



Ocean County Police Academy

Ocean County Sheriff's Office
County of Ocean, New Jersey



RECRUIT APPLICATION CHECKLIST

NAME: _____ DEPT: _____

Before a recruit is permitted to attend the Ocean County Police Academy for *BCPO*, *SLEO II* or *SLEO I* courses, the following paperwork must be returned to the Academy.

DEADLINE FOR SUBMISSION OF APPLICATION IS 21 DAYS PRIOR TO START DATE

PTC-Approved School: Ocean County Police Academy
Name of Course:
Course Dates:

- ☐ **PTC-8 Medical Certification Form** (completed and signed by physician within last 90 days)
 - **NEEDS TO BE RECEIVED BY THE ACADEMY PRIOR TO THE PRE-ACADEMY PT ASSESSMENT DATE**
- ☐ **Hiring Resolution**
- ☐ **PTC-3 NONA** Notice of New Appointment for Law Enforcement (also needs to be entered into Acadis database)
- ☐ ***BCPO Agency Certification** (for *Basic* recruits only)
- ☐ ***SLEO Agency Certification** (for *SLEO I / SLEO II* recruits only)
- ☐ **Recruit Academy Pre-Service Application**
- ☐ **Authorization & Release** (must be signed & sealed by Notary Public)
- ☐ **PTC-7 Healthy History Statement**
- ☐ **Certification of Nominee** to attend the Ocean County Police Academy
- ☐ Proof of **PTC-9 Psychological Test**
- ☐ Proof of **Stress Test** (optional; if doctor recommends)
- ☐ **Urinalysis Results**

} **Not mandatory for
SLEO I recruits**

(must be sent to the State Toxicology Laboratory within **90** days prior to the start date of class & negative results must be received by application deadline per PTC)

Ocean County Police Academy



Academy Pre-Service Application



TRAINEE ENTRANCE REQUIREMENTS

There are set forth below sections of the Police Training Act (PTA) 52:17B-66 et. seq., which govern the eligibility of a police officer nominated to attend a basic police training school in the State of New Jersey.

The Police Training Commission in accord with the PTA requires that these requirements be strictly adhered to prior to the nomination of a police officer to a basic training program.

13:1-1.1 Definition

“Police Officer” means any employee of a new enforcement agency, a correctional agency or a juvenile justice agency who, by statute, comes under the jurisdiction of the Commission or any member of a fire department or force who is assigned to an arson investigation unit pursuant to public law 1981, Chapter 409.

13:1-8.1 Certification required prior to acceptance of trainees into a basic course

Prior to the acceptance of a trainee into a basic course, the Chief of Police or chief executive officer of the employing law enforcement agency shall certify by completing a trainee record card issued by the Commission that:

1. With respect to police officers as defined by this chapter, the appointing authority has complied with the provisions of N.J.S.A. 52:17B-68.1 and 18A:6-4.4 including, but not limited to, the following:
 - a. The individual has received a probationary appointment; and
 - b. The individual has been granted a leave of absence with pay during the period of the police training course;
2. With respect to special law enforcement officers, the local unit has complied with the provisions of N.J.S.A. 40A:14-146.8 et. seq. concerning the appointment of the individual;
3. The employing law enforcement agency has fingerprinted the individual and sent copies of the fingerprints to the Division of State Police and the Federal Bureau of Investigation in order to ascertain whether the individual has been convicted of an offense which would disqualify him or her from appointment as a police officer. The results obtained from the Division of State Police and the Federal Bureau of Investigation shall be made known to the appointing agency.
4. The employing law enforcement agency has conducted a pre-employment or background investigation of the individual to ascertain his or her character, fitness and eligibility to be permanently appointed as a police officer. The results of the pre-employment or background investigation shall be made known to the appointing authority; and
5. The individual has undergone a medical examination by a licensed physician to determine if the individual is medically fit to undergo training. The physician shall state, on a form prescribed by the Commission, whether the individual is medically fit to undergo the training for which the individual is enrolled.

13:1-8.2 Notification of school director

An appropriate official from the employing law enforcement agency seeking to enroll an individual in a Basic Course shall notify the school director in writing, 10 days prior to the commencement of the course, that the agency has complied with its responsibilities as provided in this subchapter. In the event an agency is unable to comply with this section, the agency shall forward a written request to the Commission for an extension of time and shall indicate the reason(s) for the request. Failure to comply with respect to this notification may result in the affected individual being denied admittance into the basic course.

52:17B-68.1 Basic training, course for investigators

A person appointed as an adult or juvenile corrections officer or as a juvenile detention officer by the State or county shall satisfactorily complete prior to permanent appointment a basic training course approved by the Police Training Commission. A corrections officer or juvenile detention officer who was appointed before the effective date of this act shall satisfactorily complete, within two years of the effective date of this act, an in-service basic training course approved by the Police Training Commission and designed to meet the training needs of corrections officers or juvenile detention officers with prior work experience.

A person may be exempt from the requirements of this section if that person has successfully completed training conducted by a federal, State or county agency the requirements of which are substantially equivalent to the requirements of a basic training course approved by the Police Training Commission pursuant to section 4 of this act.

A person shall be given a probationary appointment as a corrections officer or as a juvenile detention officer for a period of one year so that the person seeking permanent appointment may satisfactorily complete a basic training course for corrections officers or for juvenile detention officers conducted at a school approved by the Police Training Commission. The probationary time may exceed one year for those persons enrolled within the one-year period in a basic training course scheduled to end after the expiration of the one-year period. A person shall participate in a basic training course only if that person holds a probationary appointment and that person shall be entitled to a leave of absence with pay to attend a basic training course.

Prior to permanent appointment, a person appointed as an Investigator in the Department of Corrections shall satisfactorily complete a basic course for investigators approved by the Police Training Commission.

52:17B-69 Probationary, temporary appointment as police officer

Notwithstanding the provisions of R.S. 11:22-6, a probationary or temporary appointment as a police officer may be made for a total period not exceeding one year for the purpose of enabling a person seeking permanent appointment to take a police training course as prescribed in this act, provided, however, that the time period may exceed one year for those persons enrolled prior to the one-year limit in a police training course scheduled to end subsequent to the one-year limit, and for those persons who, prior to the one-year limit, have been scheduled to attend a police

training course which commences subsequent to the one-year limit. In no case shall any extension granted for the reasons herein listed exceed six months. Every person holding such a probationary or temporary appointment shall enroll in a police training course, and such appointee shall be entitled to a leave of absence with pay during the period of the police training course.

18A:6-4.4. Police training course

Every person so appointed and commissioned shall, within 1 year of the date of his or her commission, successfully complete a police training course at a school approved and authorized by the Police Training Commission; provided, however, that the Police Training Commission may, in its discretion, except from the requirements of this section any person who demonstrates to the Commission's satisfaction that he has successfully completed a police training course conducted by any Federal, State or other public or private agency, the requirements of which are substantially equivalent to the requirements of that at a school approved by the Commission.

13:1-5.1 Certification requirements; basic courses

A trainee shall be eligible for certification when the school director affirms that:

1. The trainee has achieved the minimum requirements set forth in the basic course applicable to his or her appointment and has demonstrated an acceptable degree of proficiency in the performance objectives contained in the particular basic course;
2. The trainee has participated in no less than 90 percent of the total instructional time assigned to those performance objectives designed by the Commission; and
3. The trainee has successfully completed the training required by the Commission to be conducted by the employing law enforcement agency.



State of New Jersey

Notice of New Appointment for Law Enforcement and Corrections Officers

Division of Criminal Justice
Police Training Commission
P.O. Box 085
Trenton, NJ 08625
Phone 609-376-2800
Fax 609-984-4473

Completion of this form is required whenever a law enforcement officer is appointed (hired).
Please type or legibly print all required information.
In addition, this form can be utilized to reflect an end of service date, by completing section 13.
Mail or fax this notice to the PTC within 30 days of the appointment or end of service date.

Identification Information

1. Social Security Number 		2. Name (Last) (First) (M) suffix		
3. Birth date 		4. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	5. Maiden name or any previous name (Last) (First) (M) Suffix	
6. Race/Ethnicity (mark the box that best describes the applicant's race/ethnicity) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Filipino <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Other _____			7. Education (Mark highest level completed) <input type="checkbox"/> Grade 11 <input type="checkbox"/> HS Diploma <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Grade 12, no diploma <input type="checkbox"/> Associate Degree <input type="checkbox"/> Law <input type="checkbox"/> GED <input type="checkbox"/> Some College - credits completed: _____ <input type="checkbox"/> Doctorate	

Appointment Information

8. Employing Agency Name		9. County		
10. Employing Agency ORI N J		11. Job Title Code 	12. Date of Appointment (mm/dd/yyyy) 	13. End of service date if applicable (mm/dd/yyyy)

14. Attestation of reporting official

I attest that the information provided on this form is true and correct and is based on my personal knowledge or inquiry. The personnel records of this agency substantiates the information on this form.

Signature of department head or authorized designee	Full name and title (type or print legibly)	Date	Phone
---	---	------	-------

Job Title Codes

Arson Investigator	AINV	Deputy Sheriff	DSHE
Auxiliary Police Officer	AUXP	Investigator Dept. of Corrections Internal Affairs	INVC
Campus Police Officer	CAMP	Juvenile Correctional Police Officer	JCPO
Chief Warrant Officer	CWO	Juvenile Detention Officer	JDO
Class 1 Special Law Enforcement Officer	SLE1	Juvenile Parole Officer	JPO
Class 2 Special Law Enforcement Officer	SLE2	Juvenile Residential & Day Program Youth Worker	JRDP
Class 3 Special Law Enforcement Officer	SLE3	Municipal Police Officer	PO
Conrail Police Officer	RAIL	New Jersey State Police	NJSP
County Airport Security Officer	AIRP	NJ Transit Rail Police Officer	RAIL
County Corrections Officer	CCO	Other	OTHR
County Detective	CDET	Parole Officer	PARL
County Investigator	CINV	Security Officer in Housing Authorities	HOUS
County Park Police Officer	PO	Sheriff's Investigator	SHRI
County Park Ranger	CPR	Sheriff's Officer	SO
County Police Officer	PO	Humane Law Enforcement Officer	HLEO
Delaware River Port Authority Police	DRPA	State Conservation Officer	SCON
Department of Defense Police Officer	DEFE	State Correctional Police Officer	SCPO
Dept. of Human Services Police Officer	HSER	State Investigator	SINV
Deputy Conservation Officer	DCO	State Park Ranger	SPR

**For Academy Use Only**

Course

Class #

Ocean County Police Academy

Academy Pre-Service Application

I. Agency

Type of Appointment

☐

Regular Police Officer

☐

Special Police Officer Class I

☐

Special Police Officer Class II

☐

Corrections Officer

Employing Agency Name

Employing Agency County

Employing Agency ORI #

☐☐☐☐☐☐☐☐☐☐

Agency Address

City

State

Zip

Agency Executive (Chief, Director, Sheriff, Warden)

Applicant's Date of Appointment

/ /

II. Applicant Information

Name (Last)

(First)

(Middle)

Maiden (If applicable)

Social Security Number

- -

Address

City

State

Zip

Cell Phone Number

Home Phone Number

Work Phone Number

Primary Email Address

Secondary Email Address

Date of Birth

/ /

Age

Birthplace (city,state)

Gender

☐

M

☐

F

Height

Weight

Race / Ethnicity

☐

American Indian/Alaskan Native

☐

Asian

☐

African American/Black

☐

Caucasian/White

☐

Hispanic

☐

Other: _____

Marital Status

☐

Single

☐

Married

☐

Divorced

☐

Widowed

Number of Children

Driver License Number

Driver License State

SBI # (if known)

III. Emergency Contact Information

Name (Last) (First) (Middle)			Relationship to Trainee	
Agency Address	City	State	Zip	
Cell Phone Number	Home Phone Number		Work Phone Number	

IV. Work History

WORK HISTORY

Beginning with your present or most recent job, list past employers, including part time, temporary or seasonal employment.

- 1 From: _____ To: _____
Employer: _____ Phone Number: _____
Address: _____
Job Title: _____
Duties: _____
Supervisor: _____
Reason for Leaving: _____
- 2 From: _____ To: _____
Employer: _____ Phone Number: _____
Address: _____
Job Title: _____
Duties: _____
Supervisor: _____
Reason for Leaving: _____

V. Educational History

High School	City, State	Graduate?	
		Yes	No
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

V. Educational History (cont.)

List in chronological order, beginning with your most recent College / University education:

- 1 College / University attended: _____
City, State: _____
Major / Minor: _____ Degree received, if any: _____
- 2 College / University attended: _____
City, State: _____
Major / Minor: _____ Degree received, if any: _____

List other schools attended (Trade, Vocational, Business, etc) in chronological order, beginning with your most recent.
Give name and dates attended, course of study, certificate received and any other pertinent information.

VI. Special Qualifications/Skills/Leadership Experience

List any special licenses you hold (such as Paramedic, Pilot, Radio Operator, Scuba, etc), including licensing authority, original date of issue and date of expiration (attach copy).

List any specialized machinery or equipment in which you can operate:

If you are fluent in a foreign language, indicate each area of your level of fluency (excellent, good, fair).

Language	Reading	Speaking	Understanding	Writing
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

VII. Law Enforcement Experience

Number of years of Law Enforcement experience in various ranks or positions held, and the amount of time spent in each position.

Law Enforcement Agency	Position or Rank	From	To

Have you attended any New Jersey Police Academy before?

Yes ☐

No ☐

If yes, which Academy: _____

Class Type: _____

Class Number: _____

Date of Graduation: _____

Have you ever filed an appeal with the Police Training Commission?

Yes ☐

No ☐

Have you ever been dismissed from a law enforcement training program,
as a result of a positive drug test?

Yes ☐

No ☐

If you answered yes to either question please explain: _____

VIII. Legal Background Information

Have you ever been arrested or detained by a police officer or
summoned into court for anything **other than** a traffic violation?

Yes ☐

No ☐

If yes, complete the following:

Offense Alleged or Charged	Agency / Jurisdiction	Date	Disposition of Case

IX. Military Service

Have you served in the U.S. Armed Forces:

Yes ☐

No ☐

Dates of service:

From: _____

To: _____

IX. Military Service (cont.)

Branch of Service: _____

Unit Designation: _____

Highest Held Rank: _____

Type of Discharge: _____

Were you ever disciplined while in the Military Service?
(Include Court Martial, Captain's Mast, Company Punishments, etc)

Yes ☐

No ☐

If you answered yes, please explain:

X. Trainee Certification

I certify that the forgoing answers are true and correct to the best of my knowledge and belief. I also understand that any false information provided by me on this application will be grounds for immediate dismissal from the Ocean County Police Academy.

Signature of Applicant

Date

Signature of Witness

Date

SHERIFF'S OFFICE

MICHAEL G. MASTRONARDY
SHERIFF

JON G. LOMBARDI
UNDERSHERIFF

JOHN P. TATE
ACTING ACADEMY DIRECTOR



OCEAN COUNTY POLICE ACADEMY

659 Ocean Avenue
Lakewood, New Jersey 08701

TELEPHONE
732-363-8715

FAX NUMBER
732-905-8345

WEBSITE
oceancountypoliceacademy.org

Waiver, Release and Indemnification Agreement

I, _____, in consideration of being permitted to participate in an entry level police training program, hereby acknowledge and agree as follows:

1. I understand the nature of the activities I may perform while involved in an entry level Police training program requires mental judgement and a high degree of physical fitness, agility and dexterity, and that this may include strenuous exercise in varying environmental conditions, which requires physical fitness, strength and stamina.
2. I understand that police training involves the risk of injury or death, and I voluntarily assume these risks.
3. I understand that the County of Ocean, the Ocean County Sheriff's Office and the Ocean County Police Academy will not provide medical or health insurance coverage to me during any aspect of my participation in the police training described herein. I hereby represent and warrant that I am and will be covered throughout the police training activity by a policy of accident and health insurance that provides coverage for injuries I may sustain in the course of my participation in the training program. I understand that I may be required to show proof of insurance coverage prior to my participation in the police training program.
4. I understand that I am responsible for attending and successfully completing the minimum requirements set forth by the Police Training Commission (PTC). I understand that I must abide by all the rules and policies set forth by the Ocean County Police Academy. I understand that the rules and guidelines of the Academy are intended to protect me and other participants from harm, to protect property from damage and to make my learning experience and the learning experience of other participants enjoyable. I understand that my failure to abide by the rules and policies may result in my being denied admission to or may result in my being dismissed from the training program.
5. I certify that the information provided on my application form submitted in connection with the police training program is true and accurate.
6. I, individually, and on my behalf of my heirs, successors, assigns and personal representatives, hereby agree to indemnify, defend and hold harmless the County of Ocean, the Ocean County Sheriff's Office, the Ocean County Police Academy and their employees, agents and representatives, from any and all liability whatsoever for any and all damages, losses or injuries (including death), I sustain to my person or property or both, including but not limited to any claims, demands, actions, causes of action, judgments, expenses and costs, including attorney's fees, which arise out of, result from, occur during or are connected in any manner with my intentional and/or negligent conduct during my participation in the police training program.

SHERIFF'S OFFICE

MICHAEL G. MASTRONARDY
SHERIFF

JON G. LOMBARDI
UNDERSHERIFF

JOHN P. TATE
ACTING ACADEMY DIRECTOR



OCEAN COUNTY POLICE ACADEMY

659 Ocean Avenue
Lakewood, New Jersey 08701

TELEPHONE
732-363-8715

FAX NUMBER
732-905-8345

WEBSITE
oceancountypoliceacademy.org

7. To the extent authorized by law, I, individually, and on behalf of my heirs, successors, assigns and personal representatives, hereby release and forever discharge the County of Ocean, the Ocean County Sheriff's Office, the Ocean County Police Academy and their employees, agents and representatives, from any and all liability, loss, damage or expense, including attorney's fees, that they or any of them incur or sustain as a result of any claims, demands, actions, causes of action, damages, judgements, costs or expenses, including attorney's fees, which arise out of, occur during or are in any way connected with my intentional and/or negligent conduct during my participation in the police training program.
8. I agree that this Waiver, Release and Indemnification Agreement is to be construed under the laws of the State of New Jersey and that if any portion hereof is held invalid, the balance hereof shall, notwithstanding, continue in full legal force and effect.

Certification by Applicant: I, the above-mentioned Applicant agree to comply with all rules and regulations set forth by the Police Training Commission and the Ocean County Police Academy, with regard to its training programs, and understand that I may be subject to sanctions for infractions thereof, including possible notification of the department head and dismissal from training. Further, I certify that I am in good health, physically fit and agree that in the case of accident or illness, the Police Academy Staff may take whatever actions are necessary to arrange for emergency medical services. I understand I am responsible for maintaining health care coverage throughout my participation in the training program. In the case of illness or injury resulting from training, all necessary medical expenses will lie solely on me, the Applicant, unless other arrangements have been made with my sponsoring agency. Further, I agree that all issues of civil liability shall be determined in accordance with the General Laws of the State of New Jersey.

I hereby acknowledge that I have read this entire document, that I understand its terms, that by signing it I am giving up substantial legal rights I might otherwise have, and that I have signed it knowingly and voluntarily.

Applicant's Signature

Date

State of New Jersey
County of _____

Subscribed and sworn to (or affirmed) before me on this _____ day of _____, 20____.

(Seal)

Notary Signature _____

Appendix A: Medical Screening

Contents:

Description of Medical Screening Process

Letter to Prospective Trainee

Health History Statement (PTC-7) fillable .pdf

Letter to Physician

Medical Certification Form (PTC-8) fillable .pdf

DESCRIPTION OF MEDICAL SCREENING PROCESS

Any person attending the following basic courses must undergo a medical examination by a licensed physician to determine if the individual is fit to undergo training:

- Basic Course for Police Officers
- Basic Course for Class Two Special Law Enforcement Officers
- Basic Course for Investigators
- Basic Course for State Corrections Officers
- Basic Course for County Corrections Officers
- Basic Course for Juvenile Detention Officers
- Basic Course for County Park Rangers
- Basic Course for Juvenile Residential and Day Program Youth Workers
- Basic Course for Parole Officers
- Basic Course for Juvenile Corrections Officers
- Basic Course for Juvenile Parole Officers

The medical examination shall be administered within 90 days of an officer's admittance to a basic course. The physician shall state, on a form prescribed by the commission, whether or not the individual is fit to undergo training.

The following materials pertain to the medical screening process:

- LETTER TO THE PROSPECTIVE TRAINEE - This letter informs the prospective trainee that he or she must obtain a medical clearance prior to acceptance into a commission basic course. The employing agency shall provide the prospective trainee with a copy of this letter.
- HEALTH HISTORY STATEMENT (PTC-7) - The prospective trainee shall complete this form and shall give it to the examining physician. The physician shall return the completed form to the employing agency where it shall be treated confidentially. It must be pointed out that the information on the form was obtained specifically for training purposes and access to the form shall be strictly limited. It is the responsibility of the employing agency to make known to the trainee whether or not the agency wishes to retain copies of the PTC-7 and to provide a copy of this completed form to the school that the trainee will attend.
- LETTER TO THE PHYSICIAN - This is to be given to the examining physician by the prospective trainee. The letter contains information with respect to the commission's Physical Conditioning Training Program, Defensive Tactics training (unarmed defense), Physical Restraint training, Firearms training, Baton training, exposure to chemical agents, and the medical screening process.
- MEDICAL CERTIFICATION FORM (PTC-8) - This form is to be completed by the examining physician and returned to the employing agency. It is the responsibility of the employing agency to indicate to the trainee whether or not the agency wishes to retain copies of the Medical Certification Form and to provide a completed copy of this form to the school the trainee will attend.



NOTICE TO TRAINEE

As part of the basic course you are planning to attend, you will be required to participate in certain training requiring physical activity. Depending on the basic course you are entering, these activities may include physical conditioning training, defensive tactics (unarmed defense), physical restraint training, baton training, exposure to chemical agents, and firearms training.* The purpose of this letter is to advise you that under N.J.A.C. 13:1-8.1(a)5, you are required to obtain medical clearance from a licensed physician prior to participation in the basic course.

The medical clearance is required to provide reasonable assurance that there is no medical reason why you should not participate in the training program. To obtain medical clearance, it is necessary for you to complete the Health History Statement (PTC-7) and to provide the completed statement to the examining physician. Please complete the Health History Statement prior to your physical examination.

Along with the Health History Statement and this letter to you, your agency chief (or designee) will provide you with the Medical Certification Form (PTC-8) and a letter to the examining physician. Please provide the following to the examining physician:

- Notice to Physician
- Health History Statement (PTC-7 completed)
- Medical Certification Form (PTC-8)
- An envelope which is marked Confidential and is addressed to the chief executive of the employing agency

* These activities are fully described in the Notice to Physician which your agency chief (or designee) will provide to you for submission to your examining physician. For your information, please review the description of physical activities that are applicable to the basic course you plan to attend.

The physician will be asked to return the completed Medical Certification Form to your agency. Medical clearance will depend upon the information contained in your Health History Statement and the results of your medical examination.

Thank you for your cooperation in complying with Commission requirements regarding medical clearance and best wishes for success in your career.



PHILIP D. MURPHY
Governor

TAHESHA L. WAY
Lt. Governor

State of New Jersey
OFFICE OF THE ATTORNEY GENERAL
DEPARTMENT OF LAW AND PUBLIC SAFETY
OFFICE OF PUBLIC INTEGRITY AND ACCOUNTABILITY
25 MARKET STREET
PO BOX 085
TRENTON, NJ 08625-0085

MATTHEW J. PLATKIN
Attorney General

THOMAS J. EICHER
Executive Director

HEALTH HISTORY STATEMENT

Candidate's Name _____

Last 4 SS No. _____ Date of Birth _____

Candidate's Address: _____

Candidate's Employing Agency _____

Police Training Commission - Approved School Candidate Will Attend:

Name of Course: _____

Course Dates: _____

To the Candidate: Please complete in ink the following questionnaire concerning your past and present health. If you have an electronic copy of this form, it is a fillable .pdf, which can be typed and printed but cannot be saved.

Provide details for any positive answers on this statement.

(You need not explain positive answers for question 16.)

If additional pages are necessary, reproduce the last page.

The information on this form will be used strictly to determine training eligibility and the information will be treated confidentially.

1. Name and address of family doctor _____

2. Date last seen and reason _____

3. Do you use Tobacco products? ☐ Yes ☐ No What type? _____

How often? _____ Quantity? _____

4. Do you use alcoholic beverages? ☐ Yes ☐ No If Yes, what is your approximate intake of these beverages?

	None	Occasional	Often	Drinks per week?
Beer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Wine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hard liquor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

5. a. Have you taken any drugs or medications prescribed by a physician in the last year? ☐ Yes ☐ No

b. Have you taken any over-the-counter or non-prescription medications in the last year? ☐ Yes ☐ No

c. Are you now on any medication? ☐ Yes ☐ No

6. a. Have you ever undergone a drug test for any employment or admission into a law enforcement training program? ☐ Yes ☐ No

b. Have you ever produced a positive result on any drug test reported in 6.a.? ☐ Yes ☐ No

7. Do you have any hearing problem or deafness? ☐ Yes ☐ No Explain:_____

8. Do you wear glasses, contact lenses or have any other eye disorder? ☐ Yes ☐ No Explain:_____

9. Do you have any dental problems? ☐ Yes ☐ No Explain:_____

10. Have you ever been hospitalized? ☐ Yes ☐ No If so, when?_____

11. Have you ever had any surgery or operations? ☐ Yes ☐ No Explain:_____

12. Do you have any physical or mental condition that would prevent you from participating in any form of strenuous, prolonged exercise? ☐ Yes ☐ No Explain:_____

13. Do you participate in any regular exercise program or sport? ☐ Yes ☐ No

Explain:_____

14. Has your weight changed in the last year? ☐ Yes ☐ No

How much? _____ (+ or - lbs.)

15. Have you ever experienced any heat stress related emergencies, including heat fatigue, heat cramps, heat exhaustion or heat stroke? ☐ Yes ☐ No Explain:_____

16. Are you pregnant? ☐ Yes ☐ No Have you ever been pregnant? ☐ Yes ☐ No

Have you given birth during the six-week period of time preceding the start of the basic course? ☐ Yes ☐ No

17. Have you ever been discharged from the armed services for medical reasons?

☐ Yes ☐ No

Family History

	<u>Age</u>	<u>Health or Cause of Death</u>		<u>Age</u>	<u>Health of Cause of Death</u>
Mother			Father		
Brothers			Sisters		

Heart and Blood Vessels

18. Have you ever had high blood pressure? ☐ Yes ☐ No When? _____

19. Have you ever had any type of heart trouble (murmer, leaky valve, rheutatic fever, heart attack, coronary?) ☐ Yes ☐ No Explain _____

20. Do you have any chest pain, skipped heart beats or palpitations? ☐ Yes ☐ No
Explain _____

21. Do you have any kind of circulation problem (cold hands or feet, leg pain while walking, varicose veins, swollen legs or ankles, vein problem, phlebitis)? ☐ Yes ☐ No
Explain _____

22. Have you ever had any type of stroke? ☐ Yes ☐ No Explain _____

Lung Problems:

23. Have you ever had any lung problem (shortness of breath, chronic cough, wheezing, asthma, emphysema, bronchitis, pneumonia)? ☐ Yes ☐ No Explain _____

24. Are you now or have you ever used inhalers? ☐ Yes ☐ No When/how often? _____

Muscle - Bone - Joint Problems

Have you ever had:

25. Any type of back problem (slipped disk, low back strain, back pain, neck pain)?
Explain _____

26. Recurrent dislocations of any joint, recurrent strains or sprains or any type of arthritis?

27. Any athletic or other injury, broken bones, requiring medical attention? _____

Nervous, Mental or Emotional Disorders

28. Have you ever had any nervous or emotional disorders (seizures, fits, epilepsy, blackouts, fainting spells, mental illness, depression, head injury or concussion)?

☐ Yes ☐ No Explain _____

Allergies

29. List and explain any allergy problems (food, rash, hay fever, sinus trouble, wheezing, reaction to medicines) _____

Blood Sugar, Blood Tests, Cancer

30 List and explain any high or low blood sugar, abnormal cholesterol, thyroid, anemia or other abnormal blood test, leukemia or cancer _____

Please list anything else which you feel may be important in your medical history, including any conditions not specifically referred to in the preceding questions. _____

Attach additional pages as necessary.

[illegible]

I understand that this Health History Statement will provide information for the physician to use in assessing my overall health for participation in a commission-approved basic course.

I hereby authorize a copy of this form to be released to the commission-approved school where I am enrolled.

I hereby certify that all statements are accurate and complete. Falsification of information on the Health History Statement may result in dismissal from the commission-approved school.

Signature in full _____ Date: _____

Print name in full: _____

PTC-7 (Rev. 09/2023)



Notice to Physician

Under N.J.A.C. 13:1-8.1(a)5, the individual you are examining is required to obtain medical clearance prior to acceptance into a Police Training Commission basic course involving physical activity. This training may include physical conditioning, defensive tactics (unarmed defense) training, baton training, physical restraint training, exposure to chemical agents and firearms training.

Physical conditioning consists of a series of physical fitness assessments and a program of physical exercise conducted at a school approved by the Police Training Commission. The exercise program will be conducted a minimum of three and a maximum of five times per week, each session lasting sixty minutes. For individuals who are more highly fit, an additional ten minutes of aerobic activity is permitted. The program of physical exercise will focus on flexibility, cardiorespiratory endurance (aerobics), strength, power, speed, and neuromuscular coordination (agility, balance). The intensity of training is individualized to the extent possible in a group setting and is gradually increased throughout the course of the exercise program.

Please note that some of the commission-approved schools have requested and received commission approval to include variations to the mandated physical conditioning training program. These variations include the use of Universal equipment, super-circuit weight training, boxing, obstacle courses and the horizontal ladder. The director of the school where the trainee will be enrolled has been informed to supply directly to you information concerning a school's variation from the commission-mandated physical conditioning program.

Defensive tactics (unarmed defense) training teaches the trainee to use body parts as defensive weapons. The trainee will use the open hand, elbow, forearm, knee, foot, and hand during the defensive moves. Take-down tactics, holds, punching, straight kicks and headblocks are some of the defensive tactics employed during the training. Balance and leverage (extensive use of trunk and abdominal muscles) are part of the defensive stance used by the trainee.

Chemical agent training is held at either an indoor or an outdoor training area. A trainee may be exposed to either a direct facial spray of Oleoresin Capsicum (OC) or a room in which the chemical agent has been released. The trainee experiences the physiological impairments and reactions associated with the agent as well as understanding the aftercare required.

Firearms training is held either in an indoor or an outdoor range and the trainees use

handguns and shotguns. A trainee walks briskly or slowly jogs from the 25-yard to the 1-yard line, with intermittent stops at designated yard lines, and fires the handgun. Standing, prone, kneeling and barricaded positions are assumed. Trainees use both the strong and support hands for handgun firing. Shotguns, weighing approximately 11 pounds, are fired from a standing position using the strong shoulder position. In the Basic Course for State Corrections Officers, rifle training is required. Rifles, weighing approximately 12 -13 pounds are fired from behind barricades from a standing and kneeling position. The strong shoulder and strong knee positions are used.

For firearms training, manual dexterity is required and there may be problems if any fingers or limbs are missing or if there are problems with vision.

To assist you in understanding the training program this individual will participate in, we have enclosed the following:

Chart 1 - Physical Conditioning Exercise Program Overview and Sequence of Exercises for Five-Day Week

Chart 2 - Physical Conditioning Exercise Program Overview and Sequence of Exercises for Three-Day Week

Chart 3 - Static and Dynamic Flexibility Exercises

Chart 4 - Calisthenics/Strength Exercises

Chart 5 - Defensive Tactics

Other - Medical Certification Form

The Commission-approved Physical Conditioning Training Program manual specifies that the following shall be included in the physical examination:

- o A hearing examination.
- o Physical examination of the spine and limbs for bone and joint abnormalities and of the neck, chest, abdomen, eyes, ears, nose, and throat
- o Auscultation of heart and lung sounds for identification of possible cardiac murmurs, dysrhythmias, or chronic lung disease
- o Measurement of resting heart rate, blood pressure and respiration
- o Height and weight

The following laboratory work is required:

- o Chemical analysis of blood for levels of serum cholesterol, triglycerides, glucose, and uric acid
- o Urinalysis from State Toxicology Laboratory (Agency must Submit)

- o Electrocardiogram.

If indicated because of medical history or a finding on the examination, a chest x-ray may be required.

A maximal exercise stress test may be required. In keeping with the guidelines of the American College of Sports Medicine, it is desirable for an individual 45 years of age or older to have a maximal exercise stress test before beginning the training program. An exercise stress test prior to acceptance into the school is strongly recommended for prospective trainees whose medical screening and fitness evaluation indicate a higher risk status or the presence of disease. The physician, however, will determine whether or not the stress test is to be administered.

A Health History Statement (PTC-7) including cardiac-related information has been completed by the trainee to assist you in determining whether or not the individual is fit to undergo the commission-approved programs as specified in this letter. The trainee has been directed to provide you with the completed Health History Statement so that it may be reviewed during the medical examination. The responses contained in the Health History Statement are to be used as a starting point in the medical examination. Please feel free to inquire into any other areas which, in your medical opinion, are necessary so that you may accurately determine whether the prospective trainee is medically fit to undergo the programs described. Please retain a copy of the completed Health History Statement (PTC-7) in your files in accordance with N.J.A.C. 13:35-6.5.

Following the examination it is requested that you complete the enclosed Medical Certification Form (PTC-8). Please indicate whether the individual is:

Medically fit to participate in Defensive Tactics (unarmed defense), Chemical Agent exposure, Baton training, Physical Restraint training, Firearms Training and in the Police Training Commission's Physical Conditioning Training Program without limitations.

If the individual has a temporary illness or injury which will clear prior to the training program, please note that on the PTC-8 form.

Not medically fit to undergo training.

The nature and severity of any risks or disease should be viewed in light of the content of the training programs and the trainee's physical condition.

To ensure confidentiality of the completed Medical Certification Form and the Health History Statement, please return both in the envelope which is marked Confidential and is addressed to the chief executive of the employing agency.

Please retain a copy of the completed Medical Certification Form for your records.

Your cooperation is greatly appreciated.

CHART 1

PHYSICAL CONDITIONING EXERCISE PROGRAM

OVERVIEW AND SEQUENCE OF EXERCISES FOR FIVE-DAY WEEK

Warm-Up.....	<u>5 minute</u> walk accelerating to a slow jog.
Flexibility Exercises.....	<u>7 minutes</u> of stretching exercises to enhance range of motion of the principal joints associated with musculature. Flexibility exercises are to be selected from the exercises listed in Chart 3 and described in the Flexibility Exercises section. Exercises are to include stretching of the primary muscle groups that are going to be used during the conditioning phase.
Aerobic Activities.....	<u>15-20 minutes</u> of exercises from the following list of options: jogging/running, rope jumping, swimming, and bicycling. Trainees at the intermediate level of fitness (Level II) and at the advanced level (Level III) may add no more than an additional 10 minutes of aerobic activities to this component of the exercise session as specified in the Aerobic Activities Prescription Guidelines.
Transition Cool-down.....	<u>3 minutes</u> of rhythmic movement including stretching.
Calisthenics/Strength Exercises.....	<u>20 minutes</u> of strength exercises three times a week and <u>10 minutes</u> , two times a week. Exercises are to be selected from the exercises listed in Chart 5 and described in the Calisthenics/Strength Exercises section.
Speed and Agility Exercises.....	<u>5 minutes</u> of sprinting and <u>5 minutes</u> of agility running two times a week. (Trainees, however, may require additional time for the speed and agility components because of the rest periods specified in the Speed and Agility Prescription Guidelines.)
Cool-down.....	<u>5 minutes</u>

CHART 2

PHYSICAL CONDITIONING EXERCISE PROGRAM

OVERVIEW AND SEQUENCE OF EXERCISES FOR THREE-DAY WEEK

Warm-up	<u>5 minute</u> walk accelerating to a slow jog.
Flexibility Exercises.....	<u>7 minutes</u> of stretching exercises to enhance range of motion of the principal joints associated with musculature. Flexibility exercises are to be selected from the exercises listed in Chart 3 and described in the Flexibility Exercise section. Exercises are to include stretching of the primary muscle groups that are going to be used during the conditioning phase.
Aerobic Activities.....	<u>15-20 minutes</u> of exercise from the following list of options: jogging/running, rope jumping, swimming and bicycling. Trainees at the intermediate level of fitness (Level II) and at the advanced level (Level III) may add no more than an additional 10 minutes of aerobic activities to this component of the exercise session as specified in the Aerobic Activities Prescription Guidelines.
Transition Cool-Down.....	<u>3 minutes</u> of rhythmic movement including stretching.
Calisthenics/Strength Exercises.....	<u>20 minutes</u> of strength exercises every other day; <u>10 minutes</u> when time is allotted for Speed/Agility exercises. See below. Exercises are to be selected from the exercises listed in Chart 5 and described in the Calisthenics Strength Exercises section.
Speed and Agility Exercises	<u>5 minutes</u> of sprinting and <u>5 minutes</u> of agility running every other day. See below. Trainees, however, may require additional time for the speed and agility components because of the rest periods specified in the Speed and Agility Prescription Guidelines.
Cool-Down.....	<u>5 minutes</u>

CHART 3
STATIC AND DYNAMIC FLEXIBILITY EXERCISES

1. Neck Stretch (Dynamic)
2. Shoulder Stretches (Static)
3. Chest Stretch (Static)
4. Sitting Trunk Twist
5. Modified Indian Curl (Static)
6. Sitting Toe Touch (Static)
7. Straight Leg Abs
8. Lying Supine - Leg Over (Dynamic)
9. Prone Support Back Stretch (Static)
10. Standing Lateral Side Stretcher (Dynamic)
11. Supported Forward Stride Stretcher (Dynamic)
12. Standing Quad Stretches (Static)
13. Hamstring Stretch (Static)
14. Hamstring/Back of Knee Stretch (Static)
15. Hamstring and Calf Stretch (Static)
16. Standing Achilles and Calf Stretcher (Static)
17. Cross Body Arm Stretch
18. Standing Toe Touch
19. Lower Limb Neural Tension (Sitting)
20. Pelvic Tilt: Posterior - Legs Bent (Supine)
21. Knee-to-Chest with Neck Flexion Stretch (Supine)
22. Knee-to-Chest Stretch: Bilateral
23. Lumbar Rotation (Non-Weight Bearing)
24. Wall Slide
25. Hip Abduction (Side-Lying)
26. Hip Adduction (Side-Lying)
27. Terminal Knee Extension (Supine)
28. Hip Extension (Prone)
29. Knee Flexion (Standing)
30. Lower Limb Neural Tension (Long-Sitting)
31. Straight Leg Raise

CHART 3 , continued

- 32. Thoracolumbar Side-Bend: Double Arm (Standing)
- 33. Knee Flexion (Sitting)
- 34. Opposite Arm-Leg Lift (Prone)
- 35. Side Lunge
- 36. Quadras Stretch (3 Variations)
- 37 Thoracolumbar Side-Bend: Single Arm
- 38. Quadriceps Stretch
- 39. Lumbar Rotation Stretch
- 40. Gastrocnemius Stretch
- 41. Soleus Stretch

CHART 4

CALISTHENICS/STRENGTH EXERCISES

Back

1. Lateral Trunk Bends
2. Back Lifts
3. Sit-ups with Stabilizer Ball

Abdomen

1. Alternating Elbow to Knee Crunch
2. Bent Knee Sit-Ups (with partner)
3. Modified Curl-ups (with partner)

Chest

1. Recline Fly with Stabilizer Ball

Arms

1. Shoulder Rotations
2. Push-ups
Incline/Decline Push-up
3. Horizontal Dips
4. Pull-ups
5. Jumping Jacks
6. Tricep Extension with Heavy Ball
7. Reverse Hammer Curl

Shoulders

1. Dumbbell Exercises (6 variations)
2. Recline Press with Stabilizer Ball

Legs

1. Platform Balancing Exercise - Side Dip
2. Heel Raises
3. Knee Bends
4. Modified Knee Bends
5. Mountain Climbing
6. Squat Thrusts
7. Windshield Wiper (Advanced Exercise)

CHART 5

DEFENSIVE TACTICS

Goal: Trainees use body parts as defensive weapons.

A. Parts of the body to be used:

1. open hand and fist
2. elbow
3. forearm
4. knee
5. foot
6. head

B. Defensive stance:

1. balance
2. leverage - extensive use of trunk and abdominal muscles
3. concentration of power
4. use of opponent's power

C. Defensive tactics employed:

1. breaking and countering choke and strangle holds
2. escaping
3. headblocks and headlocks
4. body and clothing grabs
5. blocking
6. counter actions and follow-ups
7. punching
8. straight kicks
9. come-along holds
 - a. arm locks
 - b. wrist locks
 - c. fingerlocks
10. take-down tactics
 - a. wrist throw
 - b. stiff arm take-down
 - c. foot sweeps
11. break falls

D. Defensive tactics from the ground

E. Weapon retention

PHILIP D. MURPHY
Governor
TAKESHA L. WAY
Lt. Governor



MATTHEW J. PLATKIN
Attorney General
THOMAS J. EICHER
Executive Director

MEDICAL CERTIFICATION FORM
(Please Print)

Candidate's Name: _____

Last 4 SS Number: _____

Candidates's Employing Agency: _____

Agency Address: _____

PTC-Approved School
Candidate Will Attend: _____

Name of Course: _____ Course Dates: _____

Physician's Name: _____

Physician's Address: _____

Based upon the medical examination and review of the Health History Statement, the above-named individual is determined to be:

(Check one)

☐ Medically fit to participate in Defensive Tactics (unarmed defense), Chemical Agent exposure, Firearms Training, Baton Training, Physical Restraint Training, and in the Police Training Commission's Physical Conditioning Training Program without limitations.

☐ Not medically fit to participate in Defensive Tactics (unarmed defense), Chemical Agent exposure, Firearms Training, Baton Training, Physical Restraint Training, and in the Police Training Commission's Physical Conditioning Training Program.

Physician's Signature and License No.

Date



PHILIP D. MURPHY
Governor

TAJESHA L. WAY
Lt. Governor

State of New Jersey
OFFICE OF THE ATTORNEY GENERAL
DEPARTMENT OF LAW AND PUBLIC SAFETY
OFFICE OF PUBLIC INTEGRITY AND ACCOUNTABILITY
25 MARKET STREET
PO BOX 085
TRENTON, NJ 08625-0085

MATTHEW J. PLATKIN
Attorney General

THOMAS J. EICHER
Executive Director

PSYCHOLOGICAL CERTIFICATION
FORM (Please Print)

Candidate's Name: _____

Last Four of SS # _____

Candidates's Employing Agency: _____

Agency Address: _____

PTC-Approved School

Candidate Will Attend: _____

Name of Course: _____ Course Dates: _____

Examiner's Name: _____

Examiner's Address: _____

Based upon the psychological examination, the above-named individual:

(Check one)

☐ Has passed a psychological examination in accordance with Police Training Commission Rules.

☐ Has not passed a psychological examination in accordance with Police Training Commission Rules and Regs.

_ Examiner's Signature and License No.

Date

SHERIFF'S OFFICE

MICHAEL G. MASTRONARDY
SHERIFF

JON G. LOMBARDI
UNDERSHERIFF

JOHN P. TATE
ACTING ACADEMY DIRECTOR



OCEAN COUNTY POLICE ACADEMY

659 Ocean Avenue
Lakewood, New Jersey 08701

TELEPHONE
732-363-8715

FAX NUMBER
732-905-8345

WEBSITE
oceancountypoliceacademy.org

STATEMENT OF ATTENDING PHYSICIAN STRESS TEST

Candidate's Name: _____

Social Security Number: _____

Candidate's Employing Agency: _____

Agency Address: _____

Physician's Name: _____

Physician's Address: _____

I have afforded the above named individual an EXERCISE STRESS TEST-TREADMILL and find the applicant to be:

- ☐ Capable of performing arduous and strenuous physical exertion.
- ☐ **Not medically fit** to perform arduous and strenuous physical exertion.

Signature of Examiner

Date of Examination

Name of Examiner

Title of Examiner

NOTE: Successful completion of this test is required for admission to the Ocean County Police Academy

SHERIFF'S OFFICE

MICHAEL G. MASTRONARDY
SHERIFF

JON G. LOMBARDI
UNDERSHERIFF

JOHN P. TATE
ACTING ACADEMY DIRECTOR



OCEAN COUNTY POLICE ACADEMY

659 Ocean Avenue
Lakewood, New Jersey 08701

TELEPHONE
732-363-8715

FAX NUMBER
732-905-8345

WEBSITE
oceancountypoliceacademy.org

**CERTIFICATION OF NOMINEE TO ATTEND THE
OCEAN COUNTY POLICE ACADEMY**

I hereby certify that _____
(Name of Nominee)

whom I herewith nominate to attend the Ocean County Police Academy, has been duly appointed
pursuant to the provisions of the Police Training Act, N.J.S.A. 52:17B-69, with the
title of _____ with the _____
(Type of Appointment) (Department or Agency)

on _____.
(Date of Appointment)

I further certify that this officer meets all the requirements under the Police Training Act 52:17B-69 et.
Seq., Title 13 Law & Public Safety 13:1-1.1 et. Seq., and the Rules and Regulations of the New Jersey
Police Training Commission.

Mayor or Appropriate Authority Name

Police Chief or Agency Executive Name

Mayor or Appropriate Authority Signature

Police Chief or Agency Executive Signature

Date of Signature

Date of Signature

SLEO Agency Certification Form

Trainee Name _____

Last

First

Middle Initial

Suffix

I certify that this trainee has been lawfully appointed as a:

- ☐ Special Law Enforcement Officer Class I (SLEO-I)
- ☐ Special Law Enforcement Officer Class II (SLEO-II)

pursuant to the provisions of N.J.S.A. 40A:14-146 et seq, and pursuant to an ordinance adopted by the appointing authority, providing for the appointment of special law enforcement officers. I further certify that this trainee will be supervised by me or my designee, and that I have complied with the Police Training Commission Rule N.J.A.C. 13:1-8.1, including a background investigation, medical and psychological clearance, urinalysis, finger printing, and agency training.

NOTE: A Special Law Enforcement Officer Class I (SLEO-1) is exempt from the psychological clearance requirement.

Date: _____

Chief/Agency CEO: _____

Printed Name

Chief/Agency CEO: _____

Signature



BCPO Agency Certification Form

Trainee Name _____

Last

First

Middle Initial

Suffix

I certify that the trainee has received an appointment as a police officer and **has been granted a leave of absence with pay** during the period of the training pursuant to N.J.S.A.52:17B-69. Also, I certify that this agency has complied with the requirements of the Police Training Commission Rule N.J.A.C.13:1-8.1, including a background investigation, medical and psychological clearance, urinalysis, finger printing, and agency training.

Date _____

Agency Chief _____

Signature

I certify that this trainee has completed agency training pursuant to the Police Training Commission Rule N.J.A.C.13:1-6.1.

Date _____

Agency Chief _____

Signature



DRUG TESTING FACTS

Law enforcement trainees:

1. Trainees will be required to submit one or more urine specimens for testing while they attend a mandatory basic training course. All drug testing conducted during mandatory basic training will comply with rules and regulations established by the Police Training Commission.
2. Individual trainees may also be required to submit a urine specimen for testing when there exists reasonable suspicion to believe that the trainee is illegally using drugs. A trainee shall be ordered to submit to a drug test based on reasonable suspicion only with the approval of the county prosecutor, the chief executive officer of the trainee's agency or the academy director.

Notification of drug testing procedures:

1. All newly appointed law enforcement officers shall be informed that drug testing is mandatory during basic training. Newly appointed officers shall also be informed that a negative result is a condition of employment and that a positive result will result in:
 - a. the officer's termination from employment; and
 - b. inclusion of the officer's name in the central drug registry maintained by the Division of State Police; and
 - c. the officer being permanently barred from future law enforcement employment in New Jersey.
2. Newly appointed officers shall be further informed that the refusal to submit to a drug test shall result in their dismissal from employment and a permanent ban from future law enforcement employment in New Jersey.
3. Each police academy will include in its rules and regulations a provision implementing drug testing during basic training and consequences of a positive test result.

When a trainee tests positive for illegal drug use, subject to rules adopted by the Police Training Commission:

1. The trainee shall be immediately dismissed from basic training and suspended from employment by his or her appointing authority;
2. The trainee shall be terminated from employment as a law enforcement officer, upon final disciplinary action by the appointing authority;
3. The trainee shall be reported to the Central Drug Registry maintained by the Division of State Police; and
4. The trainee shall be permanently barred from future law enforcement employment in New Jersey.

Consequences of a refusal to submit to a drug test:

Trainees who refuse to submit to a drug test during basic training shall be immediately removed from the academy and immediately suspended from employment. Upon a finding that the trainee did in fact refuse to submit a sample, the trainee shall be terminated from law enforcement employment and permanently barred from future law enforcement employment in New Jersey. In addition, the appointing authority shall forward the trainee's name to the Central Drug Registry and note that the individual refused to submit a drug test.



DRUG TESTING TRAINEE NOTICE AND ACKNOWLEDGMENT

I, _____, understand that as part of the program of training at the **OCEAN COUNTY POLICE ACADEMY**, I will undergo unannounced drug testing by urinalysis during the training period.

I understand that a negative result is a condition of my continued attendance at the academy.

I understand that I can refuse to undergo the testing. I understand that if I refuse, I will be dismissed from the academy and from my law enforcement position.

I understand that if I produce a positive test result for illegal drug use, I will be dismissed from the academy.

I understand that if I produce a positive test result for illegal drug use, the academy will notify my employer of the positive test result. In addition, I will be permanently dismissed from my law enforcement position.

I understand that if I produce a positive test result for illegal drug use, that information will be forwarded to the Central Drug Registry maintained by the Division of State Police. Information from that registry can be made available by court order or as part of a confidential investigation relating to law enforcement employment.

I understand that if I produce a positive test result for illegal drug use, I will be permanently barred from serving as a law enforcement officer in New Jersey.

I have read and I understand the information contained on this "Trainee Notice and Acknowledgment" form. I agree to undergo drug testing through urinalysis as part of the academy training program.

Signature of Applicant and Date

Signature of Witness and Date