand that any omission or inaccuracy may be deemed sufficient reason to deny certification. I understand the Division of Criminal Justice Services may ask for additional information or documentation.

Student Signature	Date
Course Director Signature	Date

State of _____ County of _____
 On the _____ day of _____, in the year 20____, before me personally came _____ to me known to be the individual described in and who executed the foregoing instrument, and acknowledged that ___(he / she / they)___ executed the same.

 (Notary Public)

Waiver of Felony Conviction

I understand that conviction of a felony in New York State will bar appointment as a police officer.

I affirm, under penalty of perjury, that I have NOT been convicted of a felony (or equivalent crime in another state).

Name: _____

Address: _____

Date: _____

Signature: _____

State of _____ County of _____

On the _____ day of _____, in the year 20____, before me personally came _____ to me known to be the individual described in and who executed the foregoing instrument, and acknowledged that __ (he / she / they) executed the same.

(Notary Public)

Medical and Exercise Profile

Name _____

Rate yourself on a scale of 1 to 5 (1 indicating the lowest value and 5 the highest).
the number that applies the most.

Circle

Characterize your present athletic ability:	1	2	3	4	5
Characterize your present muscular capacity:	1	2	3	4	5
Characterize your present flexibility capacity:	1	2	3	4	5
Characterize your present cardiovascular capacity:	1	2	3	4	5

What sports do you play? _____

What sport injuries do you have? _____

Please circle yes or no to answer the following questions.

1. Has your doctor ever said you have a heart condition or recommended only medically supervised activity? Yes/No
2. Do you have chest pains brought on by physical activity? Yes/No
3. Have you developed chest pains at any time in the last month? Yes/No
4. Do you tend to lose consciousness or have spells of dizziness? Yes/No
5. Do you have a bone or joint problem that could be aggravated by the proposed physical activity? Yes/No
6. Has a doctor ever recommended medication for high blood pressure or for a heart condition? Yes/No
7. Are you aware, through your own experience or a doctor's advice, of any other physical reason against your exercising without medical supervision? Yes/No

Please check in the appropriate space if you have any of these conditions and if they would limit your participation in physical training:

<input type="checkbox"/> allergies	<input type="checkbox"/> family history of heart disease	<input type="checkbox"/> high cholesterol
<input type="checkbox"/> arthritis	<input type="checkbox"/> dizzy spells or faintness	<input type="checkbox"/> pregnant
<input type="checkbox"/> diabetes	<input type="checkbox"/> asthma	<input type="checkbox"/> migraines/headaches
<input type="checkbox"/> epilepsy	<input type="checkbox"/> obesity (more than 25 lbs)	<input type="checkbox"/> a smoking habit
<input type="checkbox"/> hernia	<input type="checkbox"/> other _____	

Do you take medications on a regular basis? Yes/No

If yes, what type _____

Are you currently involved in any regular exercise program? Yes/No

If yes, what type and how often _____

I am aware of my medical profile. I agree not to hold my instructor or SUNY Morrisville liable for any injury or illness sustained by me as a result of my participation in this program.

SIGNATURE _____ DATE _____



Physician's Statement

Pre-Employment Police Basic Training Program, Phase I (2024-25)

I have examined the following pre-employment police recruit candidate:

I understand that job qualifications essential to all police programs require that the candidate be able to function at a higher level of physical condition. I also understand that in order for the candidate to successfully complete the pre-employment program he/she will be required to participate in **rigorous** physical training.

I find the recruit to be physically able to participate in the rigorous physical training required by law enforcement officers.

Physician's Signature: _____

Date: _____

Please print the following:

Physician's Name: _____

Office Address: _____

Telephone: _____

Physical Fitness Readiness

All prospective candidates for this program should be aware that our physical fitness program consists of rigorous physical training in the three required core areas: sit-ups, pushups and 1.5-mile run. Each of these areas requires that you spend sufficient time gaining mastery of the three core exercises. In order to graduate, cadets are required to pass the Cooper standard at a 50% level, as outlined below. Those persons contemplating entry into this program should be very close to the 50% Cooper standard at the time of application.

Age/Sex	Sit-Ups (1 Min)	Pushups	1.5 Mile Run
Male			
20-29	40	33	11:58
30-39	36	27	12:24
40-49	31	21	13:12
50-59	26	15	14:23
60+	20	15	15:56
Female			
20-29	35	18	14:04
30-39	27	14	14:34
40-49	22	11	15:34
50-59	17	9	17:19
60+	8	9	19:04

It is extremely important that each one of you be familiar with your own current physical condition to include overall weight, body fat, flexibility, and upper and lower body strength. These factors may influence your performance when being tested. We urge you to note the Cooper Standards, to determine your 50% standard measure and to test yourself against these standards prior to registering for the academy. If you do not meet the requirements, you should carefully examine your options and determine if the academy is suited to you.

Please note that it is ultimately up to the individual candidate to successfully meet their required level of physical fitness. Our staff is available for assistance and guidance, but we cannot guarantee every cadet's success.

I have read the above information and understand that entrance into the academy is not a guarantee that I will fulfill the DCJS mandated physical fitness standards. I have carefully considered my own physical condition, I have tested myself against the Cooper Standards, and I acknowledge that my results on the Cooper Standards, before my entrance into the academy, will be similar to the results I earn at the end of the academy training. Failure to pass the physical training aspect of the academy will result in failure to earn academy certification.

Signature

Date

Payment Policy

2024-25 Tuition and Fees	
Tuition	\$6,000 (\$500 nonrefundable)
Program Fee (mandatory)	\$325
Fitness Fee	\$150
Parking Fee (mandatory)	\$ 81
Total Tuition and Fees	\$6,556

Deposit: Once a completed application has been received, all applicants are required to interview with the Police Academy Director. If approved by the Director, acceptance is finalized upon receipt of a \$500 nonrefundable tuition deposit.

Payment Plan (Optional):

The Workforce Development provides a nine-month interest-free payment plan for the remaining tuition of \$4,720.

The due dates for the payment plan are listed below:

- \$525 is due by 5 p.m. on October 1, 2024
- \$525 is due by 5 p.m. on November 1, 2024
- \$525 is due by 5 p.m. on December 1, 2024
- \$525 is due by 5 p.m. on January 1, 2025
- \$525 is due by 5 p.m. on February 1, 2025
- \$525 is due by 5 p.m. on March 1, 2025
- \$525 is due by 5 p.m. on April 1, 2025
- \$525 is due by 5p.m. May 1, 2025
- \$520 is due by 5 p.m. on June 1, 2025

Program Fee: \$325

The Program Fee of \$325 includes textbooks, a safety vest, uniform cap, physical training T-shirt and tie. Items that students will need to provide for themselves include, but are not limited to, approved uniform BDU pants and shirts, belt, combat boots, physical training attire and sneakers, and classroom supplies.

The \$325 Program Fee is due by 5 p.m. on August 7, 2024. No refund will be given after this date.

Your signature below implies that you understand and agree to the policy stated above. There will be no exceptions to this policy.

Signature: _____ Date: _____

Withdrawal and Refund Policy

Penalty for withdrawal and refund policy:

Please be aware of our withdrawal and refund policy as part of your application process. If you decide to withdraw from this program, you must meet with the Police Academy Director to complete an exit interview and required withdrawal paperwork.

The tuition penalties for withdrawal are listed below:

- Penalty for withdrawal before 5 p.m. on September 29, 2024, is \$500.
- Penalty for withdrawal before 5 p.m. on October 6, 2024, is \$1,305.
- Penalty for withdrawal before 5 p.m. on October 13, 2024, is \$2,610.
- Penalty for withdrawal before 5 p.m. on October 20, 2024, is \$3,915.

No refund of tuition will be granted after 5 p.m. on October 20, 2024.

Your signature below implies that you understand and agree to the policy stated above. There will be no exceptions to this policy.

Signature: _____ Date: _____

Emergency Contact Information

Date: _____

Cadet Name: _____
(last) (first) (mi)

Home Address: _____
(street) (city) (zip)

Email Address: _____

Cadet phones: Home: _____

Work: _____

Cell: _____

Emergency Contact Name: _____

Relationship: _____

Address: _____
(street) (city) (zip)

Contact phones: Home: _____

Work: _____

Cell: _____