

PHYSICAL ABILITIES COURSE PACKET



CRIMINAL JUSTICE INSTITUTE LAW ENFORCEMENT ACADEMY



PHYSICAL ABILITIES COURSE GENERAL INFORMATION

The Criminal Justice Institute at the College of Central Florida is NOT a hiring agency; it is a certified training center for persons wanting to enter the Corrections or Law Enforcement Academy. The CJI administers the Physical Abilities Course for those who are interested in applying for the Law Enforcement Academy.

Successful completion of the physical abilities course will make you eligible for consideration for further evaluation for acceptance into the Law Enforcement Program. Your file will be active and available for a period of one year after you complete the PAC test. The physical abilities score is only valid for six months and requires re-testing in order to remain valid during the remaining six months.

The results will be given to you after you have PASSED the PAC test.

IMPORTANT INSTRUCTIONS:

- Applicants must register online; the Google browser is recommended for compatibility.
- Go to <https://quickadmit.cf.edu>.
- Click on Get Started under Noncredit Courses.
- Click on Physical Abilities Course.
- Click on Sections.
- Select the session that you wish to attend; click Register and follow the instructions.
- A NON-REFUNDABLE fee of \$30 must be paid when registering. If you desire to re-take the PAC test, you must pay the \$30 fee again.
- NOTE: If weather conditions make testing impossible, the test will be rescheduled for the next available date.
- You must be punctual for the sign-in. Late arriving applicants will NOT be permitted to run the course.

PHYSICAL ABILITIES COURSE

1) TASK 1: EXIT PATROL VEHICLE/OPEN TRUNK

Attributes measured: eye-hand coordination, reaction time, finger dexterity and flexibility.

Instructions:

- You are seated in the patrol vehicle with your seatbelt on, flags are tucked in back waist band, hands are on the steering wheel, car key is in glove box, revolver and baton are in the trunk.
- On the command to go **TIME BEGINS**
- Remove your hands from the steering wheel, unfasten the seatbelt, open the glove box and remove the car key.
- You exit the vehicle leaving the car door and the glove box open (if desired).
- Immediately after exiting the vehicle, you are to remove each flag from behind the back with the opposite hand.
- Move to the rear of the vehicle and insert the key to unlock and open the trunk.
- Remove the handgun and baton from the trunk, close the trunk, leaving the key in the lock.
- Move to the stool and place the handgun on the stool, continuing to hold onto the baton.
- Immediately after placing the handgun on the stool, run the 220-yard course while carrying the baton.

2) TASK 2: 220-YARD RUN

Attributes measured: anaerobic capacity and muscular endurance.

Instructions:

- Run 220 yards with the baton in hand.
- After completing the run, proceed to the entrance to the obstacle course.
- Continue to hold the baton while running through the course.

3) TASK 3: OBSTACLE COURSE

Attributes measured: mobility, anaerobic capacity, muscular endurance flexibility and coordination.

Instructions:

- Climb over the 40-inch wall.
- Step or jump over a series of three hurdles (24, 12 and 18 inches in height).
- Serpentine through the nine poles that are lined in a single row.
- Low crawl under three, 27-inch hurdles.
- Drop the baton after the low crawl at the end of the obstacle course.

4) TASK 4: SLED DRAG

Attributes measured: muscular endurance, strength/power, flexibility and agility.

Instructions:

- Sprint 50 feet to where the sled is positioned.
- Put on the harness (if desired) or grab the harness.
- Drag or pull the sled 100 feet until the instructor blows the whistle.
- Sprint 50 feet back to the obstacle course.

5) TASK 5: OBSTACLE COURSE (REPEAT OF TASK 3 IN REVERSE)

Attributes measured: mobility, anaerobic capacity, muscular endurance, flexibility and coordination.

Instructions:

- Pick up the baton.
- Low crawl under the three, 27-inch hurdles.
- Serpentine through the nine poles that are lined in a single row.
- Step or jump over the series of three hurdles (24, 12 and 18 inches in height).
- Climb over the 40-inch wall.

6) TASK 6: 220-YARD RUN (REPEAT OF TASK 2)

Attributes measured: anaerobic capacity and muscular endurance.

Instructions:

- Run 220 yards with the baton in hand.
- After completing the run, proceed to the stool located at the back of the vehicle.
- Hand your baton to the instructor.

7) TASK 7: DRY FIRE REVOLVER

Attributes measured: strength, muscular endurance and finger dexterity.

Instructions:

- Pick up the revolver that has been placed on the stool.
- Assume a one-handed firing position, keeping arm completely outstretched at shoulder height and parallel to the ground.
- Dry fire six rounds with your strong hand and six rounds with your weak hand while pointing the weapon towards the location of the sled. Verbally count each round out loud.
- Obtain the baton from the instructor.

8) TASK 8: OPEN THE TRUNK/ENTER THE VEHICLE (REPEAT OF TASK 1 IN REVERSE)

Attributes measured: eye-hand coordination, reaction time, finger dexterity and flexibility.

Instructions:

- Carry the baton and the handgun to the rear of the vehicle.
- Unlock and open the trunk.
- Place the handgun and the baton in the trunk.
- Close the trunk and remove the key from the lock.
- Re-enter the vehicle.
- Close the vehicle door and place the key in the glove compartment.
- Close the glove compartment and fasten your seatbelt.
- Place your hands on the steering wheel. **TIME ENDS**



**LAW ENFORCEMENT ACADEMY
PHYSICAL ABILITIES COURSE**

Last four digits of Social Security No.: _____

Date: MM/DD/YY _____

Name: _____
Last First Middle Jr., etc.

Address: _____
Street/P.O. Box City State Zip Code

Telephone: _____ Cell: _____

Height: _____ Weight: _____ Gender: Male Female

Race: _____

NOTE: PHOTO IDENTIFICATION MUST BE PRESENTED
 (Valid driver's license, state-issued identification card, or U.S. passport).

8 TASKS – MAXIMUM TIME SIX MINUTES AND FOUR SECONDS (6:04)

1. EXIT VEHICLE/OPEN TRUNK
3. 220 YARD RUN
4. OBSTACLE COURSE
5. SLED PULL
6. REVERSE OBSTACLE COURSE
7. 220 YARD RUN
8. DRY FIRE REVOLVER
9. RE-OPEN TRUNK/RE-ENTER VEHICLE

TOTAL TIME: _____

APPLICANT: Passed Failed
 Incomplete Injury

 First Testing Instructor Signature

 Second Testing Instructor Signature

I, _____, in consideration of being allowed to take the Physical Abilities Course, do hereby agree and avow that I shall not hold liable the College of Central Florida or any of its agents should I incur any injury, disability, or other loss including death.

 Signature



WAIVER AND RELEASE

I hereby request that I be permitted to attempt to complete the PHYSICAL ABILITIES COURSE, which is administered by the Criminal Justice Institute, a division of the College of Central Florida. I hereby release the College of Central Florida, its employees, and its agents from all liability arising from their developing and/or conducting this test. Further, I voluntarily release, waive, and discharge the College of Central Florida, its employees, and its agents for any and all claims, demands, damages, and causes of action of any nature whatsoever which I, my heirs, my assigns, or my successors may have against the College of Central Florida, its employees, or its agents on account of, or by reason of my engaging in the Physical Abilities Course.

Name: _____
Last First Middle (complete) Jr., etc.

Signature: _____
 Must be signed in the presence of a CJI Staff Member.

Witness: _____ CF ID No.: _____
CJI Staff Member

Gender: Male Female Age: _____ Race: _____

Last four digits of Social Security No.: _____

Date: _____
MM/DD/YY



COLLEGE of
CENTRAL
FLORIDA
—an equal opportunity college—

COLLEGE OF CENTRAL FLORIDA NOTIFICATION OF SOCIAL SECURITY NUMBER COLLECTION, USAGE AND RELEASE

Florida Statute 119.071(5) and Sections 483 and 484 of the Higher Education Act of 1965 authorize the collection, usage and release of your Social Security number by the College of Central Florida.

CF collects, uses and releases your Social Security number only if specifically authorized by law to do so or when it is imperative for the performance of its duties and responsibilities as prescribed by law. To protect your identity, the college will secure your Social Security number from unauthorized access; strictly prohibit the release of your Social Security number to unauthorized parties in compliance with state and federal law; and assign a unique CF Identification number. This identification number will be used for all associated employment and educational purposes at CF. Specifically, CF collects, uses or releases a Social Security number for the following purposes:

- **Admissions**

Federal legislation relating to the Hope Tax Credit requires that all postsecondary institutions report student Social Security numbers to the Internal Revenue Service. This IRS requirement makes it necessary for CF to collect the Social Security number of every student. A student may refuse to disclose their Social Security number to CF, but the IRS is then authorized to fine the student in the amount of \$50. In addition to the federal reporting requirements, the public school system in Florida uses Social Security numbers as a student identifier (section 229.559, Florida Statutes-new school code section 1008.386). In a seamless K-20 system, it is beneficial for postsecondary institutions to have access to the same information for purposes of tracking and assisting students in the smooth transition from one education level to the next. All Social Security numbers are protected by federal regulation under the Family Educational Rights and Privacy Act.

- **Continuing Education, Corporate Training**

Under Florida education reporting requirements students who enroll in Continuing Education and Corporate Training seminars are required to submit their Social Security number.

- **Financial Aid**

The Office of Financial Aid at CF requires students and parents of dependent students to submit their Social Security number on various forms in order to correctly identify applicants, match each applicant's financial aid application information and data with the institution's records, and to help coordinate state aid programs with federal and institutional aid programs.

- **Human Resources**

The Social Security number is used for legitimate business purposes for completing, processing or distributing the following: Employment Application Forms; Federal I-9 (Department of Homeland Security); Federal W4, W2, 1099 (Internal Revenue Service); Federal Social Security taxes (FICA); Federal W2 (Internal Revenue Service); Unemployment Insurance (Florida Department of Revenue); Florida Retirement System (Florida Department of Revenue); Workers Compensation Claims (FCSRMC and Department of Labor); Federal and State Employee and Educational Reports; Direct Deposit Files (Bank of America, ACH); 403b and 457b contribution reports; group health, life and dental coverage; completing and processing various supplemental insurance deduction reports; background checks; and payroll documents.

- **Workforce Programs**

These programs use Social Security numbers as identifiers for program enrollment and completion. Also, it is used for entering placement information into either the One Stop Management Information System or the Employ Florida Marketplace statewide data collection and reporting system. Because these are performance based contract programs, it is required that all participants and their program related activities be recorded in the Florida state systems.

- **Miscellaneous**

The Social Security number is used for identification and verification, billings and payments, data collection, reconciliation, tracking, benefit processing and tax reporting.

- **Release Statement**

Social Security numbers may be disclosed only pursuant to Florida Statute 119.071 (6a–6h).

- **Independent Contractors**

The college collects contractors' Social Security numbers in order to file information with the Internal Revenue Service, as required and authorized by federal law.

PHYSICIAN'S ASSESSMENTIncorporated by Reference in Rules
11B-27.002(1)(d) and 11B-35.001(10)(d)14., F.A.C.**CJSTC**
75

1. Applicant's Name: _____
Last First MI
2. Last Four Digits of the Applicant's Social Security Number: _____
3. Hiring Agency: _____
4. Training School: _____
5. The Applicant Is Requesting Employment and/or Admission Into a Basic Recruit Training Program in One of the Following Disciplines:
Law Enforcement Correctional Correctional Probation

Note: For employment, a position description that describes the job duties the applicant will perform must be provided.
For training, the physical fitness conditioning program developed by the training center must be provided.

6. Student Participation in Basic Recruit Training Program. A student enrolled in a basic recruit training program (B RTP) is required to participate in the following activities:
- A. Defensive tactics and firearms high-liability training is a component of the curriculum mandated by the Criminal Justice Standards and Training Commission. Firearms training requires firing a handgun and long gun creating exposure to lead. Defensive tactics training requires sustained physical exertion and chemical agent contamination to the chemicals oleo-resin capsicum (OC) and/or orthochlorobenzalmalononitrile (CS).
- B. Physical Fitness Conditioning and Physical Fitness Testing: A B RTP student shall participate in physical fitness conditioning and a fitness test and includes the following measures:
• Vertical Jump • One Minute Sit Ups • 300 Meter Run • Maximum Push Ups • 1.5 Mile Run/Walk
- C. The training center director has attached the training school's physical fitness conditioning program: Yes No

*******TO BE COMPLETED BY THE STUDENT*******

7. Medical Conditions Regarding OC/CS Contamination. A B RTP student should be aware of the following personal considerations that may restrict participation in the chemical agent contamination of the B RTP and could possibly be aggravated to a severe degree during the contamination: Recent eye surgery, heart problems, panic disorder or stress, respiratory disorder, emphysema (loss of elasticity/thinning of lung tissues), bronchial asthma, x-ray evidence of pneumoconiosis (black lung), evidence of reduced pulmonary (lung) function, chronic obstructive pulmonary disease, coronary (heart) artery disease, cerebral (brain) blood vessel disease, severe or progressive hypertension (high blood pressure), epilepsy, generalized seizures, pernicious anemia (severe reduction in red blood cells), diabetes (any form), pnueumomediastinum gap (air in the sac surrounding lungs), history of skin allergies, or any condition for which the student is presently taking medication.
8. B RTP Student Certification. I certify that I have reviewed the above information and I do or do not have any medical restrictions that would prevent me from participating in the basic recruit training program activities outlined in item numbers 6A and 6B above.
9. Student's Printed Name: _____
10. Student's Signature: _____ Date _____

11. To the Examining Physician:

The examination of this applicant is for employment or training as an officer, and shall include a complete physical examination at a level of specificity sufficient to determine whether there is any medical or physiological reason that would prevent the applicant from performing the essential functions for employment or training as an officer for the discipline indicated in number 5 above. Disabilities, impairment, or limitations identified by the examination, which would prevent the applicant from performing the essential functions for the officer position, should be reported to the employing agency.

12. Physician's Attestation:

- I hereby attest that I have examined the above named applicant and find him/her **CAPABLE** of participating in basic recruit training and/or performing the essential functions of the law enforcement, correctional, or correctional probation officer job for which the applicant is seeking employment and/or training reflected in number 3 and/or 4 above.
- I hereby attest that I have examined the above named applicant and find him/her **NOT CAPABLE** of participating in basic recruit training and/or performing the essential functions of the law enforcement, correctional, or correctional probation officer job for which the applicant is seeking employment and/or training reflected in number 3 and/or 4 above.

13. Pre-existing Conditions: Sections 112.18 and 943.13, F.S., require agency knowledge of the following three pre-existing conditions. However, these outcomes do not statutorily disqualify the applicant from employment.

Please respond to the following "in my professional opinion, this examination":

- 13a. Did or did not reveal evidence of tuberculosis.
- 13b. Did or did not reveal evidence of heart disease.
- 13c. Did or did not reveal evidence of hypertension.

14. _____
Physician, Certified Advanced Registered Nurse Practitioner, or Physician Assistant's Signature Printed Name Examination Date
15. _____
Physician, Certified Advanced Registered Nurse Practitioner, or Physician Assistant's License Number Licensing State
16. _____
Physician, Certified Advanced Registered Nurse Practitioner, or Physician Assistant's Professional Address

INSTRUCTIONS FOR COMPLETING FORM CJSTC-75

Use this form to document and verify the applicant's compliance with the employment requirements of Section 943.13, F.S., and Rule 11B-27.002(1)(d), F.A.C., and/or with the Basic Recruit Training Program entrance requirements of Rule 11B-35.001(14)(b), F.A.C.

GENERAL INSTRUCTIONS

- The physical examination must be performed by a physician licensed under Chapters 458 or 459, F.S., a certified advanced registered nurse practitioner, or a physician assistant.
- This form or an equivalent form, indicating that the officer is capable of performing the essential functions of the law enforcement, correctional, or correctional probation officer duties for which the applicant is seeking employment, **is required** for each new employment or appointment of an officer and may ~~shall~~ be used in conjunction with the Patient Information form CJSTC-75A or an equivalent form, to assist the physician, certified advanced registered nurse practitioner, or physician assistant, by providing testing guidelines to examine the applicant. The physical examination shall not be completed more than one year prior to the officer's date of employment or appointment and a CJSTC-75 form completed for one employing agency may not be used by any other employing agency. If the examination is for employment only, sections 6 – 10 are not required.
- This form, indicating that an applicant is capable of participating in a Basic Recruit Training Program (B RTP), **is required if the applicant is entering a B RTP** and must be completed prior to entrance into a B RTP. The completed form must be maintained in the B RTP course file.
- If an applicant is entering a Basic Recruit Training Program and gaining employment with a criminal justice agency at the same time, a single CJSTC-75 form may be completed for the employing agency and for the training center. The original CJSTC-75 form should reside at the employing agency with a copy being provided to the training center.

INSTRUCTIONS ON HOW TO COMPLETE THIS FORM

1. **Applicant's Name:** Enter the applicant's full legal name.
2. **Last Four Digits of the Social Security Number:** Enter the last four digits of the applicant's social security number.
3. **Hiring Agency:** Enter the hiring agency's name (if applicable).
4. **Training Center:** Enter the training center's name (if applicable).
5. **Request for Employment and/or Training as an officer:** Place a check mark in the box for the discipline in which the applicant is being employed or completing training.
6. **Student Participation in Basic Recruit Training Program Activities. Defensive Tactics (includes chemical agent contamination), Firearms, and Physical Fitness Conditioning and Physical Fitness Testing:** High-liability training in defensive tactics, firearms, and chemical agent contamination is a component of the curriculum mandated by the Criminal Justice Standards and Training Commission and participation in the activities is a requirement for successfully completing a B RTP. **There is no pass or fail at this time.** The test results for each of the five required tests will be recorded on the Academy Physical Fitness Standards Report, form CJSTC-67A as "I" if the student did not perform the test component or "D" if the student was dismissed from the basic recruit training program.
 - A. **Defensive Tactics and Firearms Training.** Firearms training requires firing a handgun and long gun creating exposure to lead. Defensive tactics training requires sustained physical exertion and chemical agent contamination to the chemicals oleo-resin capsicum (OC) and/or orthochlorobenzalmalononitrile (CS).
 - B. **Physical Fitness Conditioning and Physical Fitness Testing.** The Physical Fitness Test includes the following measures and are defined as follows:
 - **Vertical Jump.** This measures leg power by measuring how high a person jumps.
 - **One Minute Sit Ups.** This measures abdominal, or trunk, muscular endurance. While lying on his or her back, the student will be given one minute to do as many bent-leg sit ups as possible.
 - **300 Meter Run.** This measures anaerobic power, or the ability to make an intense burst of effort for a short time period or distance. This component consists of sprinting 300 meters as fast as possible.
 - **Maximum Push Ups.** This measures the muscular endurance of the upper body. This component consists of doing as many push-ups as possible until muscular failure. Males are required to perform the standard push-up and females have the option to perform the standard or modified push-up.
 - **1.5 Mile Run/Walk.** This measures aerobic power or cardiovascular endurance (stamina over time). To complete this component, the student runs or walks a distance of 1.5 miles as fast as possible.
 - C. **A physical fitness conditioning program developed by the training school shall be attached to form CJSTC-75 prior to the student's examination by a physician, certified advanced registered nurse practitioner, or the physician assistant.**
7. **Medical Conditions Regarding Chemical Agent Contamination.** The student shall review the listed medical conditions and list other conditions that may restrict him or her from participating in Chemical Agent Contamination to the chemicals oleo-resin capsicum (OC) and/or orthochlorobenzalmalononitrile (CS).
8. **Basic Recruit Training Program Activities Certification.** The student shall check the appropriate box to indicate if he or she **does or does not** have a medical condition that would restrict participation in the B RTP activities indicated in item numbers 6A and 6B of this form.

9. **Student's Printed Name.** The student shall print his or her first name, last name, and middle initial.
10. **Student's Signature and Date.** The student shall provide a signature and date to verify the information provided by the student is true and correct.
11. **Examining Physician:** The examining physician shall examine the applicant for any medical or physiological reasons that would prevent the applicant from entry into a B RTP or as an officer for employment purposes, pursuant to the attached job duties and/or physical conditioning program.
12. **Physician's Attestation:** The physician, certified advanced registered nurse practitioner, or physician assistant shall mark the appropriate box attesting that the applicant is capable or not capable of participating in basic recruit training and/or performing the essential functions of the law enforcement, correctional, or correctional probation officer discipline for which the officer/applicant is seeking training and/or employment.
13. **Pre-existing Conditions:** The physician, certified advanced registered nurse practitioner, or physician assistant shall mark the appropriate box for each pre-existing condition attesting that the examination of the applicant **Did or Did Not** reveal evidence of the pre-existing conditions listed. These outcomes are not disqualifying for employment.
14. **Signature:** The physician, certified advanced registered nurse, or physician assistant shall sign and print his or her name and enter the examination date.
15. **License Number:** Enter the physician, certified advanced registered nurse practitioner, or physician assistant's license number and licensing state.
16. **Professional Address:** Enter the physician, certified advanced registered nurse, or physician assistant's professional address.