

SACRAMENTO REGIONAL PUBLIC SAFETY TRAINING CENTER
Basic Law Enforcement Academy
2409 Dean Street
McClellan, CA 95652
Phone: 916.263.0523 or 916.263.0525
Fax: 916.921.5707
www.arc.losrios.edu/safety



Dear Academy Applicant,

Thank you for your interest in the Sacramento Regional Public Safety Training Center's (SRPSTC) Basic Law Enforcement Academy. Our Academy program is presented in the Modular format and certified by the California Commission on Peace Officer Standards and Training (POST). The Modular format consists of three distinct courses which, when completed, comprise the Regular Basic Academy. The three courses are:

PSTC 1502: Basic Academy Module III: (191) hours of training)

PSTC 1503: Basic Academy Module II: (261) hours of training)

PSTC 1504: Basic Academy Module I: (TBD) hours of training)

Carefully read the following pages which will provide you with the information you need to apply for the **Module II Basic Law Enforcement Academy, January 10, 2022 through April 13, 2022.**

Applicants who do not follow the application process and/or meet the application deadline may be disqualified.

The start date for PSTC 1502: Basic Academy Module II is January 10, 2022. To be considered:

1. **Submit your completed application packet by 1530 Hours, Monday, December 6, 2021:**

**SRPSTC/McClellan Center Administrative Office
5146 Arnold Avenue
McClellan, CA 95652**

2. After receiving your notification of acceptance, via email, into the Basic Academy Module II, you are required to register with the College as attending Module II of the Basic Academy and attend the **MANDATORY** Module II Orientation. **Registration payment and physical training gear (PT) fees will be collected at that time. Please refer to the attached PT order form for pricing and recommended quantities.**

Thursday, December 9, 2022
1600 Hours
2409 Dean Street, Room #149
McClellan, CA 95652

Notes:

- A minimum Pellet-B score of 40, within the past 12 months is required for enrollment in Module II.
- Applicants who submit incomplete packages may be disqualified from the selection process.
- Applicants accepted into the SRPSTC Module III Academy shall be notified via email.

THE SELECTION PROCESS

The selection process for each of the modules/courses consists of a review of the application packet for completion, verification of documents, required clearances and completing the required essay. Applicants will be selected in accordance with established law enforcement pre-employment practices.

POST establishes minimum selection standards governing the employment of peace officers by California law enforcement agencies in order to standardize employment requirements on a statewide basis, and every peace officer employed by an agency in the POST program must be selected in conformance with the following requirements:

FELONY CONVICTION

Government Code Section 1029: Limits employment of convicted felons.

FINGERPRINT AND RECORD CHECK

Government Code Sections 1030 and 1031(c): Requires fingerprinting and search of local, state, and national files to reveal any criminal records.

CITIZENSHIP

Government Code Sections 1031 a) and 1031.5: Specifies citizenship requirements for peace officers. Government Code Section 24103 specifies citizenship requirements for deputy sheriffs and deputy marshals.

AGE

Government Code Section 1031(b): Requires minimum age of 18 years for peace officer employment.

MORAL CHARACTER*

Government Code Section 1031(d) requires good moral character as determined through a thorough background investigation. The background investigation shall be conducted as prescribed in the POST Administrative Manual, Section C-1. The background investigation shall be completed on or prior to the appointment date.

EDUCATION

Government Code Section 1031(e): Requires high school graduation, passage of the General Education Development Test (GED) or attainment of a two-year or four-year degree from an accredited college or university. When the GED is used, a minimum overall score of not less than 45, and a standard score of not less than 35 on any section of the test, as established by the American Council on Education, shall be attained.

PHYSICAL AND PSYCHOLOGICAL SUITABILITY EXAMINATIONS **

Government Code Section 1031(f): Requires an examination of physical, emotional, and mental conditions. The examinations shall be conducted as prescribed in the POST Administrative Manual, Section C-2.

READING AND WRITING ABILITY

Be able to read and write at the levels necessary to perform the job of a peace officer as determined by the use of the POST Entry-Level Law Enforcement Test Battery (PELLETB) or other job-related tests of reading and writing ability.

**The SRPSTC academy does not conduct pre-academy background checks. However, the academy does require you to submit the "Non-Affiliate Recruit Questionnaire."*

*** Enrollment in the SRPSTC academy does not require a psychological suitability examination.*

STUDENT LEARNING DOMAIN OUTCOMES

PSTC 1502: Basic Academy Module II 261 hours 8.75 semester units

Upon successful completion of PSTC 1502 the student will be able to:

- Demonstrate an understanding of Principle Policing
- Demonstrate an understanding of the Criminal Justice System
- Demonstrate an understanding of Crimes Against Persons/ Investigations
- Demonstrate an understanding of Property Crimes
- Demonstrate an understanding of the Laws of Arrest
- Demonstrate an understanding of Search and Seizure
- Demonstrate proficiency in Presentation of Evidence
- Demonstrate proficiency in Investigative Report Writing
- Demonstrate proficiency in understanding Use of Force and De-escalation
- Demonstrate proficiency in Vehicle Pullovers/ Enforcement
- Demonstrate proficiency in conducting Crime Scenes, Evidence, and Forensic
- Demonstrate proficiency in the use of Arrest Control and the use of a Baton
- Demonstrate proficiency in the use of Firearms and Firearm safety
- Demonstrate an understanding of Information Systems
- Demonstrate an understanding of Chemical Agents
- Demonstrate an understanding of Criminal Statutes
- Demonstrate an understanding of Crimes in Progress
- Demonstrate an understanding of Patrol Techniques
- Demonstrate an understanding of Cultural Diversity and Discrimination

Upon successful completion of all three courses of instruction, the student will receive a Certificate of Completion of the POST Basic Law Enforcement Academy-Module I. The student will be eligible to apply for a California Reserve Officer or Deputy position or a full-time position (with participating agencies).

REQUIRED DOCUMENTS CHECKLIST

- Basic Academy Non-Affiliate Application
- Non-Affiliate Recruit Questionnaire
- Employment History
- Veterans Benefits
- Health History Statement
- Par-Q and You
- PARmedX
- Physician's Assessment/Medical Clearance (signed by your physician): You are required to obtain medical clearance to participate in the academy training program. To assist your doctor's evaluation, please provide him/her with: Physician's Assessment Packet which describes the physical requirements of the academy training program, your completed "Health History Statement" and your completed "Par-Q and You."
- Proof of Medical Insurance (required at the time of application)
- Educational Achievement:
High school graduation certificate/diploma or GED (copy)
Unofficial College transcripts and diploma (copy)
- Request for Live Scan (can be downloaded from website. Include a copy of your form in your application packet).
- Department of Justice Clearance Letter (results of Live Scan-letter from DOJ), dated no later than 90 days prior to the application deadline. *Authorized Applicant Type line must read "POST CERTIFICATION (NON-SPONSORED 13511.5 PC)*
- Go to: <http://ag.ca.gov/fingerprints/publications/contact.php>
Proof of Pellet B score of 40 or Higher
- Proof of valid/unrestricted California Department of Motor Vehicle Driver's License (Official DMV printout and copy of Driver's License)

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BASIC ACADEMY APPLICATION

PLEASE PRINT

Name: _____

Last name

First Name

Middle Initial

Street Address: _____

City/State/Zip: _____

Telephone Number: _____ Email: _____

Please check all that apply AND provide copies of certificates with your application:

I am interested in applying for the entire Basic Academy Program (All three modules)

I am interested in applying for Module II. I received my Level III certificate from:

_____ on _____ (mm/dd/yyyy)

I am interested in applying for the Module I. I received my Level II certificate from:

_____ on _____ (mm/dd/yyyy)

POST Reading and Writing Exam (Minimum qualifying overall T-score for Module III applicants is 40.0)

I have taken a POST Reading and Writing Exam within the past 12 months.

My T-score is: _____ Date: _____

I have not taken a POST PELLETB Reading and Writing Exam within the past 12 months.

Education

GED

High School Diploma

AA

Bachelor Degree

Master Degree

Other (please specify): _____

NON-AFFILIATE RECRUIT QUESTIONNAIRE

Name: _____

All YES answers require a detailed explanation on the pages provided.

1. Do you possess a valid California Driver's License? Give a license number.
2. Have you ever received a citation for a moving violation? When? How many?
3. Have you ever been involved in a traffic collision where you were at fault? When? How many?
4. Have you ever been arrested and or convicted of driving under the influence of alcohol or drugs? When? How many?
5. Have you ever been under the influence of alcohol or drugs at work? If yes, please explain.
6. Have you ever been turned down for a job as a result of a misstatement of a fact associated with the application or interview process?
7. Have you ever been advised that you would not be hired because you failed a background investigation?
8. Have you ever been notified that you failed a polygraph examination and/or Computer Voice Stress Analysis (CVSA)?
9. Have you ever been notified that you failed an oral interview?
10. Have you ever been accused of, arrested or convicted of forging, identity theft or altering an application?
11. Have you ever been disciplined or expelled for academic cheating?
12. Have you ever been convicted of any offense classified as a misdemeanor under California Law? If yes, give date(s) and explain.
13. Have you ever been arrested and/or convicted of a felony as an adult? Include felony/misdemeanor and military offenses. If yes, give date(s) and explain.
14. Have you ever been charged with or found responsible for any acts that have affected your employment status, such a lying, falsification or theft? If yes, please explain.

15. Have you ever been charged with or admitted to any criminal act committed against children, including, but not limited to: molesting or annoying children, child abduction, child abuse, lewd and lascivious act with any child, indecent exposure, or any act of felony unlawful intercourse? If yes, please explain.
16. Have you ever been disciplined by any employer (including military) as an adult for abuse of leave, gross insubordination, dereliction of duty, or persistent failure to obey established policies or regulations? If yes, please explain.
17. Have you ever been involuntarily dismissed from a place of employment? If yes, please explain.
18. How many paid positions with different employers have you had within the past four years?
19. Have you ever undergone bankruptcy more than once or do you have current financial obligations for which legal judgments have not been satisfied?
20. Have your wages ever been garnished? If yes, please explain.
21. Have you ever sold, released or given away legal, confidential information (including the military)? If yes, please explain.
22. Have you ever resigned from a position without notice? If yes, please explain.
23. To your knowledge, is there any warrant out for your arrest? If yes, please explain.
24. Have you ever been subject to a Restraining Order/Emergency Protection Order/Domestic Violence Restraining Order/Criminal or Civil Stay Way Order? If yes, please explain.
25. Are you under current academic dismissal or probation from any college or university?
26. Have you ever been dismissed from a POST Academy or other training program for any reason? If yes, please explain.
27. Have you ever been involved or disciplined by an employer (including military) for a verbal/physical altercation with a supervisor, co-worker or customer? If yes, please explain.
28. Have you ever been counseled due to being late, or absences at work?
29. Have you ever received an unsatisfactory performance review at work?
30. Have you ever called in sick when you were neither sick nor caring for a sick family member?
31. Have you ever been disciplined by an employer (including military) for acts constituting racism, ethnic or sexual harassment? If yes, please explain.
32. Have you ever taken property that belongs to an employer (including military) without permission for personal use, to sell or to give away?

33. Have you ever been disciplined or investigated by any source for acts which might constitute or amount to an assault under the color of authority or any violation of state or federal civil rights? If yes, please explain.
34. Have you ever used any substance (excluding cigarettes) which was illegal to use or possess? Have you ever illegally used any legal substance (i.e. inhaling an aerosol product or using another person's prescribed medication)?
35. Have the police or the sheriff's department ever been called to your home for any reason? If yes, please explain.
36. Have you ever served in the military? If so, what branch? How many years? Did you receive anything other than an honorable discharge?

By signing below, I attest that I have answered each answer truthfully and may be dismissed from the Sacramento Regional Public Safety Training Center's Basic Law Enforcement Academy should any deliberate falsehood(s) be discovered.

SIGNATURE

DATE

EMPLOYMENT HISTORY

(Last Three Years)

Check this box, if you have never been employed.

Name of Employer: _____

Hire Date: _____ (MM/YYYY) End Date: _____ (MM/YYYY)

Job Title: _____

Briefly describe the work you do:

Name of Employer: _____

Hire Date: _____ (MM/YYYY) End Date: _____ (MM/YYYY)

Job Title: _____

Briefly describe the work you do:

Name of Employer: _____

Hire Date: _____ (MM/YYYY) End Date: _____ (MM/YYYY)

Job Title: _____

Briefly describe the work you do:

Name of Employer: _____

Hire Date: _____ (MM/YYYY) End Date: _____ (MM/YYYY)

Job Title: _____

Briefly describe the work you do:

Veterans Benefits

Please check one of the boxes below:

- Yes, I will be using Veterans Benefits (VA) for the Basic Academy. If so, please indicate what type of VA you have. (For example: Ch 33, Ch 31, and etc....)

- No, I will not be using Veterans Benefits for the Basic Academy.

Health History Statement

(Last Ten Years)

The information you provide in this statement will be used to assess your medical qualifications to participate in the POST Basic Academy Physical Conditioning Program. Please fill out the statement carefully and thoroughly. All information will be kept confidential.

Name _____

Department/Academy _____

Birthdate _____

Today's date _____

Please answer all of the following. Circle **YES** or **NO** for each question.

Do you now have, or have you ever had, any of the following?

- | | | | | | |
|------------|-----------|--------------------|------------|-----------|--------------------------|
| YES | NO | Arthritis | YES | NO | High Serum Lipids |
| YES | NO | Asthma | YES | NO | Musculoskeletal Problems |
| YES | NO | Chronic Bronchitis | YES | NO | Neurological Problems |
| YES | NO | Diabetes Mellitus | YES | NO | Heart Murmur |
| YES | NO | Emphysema | YES | NO | Obesity |
| YES | NO | Heart Disease | YES | NO | Stroke |

Have you ever experienced any of the following? For each condition experienced, indicate whether the condition was diagnosed and whether the condition was associated with exercise or physical work.

- | | | | Diagnosed? | | Associated with exercise or physical work? |
|------------|-----------|----------------------------------|------------|-----------|--|
| YES | NO | | YES | NO | YES NO |
| YES | NO | Chest pain | YES | NO | YES NO |
| YES | NO | Chest pressure | YES | NO | YES NO |
| YES | NO | Elbow pain/discomfort | YES | NO | YES NO |
| YES | NO | Jaw pain/discomfort | YES | NO | YES NO |
| YES | NO | Tooth pain/discomfort | YES | NO | YES NO |
| YES | NO | Throat pain/discomfort | YES | NO | YES NO |
| YES | NO | Wrist pain/discomfort | YES | NO | YES NO |
| YES | NO | Heart palpitations/skipped beats | YES | NO | YES NO |

Have you ever taken any of the following tests? If yes, indicate whether the results indicated any abnormalities.

| | | | Abnormalities? | |
|-----|----|------------------------------------|----------------|----|
| YES | NO | | YES | NO |
| | | Exercise stress test | | |
| | | Exercise stress test with isotopes | | |
| | | Echocardiogram | | |
| | | Coronary Angiogram | | |
| | | Holter Monitor | | |

Has a blood relative ever been diagnosed with any of the following? (Include parents, grandparents, aunts and uncles, brother and sisters, and children. Exclude relatives by marriage or half relatives).

| | | | MOTHER | FATHER | OTHER |
|------|----|---------------------|--------|--------|-------|
| YES, | NO | Diabetes Mellitus | _____ | _____ | _____ |
| | | | | | |
| YES | NO | Heart Disease | _____ | _____ | _____ |
| | | | | | |
| YES | NO | High Blood Pressure | _____ | _____ | _____ |
| | | | | | |
| YES | NO | High Serum Lipids | _____ | _____ | _____ |
| | | | | | |
| YES | NO | Obesity | _____ | _____ | _____ |
| | | | | | |
| YES | NO | Stroke | _____ | _____ | _____ |

Have you ever smoked cigarettes, cigars or a pipe? YES NO

If "YES," what year did you start? _____

Do you smoke presently? YES NO

If you did, or do, smoke cigarettes, how many per day? _____

If you did, or do, smoke cigars, how many per day? _____

If you did, or do, smoke a pipe, how many pipefuls per day? _____

If you quit smoking, what year did you quit? _____

Did you, or do you, ever drink alcoholic beverages? YES NO

If "YES," what is your intake of these beverages?

| | None | Occasional | Often | How many drinks per week? |
|-------------|-------|------------|-------|---------------------------|
| BEER | _____ | _____ | _____ | _____ |
| WINE | _____ | _____ | _____ | _____ |
| HARD LIQUOR | _____ | _____ | _____ | _____ |

List any traumatic injuries you have experienced to your bones or soft tissue (include any disabling back problems you have had) and approximate date of the injury.

_____ Date _____

_____ Date _____

_____ Date _____

List any illnesses you have had which required you to take more than one week of sick leave and the approximate date of the illness.

| | | |
|-------|------|-------|
| _____ | Date | _____ |
| _____ | Date | _____ |

List any operations you have had, including the approximate dates.

| | | |
|-------|------|-------|
| _____ | Date | _____ |
| _____ | Date | _____ |

List any medications you are now taking (including self-prescribed medications and dietary supplements)

| Name of medication | Date started | Dosage | Dosage per day |
|--------------------|--------------|--------|----------------|
| _____ | _____ | _____ | _____ |
| | | | _____ |
| | | | _____ |

List any athletic or other physical activities you regularly engage in. Specify for each, the frequency, intensity and duration of your involvement

| | ACTIVITY | FREQUENCY | INTENSITY | DURATION |
|----------------|-------------------------|------------------------------|------------------------|----------------------------|
| <i>Example</i> | <u><i>Bicycling</i></u> | <u><i>3 times a week</i></u> | <u><i>10 miles</i></u> | <u><i>Past 18 mos.</i></u> |
| | _____ | | | _____ |
| | _____ | | | _____ |
| | _____ | | | _____ |

List anything else that you feel may be important in your medical history, including any conditions not specifically referred to in the preceding questions.

I hereby certify that all statements made in this Health History Statement are accurate and complete.

Signature in full: _____ **Date:** _____

PAR-Q & YOU

(A Questionnaire for People Aged 15 to 69)

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: check YES or NO.

| YES | NO | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Do you feel pain in your chest when you do physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. In the past month, have you had chest pain when you were not doing physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Do you lose your balance because of dizziness or do you ever lose consciousness? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Do you know of any other reason why you should not do physical activity? |

If
you
answered

YES to one or more questions

Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.

- You may be able to do any activity you want — as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- Find out which community programs are safe and helpful for you.

NO to all questions

- If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:
- start becoming much more physically active — begin slowly and build up gradually. This is the safest and easiest way to go.
 - take part in a fitness appraisal — this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming much more physically active.

DELAY BECOMING MUCH MORE ACTIVE:

- if you are not feeling well because of a temporary illness such as a cold or a fever — wait until you feel better; or
- if you are or may be pregnant — talk to your doctor before you start becoming more active.

PLEASE NOTE: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

Informed Use of the PAR-Q: The Canadian Society for Exercise Physiology, Health Canada, and their agents assume no liability for persons who undertake physical activity, and if in doubt after completing this questionnaire, consult your doctor prior to physical activity.

No changes permitted. You are encouraged to photocopy the PAR-Q but only if you use the entire form.

NOTE: If the PAR-Q is being given to a person before he or she participates in a physical activity program or a fitness appraisal, this section may be used for legal or administrative purposes.

"I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction."

NAME _____

SIGNATURE _____

DATE _____

SIGNATURE OF PARENT
or GUARDIAN (for participants under the age of majority) _____

WITNESS _____

Note: This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer YES to any of the seven questions.



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...continued from other side

PAR-Q & YOU

Physical Activity Readiness
Questionnaire - PAR-Q
(revised 2002)

CANADA'S Physical Activity Guide to Healthy Active Living

Physical activity improves health.

Every little bit counts, but more is even better – everyone can do it!

Get active your way – build physical activity into your daily life...

- at home
- at school
- at work
- at play
- on the way

...that's active living!

Endurance
4-7 days a week
Continuous activities for your heart, lungs and circulatory system.

Flexibility
4-7 days a week
Gentle reaching, bending and stretching activities to keep your muscles relaxed and joints mobile.

Strength
2-4 days a week
Activities against resistance to strengthen muscles and bones and improve posture.

Starting slowly is very safe for most people. Not sure? Consult your health professional.

For a copy of the *Guide Handbook* and more information:
1-888-334-9769, or www.paguide.com

Eating well is also important. Follow *Canada's Food Guide to Healthy Eating* to make wise food choices.

Increase Endurance Activities **Increase Flexibility Activities** **Increase Strength Activities** **Reduce Sitting for long periods**

Get Active Your Way, Every Day – For Life!

Scientists say accumulate 60 minutes of physical activity every day to stay healthy or improve your health. As you progress to moderate activities you can cut down to 30 minutes, 4 days a week. Add-up your activities in periods of at least 10 minutes each. Start slowly... and build up.

Time needed depends on effort

| Very Light Effort | Light Effort | Moderate Effort | Vigorous Effort | Maximum Effort |
|--------------------------|---|---|--|-------------------------|
| 60 minutes | 30-60 minutes | 20-30 minutes | 20-30 minutes | |
| • Strolling • Dusting | • Light walking • Volleyball • Easy gardening • Stretching | • Brisk walking • Biking • Raking leaves • Swimming • Dancing • Water aerobics | • Aerobics • Jogging • Hockey • Basketball • Fast swimming • Fast dancing | • Sprinting • Racing |

Range needed to stay healthy

You Can Do It – Getting started is easier than you think

Physical activity doesn't have to be very hard. Build physical activities into your daily routine.

- Walk whenever you can – get off the bus early, use the stairs instead of the elevator.
- Reduce inactivity for long periods, like watching TV.
- Get up from the couch and stretch and bend for a few minutes every hour.
- Play actively with your kids.
- Choose to walk, wheel or cycle for short trips.
- Start with a 10 minute walk – gradually increase the time.
- Find out about walking and cycling paths nearby and use them.
- Observe a physical activity class to see if you want to try it.
- Try one class to start – you don't have to make a long-term commitment.
- Do the activities you are doing now, more often.

Benefits of regular activity: Health risks of inactivity:

- | | |
|--|--|
| <ul style="list-style-type: none"> • better health • improved fitness • better posture and balance • better self-esteem • weight control • stronger muscles and bones • feeling more energetic • relaxation and reduced stress • continued independent living in later life | <ul style="list-style-type: none"> • premature death • heart disease • obesity • high blood pressure • adult-onset diabetes • osteoporosis • stroke • depression • colon cancer |
|--|--|



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Source: Canada's Physical Activity Guide to Healthy Active Living, Health Canada, 1998 <http://www.hc-sc.gc.ca/hppb/paguide/pdf/guideEng.pdf>

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FITNESS AND HEALTH PROFESSIONALS MAY BE INTERESTED IN THE INFORMATION BELOW:

The following companion forms are available for doctors' use by contacting the Canadian Society for Exercise Physiology (address below):

The **Physical Activity Readiness Medical Examination (PARmed-X)** – to be used by doctors with people who answer YES to one or more questions on the PAR-Q.

The **Physical Activity Readiness Medical Examination for Pregnancy (PARmed-X for Pregnancy)** – to be used by doctors with pregnant patients who wish to become more active.

References:

- Arraix, G.A., Wigle, D.T., Mao, Y. (1992). Risk Assessment of Physical Activity and Physical Fitness in the Canada Health Survey Follow-Up Study. *J. Clin. Epidemiol.* 45:4 419-428.
- Mottola, M., Wolfe, L.A. (1994). Active Living and Pregnancy. In: A. Quinney, L. Gauvin, T. Wall (eds.), **Toward Active Living: Proceedings of the International Conference on Physical Activity, Fitness and Health**. Champaign, IL: Human Kinetics.
- PAR-Q Validation Report, British Columbia Ministry of Health, 1978.
- Thomas, S., Reading, J., Shephard, R.J. (1992). Revision of the Physical Activity Readiness Questionnaire (PAR-Q). *Can. J. Spt. Sci.* 17:4 338-345.

For more information, please contact the:

Canadian Society for Exercise Physiology
202-185 Somerset Street West
Ottawa, ON K2P 0J2
Tel. 1-877-651-3755 • FAX (613) 234-3565
Online: www.csep.ca

The original PAR-Q was developed by the British Columbia Ministry of Health. It has been revised by an Expert Advisory Committee of the Canadian Society for Exercise Physiology chaired by Dr. N. Gledhill (2002).

Disponible en français sous le titre «Questionnaire sur l'aptitude à l'activité physique - Q-AAP (révisé 2002)».



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Supported by:



Health Canada Santé Canada

PARmed-X PHYSICAL ACTIVITY READINESS MEDICAL EXAMINATION

The PARmed-X is a physical activity-specific checklist to be used by a physician with patients who have had positive responses to the Physical Activity Readiness Questionnaire (PAR-Q). In addition, the Conveyance/Referral Form in the PARmed-X can be used to convey clearance for physical activity participation, or to make a referral to a medically-supervised exercise program.

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. The PAR-Q by itself provides adequate screening for the majority of people. However, some individuals may require a medical evaluation and specific advice (exercise prescription) due to one or more positive responses to the PAR-Q.

Following the participant's evaluation by a physician, a physical activity plan should be devised in consultation with a physical activity professional (CSEP-Certified Personal Trainer™ or CSEP-Certified Exercise Physiologist™). To assist in this, the following instructions are provided:

PAGE 1: • Sections A, B, C, and D should be completed by the participant BEFORE the examination by the physician. The bottom section is to be completed by the examining physician.

PAGES 2 & 3: • A checklist of medical conditions requiring special consideration and management.

PAGE 4: • Physical Activity & Lifestyle Advice for people who do not require specific instructions or prescribed exercise.

• Physical Activity Readiness Conveyance/Referral Form - an optional tear-off tab for the physician to convey clearance for physical activity participation, or to make a referral to a medically-supervised exercise program.

This section to be completed by the participant

| | |
|--|--|
| <p>A PERSONAL INFORMATION:</p> <p>NAME _____</p> <p>ADDRESS _____</p> <p>TELEPHONE _____</p> <p>BIRTHDATE _____ GENDER _____</p> <p>MEDICAL No. _____</p> | <p>B PAR-Q: Please indicate the PAR-Q questions to which you answered YES</p> <ul style="list-style-type: none"> <input type="checkbox"/> Q 1 Heart condition <input type="checkbox"/> Q 2 Chest pain during activity <input type="checkbox"/> Q 3 Chest pain at rest <input type="checkbox"/> Q 4 Loss of balance, dizziness <input type="checkbox"/> Q 5 Bone or joint problem <input type="checkbox"/> Q 6 Blood pressure or heart drugs <input type="checkbox"/> Q 7 Other reason: |
|--|--|

| | |
|---|---|
| <p>C RISK FACTORS FOR CARDIOVASCULAR DISEASE: <i>Check all that apply</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Less than 30 minutes of moderate physical activity most days of the week. <input type="checkbox"/> Excessive accumulation of fat around waist. <input type="checkbox"/> Currently smoker (tobacco smoking 1 or more times per week). <input type="checkbox"/> Family history of heart disease. <input type="checkbox"/> High blood pressure reported by physician after repeated measurements. <input type="checkbox"/> High cholesterol level reported by physician. <div style="border: 1px solid red; padding: 5px; margin-top: 5px;"> <p><i>Please note: Many of these risk factors are modifiable. Please refer to page 4 and discuss with your physician.</i></p> </div> | <p>D PHYSICAL ACTIVITY INTENTIONS:</p> <p>What physical activity do you intend to do?</p> <p>_____</p> <p>_____</p> <p>_____</p> |
|---|---|

This section to be completed by the examining physician

| | | | | | | | | | |
|--|----|--------|-------|---|--|--|--------|---|---|
| <p>Physical Exam:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Ht</td> <td style="width: 15%;">Wt</td> <td style="width: 15%;">BP i)</td> <td style="width: 15%;">/</td> </tr> <tr> <td></td> <td></td> <td>BP ii)</td> <td>/</td> </tr> </table> <p>Conditions limiting physical activity:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Cardiovascular <input type="checkbox"/> Respiratory <input type="checkbox"/> Other <input type="checkbox"/> Musculoskeletal <input type="checkbox"/> Abdominal <p>Tests required:</p> <ul style="list-style-type: none"> <input type="checkbox"/> ECG <input type="checkbox"/> Exercise Test <input type="checkbox"/> X-Ray <input type="checkbox"/> Blood <input type="checkbox"/> Urinalysis <input type="checkbox"/> Other | Ht | Wt | BP i) | / | | | BP ii) | / | <p>Physical Activity Readiness Conveyance/Referral:</p> <p>Based upon a current review of health status, I recommend:</p> <ul style="list-style-type: none"> <input type="checkbox"/> No physical activity <input type="checkbox"/> Only a medically-supervised exercise program until further medical clearance <input type="checkbox"/> Progressive physical activity: <ul style="list-style-type: none"> <input type="checkbox"/> with avoidance of: _____ <input type="checkbox"/> with inclusion of: _____ <input type="checkbox"/> under the supervision of a CSEP-Certified Exercise Physiologist™ <input type="checkbox"/> Unrestricted physical activity—start slowly and build up gradually <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p>Further Information:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Attached <input type="checkbox"/> To be forwarded <input type="checkbox"/> Available on request </div> |
| Ht | Wt | BP i) | / | | | | | | |
| | | BP ii) | / | | | | | | |

PARmed-X PHYSICAL ACTIVITY READINESS MEDICAL EXAMINATION

Following is a checklist of medical conditions for which a degree of precaution and/or special advice should be considered for those who answered "YES" to one or more questions on the PAR-Q, and people over the age of 69. Conditions are grouped by system. Three categories of precautions are provided. Comments under Advice are general, since details and alternatives require clinical judgement in each individual instance.

| | Absolute Contraindications | Relative Contraindications | Special Prescriptive Conditions | |
|-----------------------|---|--|--|---|
| | Permanent restriction or temporary restriction until condition is treated, stable, and/or past acute phase. | Highly variable. Value of exercise testing and/or program may exceed risk. Activity may be restricted. Desirable to maximize control of condition. Direct or indirect medical supervision of exercise program may be desirable. | Individualized prescriptive advice generally appropriate: • limitations imposed; and/or • special exercises prescribed. May require medical monitoring and/or initial supervision in exercise program. | ADVICE |
| Cardiovascular | <input type="checkbox"/> aortic aneurysm (dissecting) <input type="checkbox"/> aortic stenosis (severe) <input type="checkbox"/> congestive heart failure <input type="checkbox"/> crescendo angina <input type="checkbox"/> myocardial infarction (acute) <input type="checkbox"/> myocarditis (active or recent) <input type="checkbox"/> pulmonary or systemic embolism—acute <input type="checkbox"/> thrombophlebitis <input type="checkbox"/> ventricular tachycardia and other dangerous dysrhythmias (e.g., multi-focal ventricular activity) | <input type="checkbox"/> aortic stenosis (moderate) <input type="checkbox"/> subaortic stenosis (severe) <input type="checkbox"/> marked cardiac enlargement <input type="checkbox"/> supraventricular dysrhythmias (uncontrolled or high rate) <input type="checkbox"/> ventricular ectopic activity (repetitive or frequent) <input type="checkbox"/> ventricular aneurysm <input type="checkbox"/> hypertension—untreated or uncontrolled severe (systemic or pulmonary) <input type="checkbox"/> hypertrophic cardiomyopathy <input type="checkbox"/> compensated congestive heart failure | <input type="checkbox"/> aortic (or pulmonary) stenosis—mild angina pectoris and other manifestations of coronary insufficiency (e.g., post-acute infarct) <input type="checkbox"/> cyanotic heart disease <input type="checkbox"/> shunts (intermittent or fixed) <input type="checkbox"/> conduction disturbances <ul style="list-style-type: none"> • complete AV block • left BBB • Wolff-Parkinson-White syndrome <input type="checkbox"/> dysrhythmias—controlled <input type="checkbox"/> fixed rate pacemakers <input type="checkbox"/> intermittent claudication <input type="checkbox"/> hypertension: systolic 160-180; diastolic 105+ | <ul style="list-style-type: none"> • clinical exercise test may be warranted in selected cases, for specific determination of functional capacity and limitations and precautions (if any). • slow progression of exercise to levels based on test performance and individual tolerance. • consider individual need for initial conditioning program under medical supervision (indirect or direct). |
| Infections | <input type="checkbox"/> acute infectious disease (regardless of etiology) | <input type="checkbox"/> subacute/chronic/recurrent infectious diseases (e.g., malaria, others) | <input type="checkbox"/> chronic infections <input type="checkbox"/> HIV | variable as to condition |
| Metabolic | | <input type="checkbox"/> uncontrolled metabolic disorders (diabetes mellitus, thyrotoxicosis, myxedema) | <input type="checkbox"/> renal, hepatic & other metabolic insufficiency <input type="checkbox"/> obesity <input type="checkbox"/> single kidney | variable as to status dietary moderation, and initial light exercises with slow progression (walking, swimming, cycling) |
| Pregnancy | | <input type="checkbox"/> complicated pregnancy (e.g., toxemia, hemorrhage, incompetent cervix, etc.) | <input type="checkbox"/> advanced pregnancy (late 3rd trimester) | refer to the "PARmed-X for PREGNANCY" |

References:

Arraix, G.A., Wigle, D.T., Mao, Y. (1992). Risk Assessment of Physical Activity and Physical Fitness in the Canada Health Survey Follow-Up Study. *J. Clin. Epidemiol.* 45:4 419-428.

Mottola, M., Wolfe, L.A. (1994). Active Living and Pregnancy. In: A. Quinney, L. Gauvin, T. Wall (eds.), *Toward Active Living: Proceedings of the International Conference on Physical Activity, Fitness and Health*. Champaign, IL: Human Kinetics.

PAR-Q Validation Report, British Columbia Ministry of Health, 1978.

Thomas, S., Reading, J., Shephard, R.J. (1992). Revision of the Physical Activity Readiness Questionnaire (PAR-Q). *Can. J. Sport Sci.* 17: 4 338-345.

The PAR-Q and PARmed-X were developed by the British Columbia Ministry of Health. They have been revised by an Expert Advisory Committee of the Canadian Society for Exercise Physiology chaired by Dr. N. Gledhill (2002).

No changes permitted. You are encouraged to photocopy the PARmed-X, but only if you use the entire form.

Disponible en français sous le titre
«Évaluation médicale de l'aptitude à l'activité physique (X-AAP)»

Continued on page 3...

| | Special Prescriptive Conditions | ADVICE |
|-----------------|---|---|
| Lung | <input type="checkbox"/> chronic pulmonary disorders | special relaxation and breathing exercises |
| | <input type="checkbox"/> obstructive lung disease <input type="checkbox"/> asthma | breath control during endurance exercises to tolerance; avoid polluted air |
| | <input type="checkbox"/> exercise-induced bronchospasm | avoid hyperventilation during exercise; avoid extremely cold conditions; warm up adequately; utilize appropriate medication. |
| Musculoskeletal | <input type="checkbox"/> low back conditions (pathological, functional) | avoid or minimize exercise that precipitates or exasperates e.g., forced extreme flexion, extension, and violent twisting; correct posture, proper back exercises |
| | <input type="checkbox"/> arthritis—acute (infective, rheumatoid; gout) | treatment, plus judicious blend of rest, splinting and gentle movement |
| | <input type="checkbox"/> arthritis—subacute | progressive increase of active exercise therapy |
| | <input type="checkbox"/> arthritis—chronic (osteoarthritis and above conditions) | maintenance of mobility and strength; non-weightbearing exercises to minimize joint trauma (e.g., cycling, aquatic activity, etc.) |
| | <input type="checkbox"/> orthopaedic | highly variable and individualized |
| | <input type="checkbox"/> hernia | minimize straining and isometrics; strengthen abdominal muscles |
| | <input type="checkbox"/> osteoporosis or low bone density | avoid exercise with high risk for fracture such as push-ups, curl-ups, vertical jump and trunk forward flexion; engage in low-impact weight-bearing activities and resistance training |
| CNS | <input type="checkbox"/> convulsive disorder not completely controlled by medication | minimize or avoid exercise in hazardous environments and/or exercising alone (e.g., swimming, mountain climbing, etc.) |
| | <input type="checkbox"/> recent concussion | thorough examination if history of two concussions; review for discontinuation of contact sport if three concussions, depending on duration of unconsciousness, retrograde amnesia, persistent headaches, and other objective evidence of cerebral damage |
| Blood | <input type="checkbox"/> anemia—severe (< 10 Gm/dl) | control preferred; exercise as tolerated |
| | <input type="checkbox"/> electrolyte disturbances | |
| Medications | <input type="checkbox"/> antianginal <input type="checkbox"/> antiarrhythmic <input type="checkbox"/> antihypertensive <input type="checkbox"/> anticonvulsant <input type="checkbox"/> beta-blockers <input type="checkbox"/> digitalis preparations <input type="checkbox"/> diuretics <input type="checkbox"/> ganglionic blockers <input type="checkbox"/> others | NOTE: consider underlying condition. Potential for: exertional syncope, electrolyte imbalance, bradycardia, dysrhythmias, impaired coordination and reaction time, heat intolerance. May alter resting and exercise ECG's and exercise test performance. |
| Other | <input type="checkbox"/> post-exercise syncope | moderate program |
| | <input type="checkbox"/> heat intolerance | prolong cool-down with light activities; avoid exercise in extreme heat |
| | <input type="checkbox"/> temporary minor illness | postpone until recovered |
| | <input type="checkbox"/> cancer | if potential metastases, test by cycle ergometry, consider non-weight bearing exercises; exercise at lower end of prescriptive range (40-65% of heart rate reserve), depending on condition and recent treatment (radiation, chemotherapy); monitor hemoglobin and lymphocyte counts; add dynamic lifting exercise to strengthen muscles, using machines rather than weights. |

*Refer to special publications for elaboration as required

The following companion forms are available online: <http://www.csep.ca>

The **Physical Activity Readiness Questionnaire (PAR-Q)** - a questionnaire for people aged 15-69 to complete before becoming much more physically active.

The **Physical Activity Readiness Medical Examination for Pregnancy (PARmed-X for PREGNANCY)** - to be used by physicians with pregnant patients who wish to become more physically active.

For more information, please contact the:

Canadian Society for Exercise Physiology
202 - 185 Somerset St. West
Ottawa, ON K2P 0J2
Tel. 1-877-651-3755 • FAX (613) 234-3565 • Online: www.csep.ca

Note to physical activity professionals...

It is a prudent practice to retain the completed Physical Activity Readiness Conveyance/Referral Form in the participant's file.

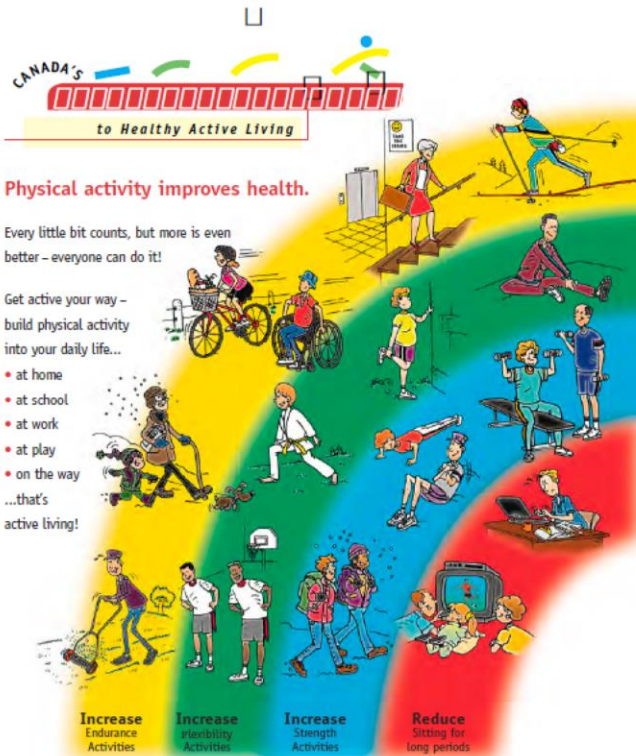


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Continued on page 4...

PARmed-X PHYSICAL ACTIVITY READINESS MEDICAL EXAMINATION



Physical activity improves health.

Every little bit counts, but more is even better – everyone can do it!

Get active your way – build physical activity into your daily life...

- at home
- at school
- at work
- at play
- on the way ...that's active living!

Choose a variety of activities from these three groups:

Endurance

4–7 days a week
Continuous activities fix your heart, lungs and circulatory system.

Flexibility

4–7 days a week
Gentle reaching, bending and stretching activities to keep your muscles relaxed and joints mobile.

Strength

2–4 days a week
Activities against resistance to strengthen muscles and bones and improve posture.

Starting slowly is very safe for most people. Not sure? Consult your health professional.

For a copy of the *Guide Handbook* and more information: 1-888-334-9769, or www.paguide.com

Eating well is also important. Follow *Canada's Food Guide to Healthy Eating* to make wise food choices.

Get Active Your Way, Every Day – For Life!

Scientists say accumulate 60 minutes of physical activity every day to stay healthy or improve your health. As you progress to moderate activities you can cut down to 30 minutes, 4 days a week. Add-up your activities in periods of at least 10 minutes each. Start slowly... and build up.

| Time needed depends on effort | | | | |
|--|--|---|--|---|
| Very Light Effort | Light Effort | Moderate Effort | Vigorous Effort | Maximum Effort |
| 60 minutes | 30–60 minutes | 20–30 minutes | | |
| <ul style="list-style-type: none"> • Strolling • Dusting | <ul style="list-style-type: none"> • Light walking • Volleysball • Easy gardening • Stretching | <ul style="list-style-type: none"> • Brisk walking • Biking • Raking leaves • Swimming • Dancing • Water aerobics | <ul style="list-style-type: none"> • Aerobics • Jogging • Hockey • Basketball • Fast swimming • Fast dancing | <ul style="list-style-type: none"> • Sprinting • Racing |
| Range needed to stay healthy | | | | |

You Can Do It – Getting started is easier than you think

Physical activity doesn't have to be very hard. Build physical activities into your daily routine.

- Walk whenever you can – get off the bus early, use the stairs instead of the elevator.
- Reduce inactivity for long periods, like watching TV.
- Get up from the couch and stretch and bend for a few minutes every hour.
- Play actively with your kids.
- Choose to walk, wheel or cycle for short trips.
- Start with a 10 minute walk – gradually increase the time.
- Find out about walking and cycling paths nearby and use them.
- Observe a physical activity class to see if you want to try it.
- Try one class to start – you don't have to make a long-term commitment.
- Do the activities you are doing now, more often.

Benefits of regular activity: Health risks of inactivity:

| | |
|--|--|
| <ul style="list-style-type: none"> • better health • improved fitness • better posture and balance • better self-esteem • weight control • stronger muscles and bones • feeling more energetic • relaxation and reduced stress • continued independent living in later life | <ul style="list-style-type: none"> • greater death • heart disease • obesity • high blood pressure • adult-onset diabetes • osteoporosis • stroke • depression • colon cancer |
|--|--|

Source: Canada's Physical Activity Guide to Healthy Active Living, Health Canada, 1998 <http://www.hc-sc.gc.ca/hppb/paguide/pdf/guideEng.pdf>

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PARmed-X Physical Activity Readiness Conveyance/Referral Form

Based upon a current review of the health status of _____, I recommend:

- No physical activity
- Only a medically-supervised exercise program until further medical clearance
- Progressive physical activity
 - with avoidance of: _____
 - with inclusion of: _____
 - under the supervision of a CSEP-Certified Exercise Physiologist™
- Unrestricted physical activity — start slowly and build up gradually

Further Information:

- Attached
- To be forwarded
- Available on request

Physician/Clinic stamp:

NOTE: This physical activity clearance is valid for a maximum of six months from the date it is completed and becomes invalid if your medical condition becomes worse.

_____ M.D.
_____ 20_____
(date)

SACRAMENTO REGIONAL PUBLIC SAFETY TRAINING CENTER
Basic Law Enforcement Academy
2409 Dean Street
McClellan, CA 95652
Phone: 916.263.0523 or 916.263.0525
Fax: 916.921.5707
www.arc.losrios.edu/safety



Dear Academy Recruit:

As part of your basic training you are required to participate in the Basic Academy Physical Conditioning Program and to demonstrate acceptable physical readiness by successfully completing a job-related physical agility test, Work Sample Test Battery (WSTB) at the conclusion of the physical conditioning program.

The purpose of this letter is to describe the Basic Academy Physical Conditioning Program and advise you that you must obtain appropriate medical clearance before you participate in the program.

Participation in the Basic Academy Physical Conditioning Program and the successful completion of job-related tests are requirements of the California Commission on Peace Officer Standards and Training (POST). POST is the state agency that has responsibility for certifying all basic training academies in California.

The POST Basic Academy Physical Conditioning Program is designed to develop in you an enhanced level of physical fitness in a manner that will both prepare you to perform physically demanding tasks of the law enforcement profession. Additionally, the program is designed to instill a desire to maintain a high level of fitness throughout your career. To this end, the objectives of the program are to:

- Prepare you to meet minimum physical job task performance standards
- Sensitize and educate you to the importance of maintaining a lifelong health related personal physical fitness program
- Provide positive reinforcement and support for maintaining high fitness levels and personal health-related physical fitness programs

These objectives are achieved by means of a three-fold educational process. First, you will be introduced to the goals and objectives of the physical program, which includes individual assessment and instruction on the principles of physical conditioning. Second, you will participate in a series of conditioning sessions which systematically embrace a wide variety of physical exercise. These activities include neuro-muscular-skeletal development through strength and flexibility exercises, as well as cardio-respiratory enhancement through various aerobic-type involvements. The progression of exercise will be dictated by your "entry fitness

level" and the subsequent improvement of your physical condition throughout the training. Third, you will receive numerous hours of classroom instruction on the subjects of: physical

fitness as a lifetime pursuit, low back care, nutrition, overweight/obesity, substance abuse, stress management, and self-evaluation.

The actual physical conditioning phase of the program is organized into 60 minute sessions. In most instances, the program will consist of three 60 minute sessions per week. Each is designed to address muscular strength, muscular endurance, cardiovascular endurance, and flexibility. The relative emphasis given to each of these types of conditioning varies from session to session. All exercises within an exercise session are designed to maximize the development of those physical abilities needed to function as a patrol officer. A detailed physiological analysis was conducted by physiologists to identify/develop the specific exercises within each session. The analysis was conducted on actual patrol officer physical job task information that was collected from officers in over 100 police and sheriffs' departments statewide. Thus, great care was taken to ensure that the content of the conditioning program is highly job-related.

It is by design that the focus of the POST Basic Academy Physical Conditioning Program is to provide physical conditioning training in a manner that is not punitive or mentally stressful, but rather educates and sensitizes trainees to the need for a lifestyle of daily physical activity.

Shoes

Prior to entering the Academy, you are required to purchase a good pair of running shoes. The type and proper fit of shoes is important for any activity program. Programs such as this which involve a lot of running and jogging require special shoes which have been designed specifically for these activities. These shoes should not fit tightly; and they should have good support at the arch and heel. Ripple, crepe, or waffle shoes are excellent for use on hard surfaces. It is important to remember that good shoes and socks are the best prevention against blisters, soreness, and aching of the feet, ankles, and knees.

Mat Shoes

You are required to purchase a pair of Mat Shoes for use on the Mats located in the large and Small Rooms. These are required because of Cross Contamination Protocols. Additionally, you will need to purchase striking gloves used on Arrest Control & Baton Training

Overview of Work Sample Test Battery (WSTB)

As indicated, at the conclusion of the conditioning program you must successfully complete a battery of job-related tests in order to graduate from the academy. The test battery that you will take will probably consist of a series of Work Samples that must be performed within a specified time. The Work Sample Tests Battery that you will take will begin running 5 yards up to and climbing over a 6 foot Solid Wall than running 25 yards to the finish line. Running up to and climbing over a chain link fence than running 25 yards to the finish line; dragging a life-like 165 lbs. mannequin for 32 feet; running a 99 yard pursuit Obstacle/Agility Run course consisting of

5 sharp turns and minor obstacles (saw horse) that must be jumped or vaulted; and running a longer pursuit course of 500 yards, with no obstacles. This test is designed to simulate actual job tasks that are frequently performed by the typical California peace officer.

The passing scores required on such tests have been established so that they reflect standards that are reasonable and consistent with normal expectations of acceptable proficiency. They are therefore **not** tests of athletic prowess but rather test that measure one's ability to do the job.

MEDICAL CLEARANCE

Prior to participating in the program it is necessary for you to get a medical clearance from your physician. The medical clearance is required to provide reasonable assurance that there is no medical reason why you should not participate in the program, and must be obtained at your own expense.

Enclosed are two forms for you to fill out prior to visiting your physician. One is a Health History Statement and the other is a cardiac risk assessment ("PAR-Q"). Bring these completed forms with you the day you visit your doctor.

Enclosed you will also find an envelope marked "For Your Physician." Give this envelope along with the completed Medical History and "PAR-Q" forms to your doctor (or his representative) when you go in for your visit.

In closing, the intent of this letter was to provide you with a brief description of the nature and purpose of the conditioning program you will be experiencing. For further details about any of the information provided, you are encouraged to contact the physical training staff at the academy.

Thank you for your attention and good luck in your pursuit of a law enforcement career.

Sincerely,

Commanders Gabe Ramos and Carlos Ponce
Academy Co-Commander/Coordinator

SACRAMENTO REGIONAL PUBLIC SAFETY TRAINING CENTER
Basic Law Enforcement Academy
2409 Dean Street
McClellan, CA 95652
Phone: 916.263.0523 or 916.263.0525
Fax: 916.921.5707
www.arc.losrios.edu/safety



Dear Physician:

The individual you are examining has been requested to obtain a Medical Clearance to participate in the Physical Conditioning Program at the **Sacramento Regional Public Safety Training Center Basic Law Enforcement Academy**. The Physical Conditioning Program consists of certain physical performance tests and a program of vigorous physical conditioning. Physical conditioning occurs a minimum of 1 hour per day, 3 days a week, for at least 12 weeks. Listed below are descriptions of both the physical performance tests and the content of the physical conditioning program.

A Medical History Statement and a cardiac risk assessment (PAR-Q) have been completed by the individual to assist you in making your determination of the individual's suitability for participation in the conditioning program.

PHYSICAL PERFORMANCE TESTS

99 yard Obstacle Course: The Recruit is required to run the 99 yard obstacle course making multiple turns and jumping over a saw horse. Simulates a police work task.

500 Yard Run: The individual runs 500-yards in as little time as possible. Simulates a police work task.

Solid & Chain Link Fence Climb: The individual runs 5 yards, climbs a 6-foot wood and chain link fence, and then continues running 25 yards in the least amount of time possible. Simulates a police work task.

Body Drag Test: The individual partially lifts and drags a 165-lb. life-like dummy 32 feet as quickly as possible. Simulates a police work task.

PHYSICAL CONDITIONING

The program of physical conditioning involves exercise focusing on cardio-respiratory endurance (aerobics), strength, power, speed and flexibility. The intensity of the various exercises is individualized to the extent possible and is gradually increased throughout the course of the physical conditioning program. Each exercise session lasts 60 minutes and consists of an 8 minute warm-up period, a 30-45 minute conditioning bout focusing on a primary training

objective, and a 7 minute cool-down period. A description of the conditioning objectives and activities appear below.

OVERVIEW OF CONDITIONING ACTIVITIES

| CONDITIONING OBJECTIVE | FORMATS | TYPE OF ACTIVITIES |
|---|------------------------------------|---|
| Flexibility | Walk/Jog, Floor Calisthenics | Begin with walk/jog to warm muscles and is followed by slow stretching for major muscle groups and joints. |
| Muscular Strength/ Cardiovascular Endurance | Circuit Training with Weights | A combination of conventional Universal Gym training exercises and jogging in place for a specified period of time. |
| Muscular Strength/ Cardiovascular Endurance | Circuit Training with Calisthenics | A combination of conventional calisthenics and jogging and sprinting for a specified period of time requiring a specific number of repetitions. |
| Cardiovascular Endurance | Continuous Running | Conventional jog-run for distance and pace (15-45 minute duration). |

Please complete the attached "**Medical Clearance**" form following your examination.

Thank you,

Commanders Gabe Ramos and Carlos Ponce
Academy Co-Commander/Coordinator

MEDICAL CLEARANCE

MEDICAL CLEARANCE TO PARTICIPATE IN THE PHYSICAL CONDITIONING PROGRAM FOR:

LAST

FIRST

Having reviewed the above-named individual's Medical History Statement and cardiac risk assessment (PAR-Q), and having read the descriptions provided of the physical performance tests and the physical conditioning activities, and having personally examined the above-named individual, it is my professional opinion that:

Check (✓) one:

It is highly unlikely that participation in the Physical Conditioning Program will pose a significant medical risk to the above-named individual.

The above-named individual should not participate in the Physical Conditioning Program.

Physician Signature

Date

Physician Name (Please Print):

Address: _____

Telephone: _____

PROOF OF MEDICAL COVERAGE

PROOF OF MEDICAL COVERAGE WILL BE REQUIRED OF EACH ACADEMY RECRUIT. THE MEDICAL COVERAGE SHALL REMAIN IN EFFECT THROUGHOUT THE ENTIRE ACADEMY TRAINING PERIOD. APROPRIATE CORRESPONDENCE WILL BE DUE THE FIRST WEEK OF THE ACADEMY.

MEDICAL COVER LETTER – EXAMPLE

To: **Commanders Ramos and Ponce**

Date: _____

From: **Recruit J. Smith, Basic Academy #37**

Subject: **Medical Insurance Coverage**

I am currently insured by Kaiser Permanente. My medical ID number is 1234567. This plan will remain in effect throughout the Academy. If I change plans, I will advise the Academy.

Attached is a copy of my medical card.

Respectfully Submitted,

J. Smith

FINGERPRINT CLEARANCE

Penal Code Section 135.11.5

When Written Certification of No Criminal History is Required (Training Applicants)

Each applicant for admissions to a basic course of training certified by the Commission on Peace Officer Standards and Training that includes the carrying and use of firearms, as prescribed by subdivision (a) of Section 832.3, who is not sponsored by a local or other law enforcement agency, department, or district, shall be required to submit written certification from the Department of Justice pursuant to Sections 11122, 11123, and 1124 that the applicant has no criminal history background which would disqualify him or her, pursuant to Section 12021 or 12021.1 of this code, or Section 81-00 or 8103 of the Welfare and Institutions Code, from owning, possessing, or having under his or her control a firearm.

Or

An applicant who is a peace officer employed by a state or local law enforcement agency and whose agency will certify on department letterhead that the applicant has previously undergone a fingerprint search by the Department of Justice will be exempted from this processing requirement. Agency certification letters shall be addressed to:

**Basic Academy Coordinator
Sacramento Regional Public Safety Training Center
5146 Arnold Avenue
McClellan, CA 95652**

Upon receipt of the DOJ Clearance letter, please turn a copy into the Academy Office. Failure to submit the clearance will result in your non-participation in the firearms training program.

Processing fees for non-sponsored candidates are determined by each processing center. For more information go to: <https://oag.ca.gov/publications#fingerprints>

DEPARTMENT OF MOTOR VEHICLE LICENSE/IDENTIFICATION

CARD INFORMATION REQUEST

**A CALIFORNIA DEPARTMENT OF MOTOR VEHICLE LICENSE/
IDENTIFICATION CARD INFORMATION REQUEST IS REQUIRED TO SHOW
PROOF THAT YOU HAVE A VALID UNRESTRICTED DRIVER LICENSE. THIS
REQUEST IS AVAILABLE AT ANY DMV OFFICE.**

UPON RECEIPT, PLEASE PROVIDE STAFF WITH THE INFORMATION REQUEST.

MINIMUM STANDARDS FOR EMPLOYMENT

The California Commission on Peace Officer Standards and Training (POST) establishes minimum selection standards governing the employment of peace officers by California law enforcement agencies. This serves to standardize employment requirements on a statewide basis. POST conducts extensive research to validate these minimum selection standards.

Every peace officer employed by an agency in the POST program must be selected in conformance with the following requirements:

1. **FELONY CONVICTION.** Government Code Section 1029: Limits employment of convicted felons.
2. **FINGERPRINT AND RECORD CHECK.** Government Code Sections 1030 and 1031(c): Requires fingerprinting and search of local, state, and national files to reveal any criminal records.
3. **CITIZENSHIP.** Government Code Section 1031(a) and 1031.5: Specifies citizenship requirements for peace officers. Government Code Section 24103 specifies citizenship requirements for deputy sheriffs and deputy marshals.
4. **AGE.** Government Code Section 1031(b): Requires minimum age of 18 years for peace officer employment.
5. **MORAL CHARACTER.** Government Code Section 1031(d) requires good moral character as determined by a thorough background investigation. The background investigation shall be conducted as prescribed in the POST Administrative Manual, Section C-1. The background investigation shall be completed on or prior to the appointment date.

6. **EDUCATION.** Government Code Section 1031(e): Requires high school graduation, passage of the General Education Development Test (GED) or attainment of a two-year or four-year degree from an accredited college or university. When the GED is used, a minimum overall score of not less than 45, and a standard score of not less than 35 on any section of the test, as established by the American Council on Education, shall be attained.

7. **PHYSICAL AND PSYCHOLOGICAL SUITABILITY EXAMINATIONS.** Government Code Section 1031(f): Requires an examination of physical, emotional, and mental conditions. The examinations shall be conducted as prescribed in the POST Administrative Manual, Section C-2.

8. **INTERVIEW.** Be personally interviewed prior to employment by the department head or a representative(s) to determine the person's suitability for law enforcement service, which includes, but is not limited to, the person's appearance, personality, maturity, temperament, background, and ability to communicate. This regulation may be satisfied by an employee of the department participating as a member of the peace officer's oral interview panel.

9. **READING AND WRITING ABILITY.** Be able to read and write at the levels necessary to perform the job of a peace officer as determined by the use of the POST Entry-Level Law Enforcement Test Battery or other job-related tests of reading and writing ability.

Curtis Blue Line

855 Riverside Parkway, Suite 50
West Sacramento, CA 95605
(530) 204-1310

Uniform Essentials

| | | |
|----------------------------|------------|---------|
| Long Sleeve Shirt | FX5120-86 | \$53.95 |
| Short Sleeve Shirt (Mod I) | FX5100-86 | \$53.95 |
| Uniform Trouser | FX57400-86 | \$53.95 |
| Range Pant | 74280-724 | \$49.99 |
| Tie (Navy) | TIE16DN | \$ 6.66 |
| Tie Bar (Silver) | 4009N | \$ 6.66 |
| Nametag (Silver Glossy) | | \$ 8.00 |

Uniform Accessories

| | | |
|-----------------------------------|-------------|-------------|
| Belt with Silver Buckle | 6050-3-BK-S | \$33.73 |
| Keepers (Silver Snap – Four Req.) | 54563S | \$ 4.75 ea. |
| Handcuffs (Silver Peerless) | 4710 | \$30.96 |
| CPR Mask | 36045 | \$ 6.58 |
| Handcuff Key | ZT14 | \$ 8.37 |
| Inert Training OC Spray | 1012843 | \$14.40 |

**SRPSTC
BASIC ACADEMY REQUIRED P.T. CLOTHING
ORDER FORM**

| ITEM | COST | SIZES (Quantity) | | | | | | TOTAL \$ |
|---|---|------------------|---|---|----|-----|-----|----------|
| | | S | M | L | XL | 2XL | 3XL | |
| MEN'S T-SHIRT* (Name required on back) | S-XL \$13.50 2XL \$15.12 3XL \$16.20 | | | | | | | |
| LADIES T-SHIRT* (Name required on back) | S-XL \$13.50 2XL \$15.12 3XL \$16.20 | | | | | | | |
| CREWNECK SWEAT* (Name required on back) | S-XL \$17.82 2XL \$19.44 3XL \$20.52 | | | | | | | |
| NYLON JACKET* (Name ONLY on back) | S-XL \$25.38 2XL \$27.00 3XL \$28.08 | | | | | | | |
| MEN'S SHORTS (Logo on shorts) | S-XL \$10.26 2XL \$12.42 3XL \$13.50 | | | | | | | |
| LADIES SHORTS (Logo on shorts) | S-XL \$13.43 2XL \$15.58 3XL \$16.66 | | | | | | | |
| SWEATPANTS (Logo on pants) | S-XL \$17.01 2XL \$19.17 | | | | | | | |
| BASEBALL HAT VELCRO CLOSURE (NAME ON BACK) | \$12.71 | | | | | | | |
| GEAR BAG* (Name ONLY) | \$24.84 | | | | | | | |

| | |
|---|--|
| GRAND TOTAL \$ (Includes Sales Tax) | |
|---|--|

RECRUIT INFO (Please print information below)

| | | | |
|------------------|-------------------|---------------|---------------|
| Last Name | First Name | Phone# | Class# |
| | | | |
| Address | City | State | Zip |
| | | | |

All orders will be completed during orientation. You must pay in full by the first day of the Academy. Acceptable payment methods are Cash, Checks, & Credit Card (Fill Out Form Attached). There is a \$35.00 service charge for any check the bank returns.

Recommended Quantities

| | |
|---------------------|-----|
| T-Shirt | 4-6 |
| Crewneck Sweatshirt | 1 |
| Shorts | 2 |
| Sweatpants | 1 |
| Jacket | 1 |
| Hat | 2 |
| Gear Bag | 1 |