



**COLLEGE OF THE MAINLAND
LAW ENFORCEMENT TRAINING CENTER
BASIC PEACE OFFICER PROGRAM
APPLICATION PACKET**





COLLEGE OF THE MAINLAND BASIC PEACE OFFICER ACADEMY OVERVIEW

The College of the Mainland Basic Peace Officer Academy has scheduled a start date for the Basic Peace Officer training program.

The attached application packet contains information on the minimum standards for admission to the Academy. Please review the enrollment and licensing standards closely to ensure that you qualify.

This is a preliminary application only; class space is limited, and application does not ensure acceptance.

Students must also apply to College of the Mainland. This is a separate application. The College of the Mainland Application can be found at com.edu.

Apply to College of the Mainland to be accepted as a student at www.com.edu.
Select Apply Now in the top red banner.

Priority for acceptance will be given to current law enforcement employees.

You will be notified of your acceptance prior to the start of the Academy.

Application materials such as the attached pre-enrollment basic licensing course background criminal history check, psychological testing, drug testing, Meningitis Vaccine, and physician's medical opinion form must be completed at the applicant's expense.

Do not turn in application to the Academy until this entire document is completed.

This document must be returned to the front office of the Public Service Careers Department.

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Steps to Successful Admission in Basic Peace Officer Academy

- **Apply to College of the Mainland**
 - <https://www.com.edu/admissions/apply/>
 - Fill out FASFA
 - <https://www.com.edu/financial-aid/what-is-fafsa.html>
 - Contact Veterans Center (If Applicable)
 - <https://www.com.edu/veterans/index.html>
 - Fill Out Scholarships
 - <https://www.com.edu/paying-for-college/scholarships.html>
- **Start Application to Basic Peace Officer Academy (This Packet)**
 - Download and complete your TCOLE Personal History Statement (PHS)
 - https://www.tcole.texas.gov/sites/default/files/FormsAppsPubs/Personal-History-Statement_TCOLE_08-12-2020.pdf
 - You will need this for your application
 - It must be signed in front of a Notary
 - You need to take a copy with you to your psychological examination
 - **This document must be printed one-sided**
 - Complete your FAST with IdentoGO
 - Keep your receipt!
 - Print and bring with your application
 - Order and print your Texas DPS Three Year Driving Record- Print results and bring this with your application



○ **Begin the L-2 Physical Process**

- Download and fill in a TCOLE L-2 Form
- https://www.tcole.texas.gov/sites/default/files/formsapps/licensure_medical_condition_l2_5.31.2017.pdf
 - Make an appointment for your L-2 Physical and Drug Test with an Academy Approved Provider
- Fill in your Medical Disclosure Self Report Form
- Go to your appointment with your form and have the medical professional sign the Medical Disclosure Affidavit
- Make sure the physician fills in the Examination Form
- Make sure the physician signs the Notice of Duties Form
- Make sure the physician signs the drug test and physical
 - Double check everything is signed before you leave

○ **Begin the L-3 Psychological Process**

- Schedule an appointment with an Academy Approved L-3 Psychological exam provider
- Print and fill in a copy of the L-3 Form
 - https://www.tcole.texas.gov/sites/default/files/FormsAppsPubs/licensure_psych_health_L3_0.pdf
- Bring a notarized copy of your PHS and bring it to your psychological examination
- Make sure the examiner signs the Notice of duties for Psychological Exam
- Make sure the psychologist signs the acknowledgement of Personal History Statement form



- Make sure they fill out the L-3 Psychological and Emotional Health Declaration completely.
 - Double check everything is signed before you leave
- **Releases and other Portions**
 - Fill in and sign in front of a Notary your Authority to Release Information form
 - You will need to go to a Notary for this
 - Fill in and Sign your Release of Criminal History Form
 - Ask your Local PD for Local Clearance Letters
 - You might start this early on-they may take a while
- **Once all this is Signed and Ready- Return to the Public Service Careers Department with the completed forms and your original:**
- Signed and complete Personal History Statement
 - This must be signed in front of a Notary
- Birth Certificate (original foreign or domestic)
- Social Security Card
- High School or College Transcripts or physical degrees or degree cards.
- Current car insurance-Paper copy
- DD214 Member 4 copy
- Driver's License
- Passport (if available)
- Certificate of Naturalization (if applicable)



- Copy of your DPS Record
- TLETS User ID (if Available)
- **When you bring in this material, we will make copies, certify the originals, and return them to you. We will also look over your application for completeness. When your application is complete you will be cleared for enrollment and notified. If your application is incomplete, we will work with you to complete it. We cannot accept incomplete applications.**

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WELCOME LETTER

Dear Potential Cadet,

Thank you for your interest in the College of the Mainland Basic Peace Officer Academy. We are excited to serve you in your goal of entering a career in Law Enforcement. This choice signals your deep desire to serve others and create communities that are safe, secure, and prosperous.

This application packet is intimidating. There are many steps to be completed before you are enrolled in the Academy. However, please know that myself, the Director of the Basic Peace Officer Academy, and the Public Service Careers administrative staff are here to assist. Once you have completed your application to College of the Mainland, please start completing the steps necessary for acceptance to the academy itself.

As the front line of entry into Law Enforcement our Academy must under the laws of the great state of Texas ensure that certain requirements are met prior to your entry. The Texas Commission on Law Enforcement (TCOLE) is charged with overseeing these regulations and will audit all materials we must ensure compliance before you begin the class.

There are many things to do before you can begin but I have full confidence that working together we can ensure that all requirements are met and your journey to your desired outcome can begin.

Yours in Service,

Dr. R.E. Davis

Department Chair

Public Service Careers Department

Basic Peace Officer Academy, Fire Academy, Emergency Medical Services, Criminal Justice

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CADET INFORMATION SECTION



REQUIRED INFORMATION

The applicant must also provide the following materials in the original to the academy prior to being accepted and eligible to participate in the Basic Peace Officer Program at College of the Mainland. Bring in the original with your application to be received, verified, and copied by the Department of Public Service Careers. Scanned or photocopied copies cannot be accepted.

1. **Proof of educational attainment** – Official copies of all high school, GED, and/or college transcript(s) or original degrees/degree cards.
2. **Birth Certificate**– Certified copy of a birth certificate-including international birth certificates
3. **Social Security Card**
4. **Driver's License**
5. **Proof of U.S. citizenship** – Certified copy of a birth certificate, Certificate of Naturalization, Passport (if available)
6. **TX DPS Type 3 Driving Record**
 - a. See Instructions in packet
7. **Copy of Proof of Insurance**
8. **Personal History Statement**
 - a. this form is available from the link in this packet
9. **Military veterans must provide a copy of the DD 214, member 4 form from all branches served**
10. **TLETS User ID (If available)**

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PERSONAL HISTORY STATEMENT

All applicants are required to turn in a Personal History Statement (PHS) with their application. The PHS is a TCOLE requirement required for entrance into the Academy.

1. The PHS is an exceptionally large document; start it as soon as you are able. This can take up to two weeks to fill out.
2. Integrity is of the utmost importance -be as honest and precise as possible.
3. If there is information you cannot remember, do not leave blank- write that you cannot remember or other explanation for not having the information.
4. If there is a field that does not apply to you, write NA in the blank. Do not use this if there is information that applies that you that you do not have access to.
5. For information you do not have access to, please write UTO in the blank for unable to obtain.
6. Do not leave any fields empty.
7. Print your PHS single sided. Do not print double sided.
8. The PHS can be filled out electronically or by hand. If you fill it out by hand, use a black pen only. Print legibly. Typing your answers is preferred.
9. You can download a copy of the PHS here:
 - a. https://www.tcole.texas.gov/sites/default/files/FormsAppsPubs/Personal-History-Statement_TCOLE_08-12-2020.pdf
10. The PHS must be initialed on the bottom of every page.
11. The PHS must be notarized.
 - a. Notaries are available in the COM Administration building. -Ask the COM Helpdesk for a notary.
 - b. The COM Public Service Careers Department may also have a notary available.



12. You must take your complete PHS to the psychologist performing your L-3 Psychological exam.
 - a. See the Medical and Psychological section of this packet
 - b. The Psychologist MUST sign an affidavit that they have reviewed the Personal History Statement.

13. Keep a copy of your PHS. You will need it for your job applications.

The PHS must be turned in with this application.

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VETERANS

Many Veterans enter Law Enforcement and other Public Service Careers. The College of the Mainland Basic Peace Officer Academy recognizes and supports the unique skills that Veterans bring to the Basic Police Officer Academy as well as unique challenges they may face.

Upon acceptance into College of the Mainland if you are an honorably discharged military veteran, please contact the College of the Mainland Veterans Center.

Veteran Center Front Desk

409-933-8455

fax: 409-933-8223

comvets@com.edu

Veterans must also bring an original DD-214 Member copy 4 to the PSC front office to be copied with their other application material.

Notice:

Some Sections of the Texas Administrative Code; **TITLE 37. PUBLIC SAFETY AND CORRECTIONS**
PART 7. TEXAS COMMISSION ON LAW ENFORCEMENT
CHAPTER 217. ENROLLMENT, LICENSING, APPOINTMENT, AND SEPARATION
SECTION 217.1. Minimum Standards for Enrollment and Initial Licensure

Apply Specifically to Veterans.

An Applicant must:

(ii) has received an honorable discharge from the armed forces of the United States after at least two years of active service;

(C) for enrollment purposes in a basic peace officer academy only, has an honorable discharge from the armed forces of the United States after at least 24 months of active-duty service.

(13) has never received a dishonorable discharge;

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COST OF ACADEMY

The following is a breakdown of Academy cost.

This is only an estimate. Prices may vary and are subject to change without notice.

| | |
|---------------------------------|------------------------|
| In-District Tuition & Fees | \$1,773.00 (estimated) |
| Out-of- District Tuition & Fees | \$2,973.00 (estimated) |

Additional Fees

| | |
|--|--------------------------------|
| Fingerprints (FAST) | \$ 45.00 |
| Physical Exam | \$ 75.00 (approx.) |
| Psychological Exam | \$ 150.00 (approx.) |
| Textbook (Texas Criminal & Traffic Law Manual) | \$ 75.00 (approx.) |
| Uniforms | \$ 300.00 (approx.) |
| State Test | \$ 29.00 (included in tuition) |
| Re-Test (each attempt) | \$ 29.00 |
| | ### |

TEXAS COMMISSION ON LAW ENFORCEMENT (TCOLE) REQUIREMENTS

The Basic Peace Officer Course (BPOC) in the College of the Mainland Law Enforcement Training Center is governed by the laws and regulations of the State of Texas, the Texas Commission on Law Enforcement, College of the Mainland and internal LEA standards and practices approved by the Law Enforcement Academy Advisory Board.

The amount of material in this application may appear daunting but it is necessary to ensure that cadets meet the criteria for licensure by the State.

College of the Mainland is an accredited College and Academic Provider of Law Enforcement Training.

Academic provider--A school, accredited by the Southern Association of Colleges and Schools or its successors and the Texas Higher Education Coordinating Board, which has been approved by the commission to provide basic licensing courses.

(3) Accredited college or university--An institution of higher education that is accredited or authorized by the Southern Association of Colleges and Schools, the Middle States Association of Colleges and Schools, the New England Association of Schools and Colleges, the North Central Association of Colleges and Schools, the Northwest Commission on Colleges and Universities, the Western Association of Schools and Colleges or its successors, or an international college or university evaluated and accepted by a United States accredited college or university.

College of the Mainland cannot accept any student to the LEA that does not meet TCOLE Licensing standards.

TCOLE States:

Sections 1701.251 and 1701.253 of the Texas Occupations Code (TOC) requires that TCOLE draft, implement, update, and regulate preparatory and continuing education courses for every type of law enforcement license it regulates. The Commission administers said training mandates through authorized law enforcement academies (LEA's) and approved contractual training providers. A list of all training mandates is readily accessible on the TCOLE website.

Section 1701.255 of the TOC requires that TCOLE establish minimum qualifications for enrollment in any basic licensing course. This section specifically prohibits the enrollment of an individual who does not meet the minimum requirements stipulated under Rule 217.1.

Section 1701.304 of the TOC requires successful completion of a licensing exam for any license issued by TCOLE. Eligibility requirements to take licensing examinations may be found in Section 219.1 of the Administrative Rules.

Basic Training Requirements

Peace Officer

Peace officer applicants are required to successfully complete the current Basic Peace Officer Certification courses (#1000696) and pass the licensing exam prior to being licensed.

DISQUALIFICATIONS FROM ACADEMY

Disqualification for Licensure – Criminal Conviction

Section 1701.312 specifically disqualifies a person from being licensed as an officer, county jailer or telecommunicator if the person has been convicted of a felony offense. A felony conviction exists if the person has been adjudged guilty of a felony offense under the laws of Texas, another state, or the United States Code. Further, Chapter 217.1 disqualifies a person who has been convicted of a Class B Misdemeanor offense for a period of 10 years and a person convicted of a Class A misdemeanor for life. Waivers are obtainable 5 years after conviction, under certain circumstances, for misdemeanor offenses, and are addressed in Rule 211.30.

A person adjudged guilty of a disqualifying offense but placed on probation is for all licensing purposes considered to be convicted. Key phrases like “adjudged guilty” or “found guilty” are a clear indication of a permanent conviction. This type of adjudications will be treated as convictions regardless of whether: (1) the sentence is subsequently probated, and the person is discharged from community supervision (aka “*deferred adjudication*”); (2) the accusation, complaint, information, or indictment against the person is dismissed and the person is released from all penalties and disabilities resulting from the offense; or (3) the person is pardoned for the offense, unless the pardon is granted expressly for subsequent proof of innocence.

Under current Federal Statutes (U.S. Code, Title 18, Crimes and Criminal Procedure, Part 1, Crimes, Chapter 44, Firearms, Sections 921(a)(33)(A)&(B), and 922(d)(g)&(h)) a person convicted of any crime involving domestic violence or subject to any type of restraining order issued by a court of competent jurisdiction is prohibited from owning or possessing firearms or ammunition – which automatically disqualifies the individual from being licensed as a peace officer. Furthermore, administrative rules prohibit the issuance of any TCOLE license to a person convicted of an offense which involved family violence.

Section 1701.553 of the Occupations Code makes it a state jail felony to appoint or retain a convicted felon (see also sections 1701.312 and 1701.313). **It is also a criminal offense to knowingly make a false statement on any TCOLE license application.**

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BASIC PEACE OFFICER ACADEMY ENROLLMENT STANDARDS

Enrollment Standards: Individuals interested in attending the Basic Peace Officer Academy must meet all the below listed enrollment standards.

The Texas Commission on Law Enforcement Standards and Education establishes these standards and does not provide for any exceptions. The complete TCOLE Rules and Regulations for entrance into a Basic Peace Officer Academy are listed later in this packet and must have been read. The below listed requirements is a general synopsis and subject for modification by TCOLE:

Applicant: Must be 21 years of age, or 18 years of age if the applicant has received an associate degree or 60 semester hours of credit from an accredited college or university or has received an honorable discharge from the armed forces of the United States after at least two years of active service;

Must have a high school diploma, or high school equivalency certificate. Received an honorable discharge from the armed forces of the United States after at least 24 months of active-duty service.

Subjected to a search of local, state, and national records to disclose any criminal record.

Must not ever have been on court-ordered community supervision or probation for any criminal offense above the grade of Class B misdemeanor or a Class B misdemeanor within the last ten years from the date of the court order.

May not currently be under indictment for any criminal offense.

May not ever have been convicted of an offense above the grade of a Class B misdemeanor or a Class B misdemeanor within the last ten years.

Must never have been convicted of any family violence offense.

May not be prohibited by state or federal law from operating a motor vehicle.

May not be prohibited by state or federal law from possessing firearms or ammunition.

Must be a US citizen.

May not have been discharged from any military service under less than honorable conditions including, specifically; (A) under other than honorable conditions; (B) bad conduct; (C) dishonorable; or any other characterization of service indicating bad character.

May not have had a commission license denied by final order, revoked, currently on suspension for a criminal violation, or have a voluntary surrender of license currently in effect.



You can read the State regulations here:

[https://texreg.sos.state.tx.us/public/readtac\\$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=37&pt=7&ch=217&rl=1](https://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=37&pt=7&ch=217&rl=1)

College of the Mainland must follow these regulations and cannot make any exceptions.

If you believe that you qualify for an exception you must contact TCOLE directly and provide the College a written letter from TCOLE detailing the issue.

Texas Commission on Law Enforcement Credentialing
512-936-7700

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SPONSORED AND INDEPENDENT CADETS

Sponsored Paid Student:

Sponsored paid students are cadets hired by a law enforcement agency then sent to the police academy to earn their Basic Peace Officer Certification.

If you are working for a Law Enforcement agency and they are not paying you to attend the academy, then you do not qualify as a sponsored cadet and must complete the entire application.

Sponsored Cadets must have their agency fill out a DECLARATION OF LICENSING COURSE ENROLLMENT ELIGIBILITY form. This form declares that that Agency has done the due diligence and has on record the material necessary to show that a cadet is eligible for licensure under Section 217.

That form can be found here:

<https://www.tcole.texas.gov/sites/default/files/FormsAppsPubs/DOLCEE%20form%20Final.pdf>

In addition, the sponsoring agency must fill out, certify, and return the TCOLE Law Enforcement Agency Audit Checklist.

That form can be found here:

https://www.tcole.texas.gov/sites/default/files/FormsAppsPubs/AGF_03.002_Law_Enforcement_Agency_Audit_Checklist_01.24.2022_0.pdf

Independent Student:

Independent students are cadets who have met all prerequisites but are not hired as full-time employees of a law enforcement agency. This includes cadets that may work for a Law Enforcement Agency but are not being paid to attend the BPOC/Law Enforcement Academy. If you work for an agency but are not being paid to attend, you must fill out the entire packet.

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FAST Basic Peace Officer Academy

Applicant:

The attached pre-enrollment "FAST" is for non-sponsored "Independent" applicants only (see page 28 for completion instructions).

The applicant must read and comply with all the instructions on the form.

This form takes approximately 7 workdays to be processed and delivered to the COM Basic Peace Officer Academy.

The applicant must ensure the Fast Pass is completed well ahead of time. The applicant **will NOT** be allowed into the program by law until the academy has been notified that the student is qualified.

Note:

THIS FORM IS FOR APPLICANTS THAT ARE NOT SPONSORED BY AN AGENCY.



"FAST"
FINGER PRINT INSTRUCTION FORM
TEXAS COMMISSION ON LAW ENFORCEMENT
(TCOLE/Service Code 11G4J8)

1. Schedule an appointment to be electronically fingerprinted by MorphoTrust USA at one of their IdentoGo enrollment centers.
2. Ident-to-GO (Fingerprinting) (*electronic fingerprinting form*)
3. 1-888-467-2080
4. www.IdentoGo.com
 - Internet based scheduling is the quickest and most convenient way to obtain a fingerprint appointment.
 - a. You may begin the process now by simply clicking on this link: <https://identogo.com>
 - b. Click – Texas
 - c. On-line scheduling
 - d. Service Code: 11G4J8
 - e. Schedule your appointment accordingly.
 - f. TCOLE Academy Number: LE- 511264
 - If you prefer to schedule over the telephone, you must:
 - a. Have your Service Code ready (11G4J8), then call 888.467.2080;
 - b. MorphoTrust will prompt you for the Service Code (11G4J8);
 - c. Schedule your appointment accordingly.
5. Arrive at your scheduled appointment with your photo identification and fee (\$39.75).
 - If you plan on bringing a form of identification other than a valid (unexpired) TX Driver License, please refer to the Department of Public Safety's acceptable document types here: https://www.dps.texas.gov/sites/default/files/documents/administration/crime_records/docs/proveidforfingerprinting.pdf
 - MorphoTrust accepts Visa/MasterCard/Discover/American Express, business checks, money orders and coupon codes (employer accounts) at the time of service.
 - Please note that personal checks and cash are not accepted.



Your fingerprints will be submitted electronically to DPS and the FBI. You will not receive a printed fingerprint card.

6. At the conclusion of your appointment, the MorphoTrust enrollment agent will provide you with an IdentoGo receipt stating that you were fingerprinted.

- Do not throw away the receipt you will return it with this packet;
- You may check status on your submission by clicking on this link:
<https://uenroll.identogo.com/servicecode/11G4J8>

and then;

- Click "Check Status"

Fingerprints provided for this application shall be used to check criminal history records of the Texas Department of Public Safety and the Federal Bureau of Investigation, in accordance with applicable statutes.

###



TX DPS THREE YEAR DRIVING RECORD

You are required to turn in a Texas Department of Public Safety (DPS) Type-3 Driving Record with your application.

Step 1:

Visit this site

<https://www.dps.texas.gov/section/driver-license/how-order-driver-record>

Step 2:

Click Order Now

Step 3:

Click Continue and on the next page accept the terms of use. Make sure you meet the system requirements.

Step 4:

Follow the Directions to fill in your DL information.

Step 5:

When you select the Type of Record **You Must** select Type 3

List of All Accidents and Violations on Record (Type 3): name, DOB, license status, list of all accidents and violations on record.

The cost of the record is about \$7.50

Step 6:

When you receive the record print it and bring it with your application.

If you have lived anywhere other than Texas in the last ten years you must provide those states driving records as well.

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MEDICAL AND PSYCHOLOGICAL

Fit for Duty L2 and L3 Medical and Psychological Assessments

Medical, drug and psychological screening before attending the Academy is a TCOLE requirement prior to acceptance. An applicant must make an appointment with an approved provider to complete the L2 and L3 forms below.

Applicants, please ensure that the L2 and L3 are filled in completely and accurately. It is your responsibility to ensure that they are complete prior to returning them with the application.

TCOLE requires Applicants to reviewed as Fit for Duty. This is defined as:

“Fit for duty review--A formal specialized examination of an individual, appointed to a position governed by the Texas Occupations Code, Chapter 1701, without regard to pay or employment status, to determine if the appointee is able to safely and/or effectively perform essential job functions. The basis for these examinations should be based on objective evidence and a reasonable basis that the cause may be attributable to a medical and/or psychological condition or impairment. Objective evidence may include direct observation, credible third party reports; or other reliable evidence. The review should come after other options have been deemed inappropriate in light of the facts of the case. The selected Texas licensed medical doctor or psychologist, who is familiar with the duties of the appointee, conducting an examination should be consulted to ensure that a review is indicated. This review may include psychological and/or medical fitness examinations.”

College of the Mainland Basic Peace Officer Course is in compliance with ADA regulations governing persons with disabilities. Due to the nature of the Law Enforcement jobs and training only “**reasonable**” allowances can be made.

Any student with a documented disability needing academic accommodations is requested to contact the Office of Services for Students with Disabilities.

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TCOLE PID NUMBER

Your Personal Identification Number (PID) is a unique computer-generated number assigned to individuals for identification in the TCOLE electronic database.

This number will be yours your entire career. Commit it to memory.

Previous TCOLE License or Previously attended or applied to an Academy

If you have previously been in a law enforcement academy, worked as a jailer or telecommunicator, or if you are a sponsored cadet, you already have a PID.

You will fill in the PID area of all TCOLE forms including the L-2 (medical) L-3 (psychological).

Never Licensed/Never Attended Academy

Cadets for whom this is their first time in a law enforcement academy or have never worked in a law enforcement capacity, will have a PID processed for them by the COM LEA.

Therefore, you do not need to fill in the PID area of the L-2 (medical) L-3 (psychological) because you do not yet have a PID.

##

L-2 PHYSICAL, L-3 PSYCHOLOGICAL DETAILS AND TIPS

Attention Applicant:

- Make sure you are going to an approved L-2 or L-3 provider
 - -You cannot just go to any doctor. Only approved providers
 - Provider List is in this Application Packet

L-2 PHYSICAL

- Make sure the physician initials the Cadet Medical Self Report Form and signs all spaces provided
- Make sure the physician fills out the TCOLE L-2 Completely
- Double check that all parts of the L2 are complete and signed properly. If it is not, you will have to return to the physician to get it completed
- Make Sure the physician signs the Notice of Duties for Medical Acknowledgement Form
- The L-2 drug screen and L-2 medical can only be signed by a -
 - Physician
 - Physician's Assistant
 - Nurse Practitioner
 - Drug Screen-DOT practitioner
 - Any other persons signing may require you to repeat the exam
- The L-2 can be found here:

https://www.tcole.texas.gov/sites/default/files/FormsAppsPubs/licensee_medical_condition_L2_5.3_1.2017.pdf



L3-PSYCHOLOGICAL

- Make sure the psychologist signs the Notice of Duties for Psychological Exam.
- You must provide your Personal History Statement to the psychologist.
- Make sure the psychologist signs the affidavit of reception for the Personal History Statement.
- Make sure that all personnel filling in any form add their license number.
- L-3 Can be found here:
 - https://www.tcole.texas.gov/sites/default/files/FormsAppsPubs/licensee_psych_health_L3_0.pdf

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L2 MEDICAL, L2 DRUG SCREEN, L3 PSYCHOLOGICAL APPROVED PROVIDER LIST

**Only these providers may be used by applicants for the drug screen, L2 and L3 paperwork
It is important to check the L2 or L3 to ensure it is filled completely before leaving provider office.
Do not use any other physicians/psychologist.**

Approved Providers for Medical Examination

L2 Medical and Drug Screen must be filled out by provider.

WellNow Health
676 FM 517 West, Dickinson TX 77539
409-572-2535

Approved Providers for Psychological Evaluation

L3 must be filled out by the provider.

Dr. Victor Hirsch
1025 East Main, Suite 100, League City, TX
281-332-3852

Dr. Kimberly Grimsley
Clinical Psychologist license number 39052
1501 N. Amburn, Suite 12, Texas City, Texas 77591
409-797-4174

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MEDICAL DISCLOSURE SELF REPORT FORM

| Question | Answer | Note |
|---|--------------------|------|
| Do you have any condition that could affect your safety or the safety of others while performing strenuous physical activities in firing of live ammunition, PT, or other practical exercise in academy training? | ____ Yes. ____ No. | |
| Do you take maintenance medication? | ____ Yes. ____ No. | |
| Heart and Related Areas: | | |
| <input type="checkbox"/> Previous Heart Problems | ____ Yes. ____ No. | |
| <input type="checkbox"/> Previous Blood Pressure Problems | ____ Yes. ____ No. | |
| <input type="checkbox"/> Presently being treated for Heart Problems | ____ Yes. ____ No. | |
| <input type="checkbox"/> On medication for Blood Pressure | ____ Yes. ____ No. | |
| <input type="checkbox"/> Have taken treatment and/or medication | ____ Yes. ____ No. | |
| <input type="checkbox"/> Problems with Heart and/or Blood Pressure | ____ Yes. ____ No. | |
| Paralysis and Muscle Injury: | | |
| <input type="checkbox"/> Limited function of one or more limbs | ____ Yes. ____ No. | |
| <input type="checkbox"/> Nerve and/or muscle injury in past | ____ Yes. ____ No. | |



| | | |
|---|--------------------|--|
| <input type="checkbox"/> Presently being treated for Nerve/Muscle injury problems | ____ Yes. ____ No. | |
| <input type="checkbox"/> Presently taking medication for Nerve or Muscle problems | ____ Yes. ____ No. | |
| <input type="checkbox"/> Problems with Paralysis and/or Muscle Injury | ____ Yes. ____ No. | |
| Back Injury and/or Problems: | | |
| <input type="checkbox"/> Previous injury to back | ____ Yes. ____ No. | |
| <input type="checkbox"/> Taken/presently taking medication for back problems | ____ Yes. ____ No. | |
| <input type="checkbox"/> Undergone surgery for back injury or problems | ____ Yes. ____ No. | |
| <input type="checkbox"/> Limited movement, bending, etc., due to surgery | ____ Yes. ____ No. | |
| <input type="checkbox"/> Existing injury or problem not being treated | ____ Yes. ____ No. | |
| <input type="checkbox"/> Problems with back | ____ Yes. ____ No. | |
| <input type="checkbox"/> Can perform all range of motions and movements | ____ Yes. ____ No. | |
| Non-Paralytic Orthopedic: | | |
| <input type="checkbox"/> Chronic pain in one or more limbs affecting movement | ____ Yes. ____ No. | |
| <input type="checkbox"/> Weakness in bones or joints affecting movement | ____ Yes. ____ No. | |



| | | |
|---|--------------------|--|
| <input type="checkbox"/> Numbness in one or more limbs | ____ Yes. ____ No. | |
| <input type="checkbox"/> Problem in this area | ____ Yes. ____ No. | |
| <input type="checkbox"/> Other problems present: | ____ Yes. ____ No. | |
| Have you ever or do you presently suffer from: | | |
| <input type="checkbox"/> Tuberculosis | ____ Yes. ____ No. | |
| <input type="checkbox"/> Emphysema | ____ Yes. ____ No. | |
| <input type="checkbox"/> Asthma | ____ Yes. ____ No. | |
| <input type="checkbox"/> Diabetes which DOES limit your physical activities | ____ Yes. ____ No. | |
| <input type="checkbox"/> Diabetes which does NOT limit your physical activities | ____ Yes. ____ No. | |
| <input type="checkbox"/> Vision impairment which requires glasses | ____ Yes. ____ No. | |
| <input type="checkbox"/> Vision impairment which limits use in one/both eyes | ____ Yes. ____ No. | |
| <input type="checkbox"/> Disease/Sickness which is transmitted by contact | ____ Yes. ____ No. | |
| <input type="checkbox"/> State any sickness/disease/condition that would prevent you from participating in physical training as described in this application | | |



| | | |
|---|--------------------|--|
| Medication and/or Drugs: | | |
| <input type="checkbox"/> Presently using depressants | ____ Yes. ____ No. | |
| <input type="checkbox"/> Presently using amphetamines | ____ Yes. ____ No. | |
| <input type="checkbox"/> Presently using medication for dizziness/headaches | ____ Yes. ____ No. | |
| <input type="checkbox"/> Presently using medication for depression/mental disorders | ____ Yes. ____ No. | |
| <input type="checkbox"/> Presently using Marijuana [Meaning past 180 days] | ____ Yes. ____ No. | |
| <input type="checkbox"/> Presently using Cocaine [Meaning past 180 days] | ____ Yes. ____ No. | |
| <input type="checkbox"/> Presently using Heroin [Meaning past 180 days] | ____ Yes. ____ No. | |
| <input type="checkbox"/> Presently using medication for pain, injury, illness | ____ Yes. ____ No. | |
| <input type="checkbox"/> Bone Injuries that were treated by a Physician. | ____ Yes. ____ No. | |
| <input type="checkbox"/> Soft Tissue Injuries that were treated by a Physician. | ____ Yes. ____ No. | |
| <input type="checkbox"/> Any other medical conditions | ____ Yes. ____ No. | |



MEDICAL DISCLOSURE AFFIDAVIT OF APPLICANT

I, _____, swear or affirm that all the above statements on the Medical Disclosure Self Report form are true and correct.

Applicant's Signature

Date Signed

The Cadet has provided me with their Medical Disclosure Document

Medical Provider Initials: _____

Medical Provider license number: _____

###



INSTRUCTIONS TO PHYSICIAN

Please read the Applicant's **Cadet Medical Self Report Form**, before you conduct the actual physical examination and initial on the form with that you have done so. Also, please read the description of the physical activities accompanying this form in which the applicant shall be involved. If in your opinion, there exists any condition, past or present, or discovered by you during the actual examination of the Applicant that would impede or be critical to the Applicant's participation in the described activities, then provide your opinion in writing in the space provided on this form for that purpose.

Please provide the following information:

Applicant examined: _____ Date Examined: ____ / ____ / ____
Last First Middle

Height: ____ Ft. ____ In. Weight: ____ Lbs. Bone structure: Large Medium Small

Physical appearance _____

Eyes:

Color: _____ Appearance/Apparent Defects _____

Vision:

R 201 with Glasses R 201
 L 201 with Glasses L 201

Eyes/Color Sense:

Red _____ field Wide _____
 Green _____ field Medium _____
 Yellow _____ field Narrow _____

Blood Pressure:

Reading: _____ High: _____ Low: _____ Normal: _____

Is the person taking medication to control their blood pressure? YES _____ NO _____

If "YES," does it limit Applicant's ability to actively participate in full physical activities? YES _____ NO _____



Heart Rate/Beat:

Reading: _____ High: _____ Low: _____ Normal: _____ MURMURS: _____

Would the heart rate prohibit full participation in the described physical activities? YES _____ NO _____

Comments: _____

Lungs/Breathing:

Normal _____ Abnormal _____ Taking Medication YES _____ NO _____

Does Applicant's Lungs/Breathing condition prohibit full participation in the stated physical activities:

YES _____ NO _____

Comments: _____

Does the Applicant have any injuries and/or illnesses that would prohibit the Applicant from fully participating in the described physical activities? YES _____ NO _____

If any injury and/or illness is temporary and will prohibit participation on a temporary basis, state:

Description of Injury and/or Illness: _____

Description of Activities Prohibited: _____

Provide Estimated Length of Time Activities Prohibited: Number of Calendar Days: _____

Will a Physician's Release be required for the applicant to participate in the activities: YES _____ NO _____

Flexibility: Does the applicant demonstrate a limited motion or movement when bending over:

YES _____ NO _____

Does the applicant demonstrate a limited motion or movement in arms: YES _____ NO _____

legs: YES _____ NO _____

hands: YES _____ NO _____

other, specify _____



In your opinion is applicant physically capable and fit to participate in the described activities:

YES _____ NO _____

Additional Comments:

Print Physician's Name: _____

License: _____

Physician's Address: _____

City: _____

State: _____

Zip: _____

Phone Number: (_____) _____

Physician's Signature

Date



NOTICE OF DUTIES FOR MEDICAL EXAM (L-2) ACKNOWLEDGEMENT FORM

Name of Applicant Being Examined: _____

This medical examination is being conducted pursuant to Texas Commission on Law Enforcement Rule §217.1(b)(11), which states that an applicant is: "Examined by a physician, selected by the appointing or employing agency, who is licensed by the Texas Medical Board. The physician must be familiar with the duties appropriate to the type of license sought and appointment to be made. The appointee must be declared by that professional, on a form prescribed by the commission, within 180 days before the date of appointment by the agency to be:

- (A) physically sound and free from any defect which may adversely affect the performance of duty appropriate to the type of license sought;
- (B) show no trace of drug dependency or illegal drug use after a blood test or other medical test; and
- (C) for the purpose of meeting the requirements for initial licensure, an individual's satisfactory medical exam that is conducted as a requirement of a basic licensing course may remain valid for 180 days from the individual's date of graduation from that academy, if accepted by the appointing agency"

The duties of a peace officer typically include, but are not limited to:

Works on rotating shifts performing security patrols, traffic control, investigation, and first aid at accidents, detection, investigation, and arrest of persons involved in crimes or misconduct. This may include periods of high physical exertion, including chasing and fighting one or more subjects. Maintains normal availability by radio or telephone for consultation on major emergencies or precedent. Patrols streets, parks, commercial and residential areas to preserve the peace and enforce the law, control vehicular traffic; prevent, detect, and investigate misconduct involving misdemeanors, felonies, and other law violations and to otherwise serve and protect.

Responds to emergency radio calls and investigates accidents, robberies, civil disturbances, domestic disputes, fights, drunkenness, missing children, prowlers, abuse of drugs, etc. Takes appropriate law enforcement action. Interrogates suspects, witnesses, and drivers. Preserves evidence. Arrests violators. Investigates and renders assistance at scene of vehicular accidents. Summons ambulances and other law enforcement vehicles. Takes measurements and draws diagrams of scene. Conducts follow-up investigations of crimes committed during assigned shift. Seeks out and questions victims, witnesses, and suspects. Develops leads and tips. Searches scene of crimes for clues. Analyzes and evaluates evidence and arrests offenders. Prepares cases for giving testimony and testifies in court proceedings. Conducts patrol activities including directing traffic, investigation of reported or observed violations of law, and conducting patrol activities.



I certify that I have reviewed the TCOLE Rule regulating this exam, and that I have reviewed the duties of a peace officer:

Signature of Medical Professional Conducting Exam: _____

License Number: _____.

Printed Name of Medical Professional Conducting Exam: _____

###



NOTICE OF DUTIES FOR PSYCHOLOGICAL EXAM (L-3)

Name of Applicant Being Examined: _____

This medical examination is being conducted pursuant to Texas Commission on Law Enforcement Rule §217.1(b)(12), which states that an applicant is:

“Examined by a psychologist, selected by the appointing, employing agency, or the academy, who is licensed by the Texas State Board of Examiners of Psychologists. This examination may also be conducted by a psychiatrist licensed by the Texas Medical Board. The psychologist or psychiatrist must be familiar with the duties appropriate to the type of license sought. The individual must be declared by that professional, on a form prescribed by the commission, to be in satisfactory psychological and emotional health to serve as the type of officer for which the license is sought.

The examination must be conducted pursuant to professionally recognized standards and methods.

The examination process must consist of a review of a job description for the position sought; review of any personal history statements; review of any background documents; at least two instruments, one which measures personality traits and one which measures psychopathology; and a face to face interview conducted after the instruments have been scored.

The appointee must be declared by that professional, on a form prescribed by the commission, within 180 days before the date of the appointment by the agency;

(A) the commission may allow for exceptional circumstances where a licensed physician performs the evaluation of psychological and emotional health. This requires the appointing agency to request in writing and receive approval from the commission, prior to the evaluation being completed; or

(B) the examination may be conducted by qualified persons identified by Texas Occupations Code § 501.004. This requires the appointing agency to request in writing and receive approval from the commission, prior to the evaluation being completed; and

(C) for the purpose of meeting the requirements for initial licensure, an individual's satisfactory psychological exam that is conducted as a requirement of a basic licensing course may remain valid for 180 days from the individual's date of graduation from that academy, if accepted by the appointing agency”

The duties of a peace officer typically include, but are not limited to:

Works on rotating shifts performing security patrols, traffic control, investigation, and first aid at accidents, detection, investigation, and arrest of persons involved in crimes or misconduct. This may include periods of high physical exertion, including chasing and fighting one or more subjects.



NOTICE OF DUTIES FOR PSYCHOLOGICAL EXAM (L-3) CONTINUED

Maintains normal availability by radio or telephone for consultation on major emergencies or precedent. Patrols streets, parks, commercial and residential areas to preserve the peace and enforce the law, control vehicular traffic; prevent, detect, and investigate misconduct involving misdemeanors, felonies, and other law violations and to otherwise serve and protect.

Responds to emergency radio calls and investigates accidents, robberies, civil disturbances, domestic disputes, fights, drunkenness, missing children, prowlers, abuse of drugs, etc. Takes appropriate law enforcement action. I

Interrogates suspects, witnesses, and drivers. Preserves evidence. Arrests violators. Investigates and renders assistance at scene of vehicular accidents. Summons ambulances and other law enforcement vehicles. Takes measurements and draws diagrams of scene. Conducts follow-up investigations of crimes committed during assigned shift. Seeks out and questions victims, witnesses, and suspects. Develops leads and tips. Searches scene of crimes for clues.

Analyzes and evaluates evidence and arrests offenders. Prepares cases for giving testimony and testifies in court proceedings. Conducts patrol activities including directing traffic, investigation of reported or observed violations of law, and conducting patrol activities.

I certify that I have reviewed the TCOLE Rule regulating this exam, and that I have reviewed the duties of a peace officer:

Signature of Licensed Professional Conducting Exam: _____

License Number: _____

Printed Name Licensed Professional Conducting Exam: _____

###



L-3 PSYCHOLOGIST ACKNOWLEDGEMENT OF PERSONAL HISTORY STATEMENT

The cadet I am examining has provided me with a copy of their Personal History Statement to aid me in my examination.

Name: _____

License Number: _____

Date: _____



L-2

TEXAS COMMISSION ON LAW ENFORCEMENT
 6330 E. Highway 290, STE. 200, Austin, Texas 78723 - 1035
 Phone: (512) 936-7700
<http://www.tcole.texas.gov>

LICENSEE MEDICAL CONDITION DECLARATION (L-2) Commission Rule §217.1, 217.7
INDIVIDUAL INFORMATION

| | | | | |
|-------------------------|--------------|---------------|----------|-----------------------|
| 1. TCOLE PID | 2. Last Name | 3. First Name | 4. M.I. | 5. Suffix (Jr., etc.) |
| 6. Home Mailing Address | | 7. City | 8. State | 9. Zip Code |

APPOINTMENT (Do not check if student is in an academy)

| | | | |
|--|---|--|---|
| 10. <input type="checkbox"/> Initial Appointment, Never Licensed | <input type="checkbox"/> License holder with more than a 180 day break in service | | |
| 11. <input type="checkbox"/> Peace | <input type="checkbox"/> Reserve Officer | <input type="checkbox"/> County Jailer | <input type="checkbox"/> Telecommunicator |

DEPARTMENT / ACADEMY INFORMATION

An agency hiring a person for whom a license is sought shall select the examining physician. The hiring agency shall maintain a copy of the report on file in a format readily accessible to the commission.

| | |
|-----------------------------------|--|
| 12. TCOLE Number 423005 | 13. Appointing Agency or Academy College of the Mainland Law Enforcement Academy |
|-----------------------------------|--|

Attention Examining Professional: The above information must be completed by the requesting agency prior to the examining professional completing and signing the L-2 form.

INITIAL APPOINTMENTS: Peace Officer (both exams), County Jailer (both exams), Telecommunicator (drug screen only).

MORE THAN 180 day break in service: Peace Officer, County Jailer, and Telecommunicator: Drug Screen ONLY.

| | | | |
|---|-----------|-----------------|------------------|
| I certify that I have completed my examination of the examinee, on this date and determine the examinee is found: <input type="checkbox"/> MEDICAL EXAM - To be physically sound and free from any defect which may adversely affect the performance of duty appropriate to the type of license sought. <input type="checkbox"/> Physician <input type="checkbox"/> Physician's Assistant <input type="checkbox"/> Nurse Practitioner (State License # not required) | | | |
| 14. Name (type or print) | | 15. License No. | |
| 16. Street Address | | | |
| 17. City | 18. State | 19. Zip Code | 20. Phone Number |



| | | | |
|---|---------------|-----------------|------------------|
| 21. Date of Examination | 22. Signature | 23. Date | |
| <p>I certify that I have completed my examination of the examinee, on this date and determine the examinee is found:</p> <p>DRUG SCREEN - To show no trace of drug dependency or illegal drug use after a physical examination, blood test or other medical test.</p> <p> <input type="checkbox"/> Physician <input type="checkbox"/> Physician's Assistant <input type="checkbox"/> Nurse Practitioner (State License # not required) <input type="checkbox"/> DoT Provider </p> | | | |
| 24. Name (type or print) | | 25. License No. | |
| 26. Street Address | | | |
| 27. City | 28. State | 29. Zip Code | 30. Phone Number |
| 31. Date of Examination | 32. Signature | | 33. Date |

THIS DECLARATION IS NOT PUBLIC INFORMATION PER TEXAS OCCUPATIONS CODE 1701.306. VALID FOR 180 DAYS FROM GRADUATION DATE OF ACADEMY, IF ACCEPTED BY APPOINTING AGENCY OR VALID FOR 180 DAYS FROM DATE SIGNED UNLESS WITHDRAWN OR INVALIDATED. MUST BE SIGNED BY A **LICENSED PHYSICIAN, NURSE PRACTITIONER, or PHYSICIANS ASSISTANT WITH A VALID PHYSICIANS ID, or in the case of a DoT drug screen only, authorized DoT personnel.**



L-3

TEXAS COMMISSION ON LAW ENFORCEMENT
 6330 E. Highway 290, STE 200, Austin, Texas 78723-1035 Phone: (512) 936-7700

<http://www.tcole.texas.gov>

LICENSEE PSYCHOLOGICAL AND EMOTIONAL HEALTH DECLARATION (L-3)

Commission Rule 217.01, 217.1, 217.7, 221.35

INDIVIDUAL INFORMATION

| | | | | |
|-------------------------|--------------|---------------|----------|-----------------------|
| 1. TCOLE PID | 2. Last Name | 3. First Name | 4. M. I. | 5. Suffix (Jr., etc.) |
| 6. Home Mailing Address | | 7. City | 8. State | 9. Zip Code |

Is this exam for a student enrolling in an academy? Yes No.

If yes, check one Peace Officer County Corrections Telecommunicators School Marshal

Attention Requesting Agency: State Law and Commission Rule require that this psychological examination be performed by a **licensed psychologist** or a **psychiatrist** except in an exceptional circumstance when, upon prior approval by the Commission, it may be performed by a qualified licensed physician. The Chief Administrator of the requesting agency must request prior approval in writing and must receive specific written approval before an examination under exceptional circumstances is acceptable.

APPOINTMENT (Do not check if student)

| | | | | |
|--|----------------------------------|---------------------------------|---|---------------------------------|
| 10. <input type="checkbox"/> Peace | <input type="checkbox"/> Reserve | <input type="checkbox"/> County | <input type="checkbox"/> Telecommunicator | <input type="checkbox"/> School |
| <input type="checkbox"/> Juvenile Probation Officer <input type="checkbox"/> Public Security | | | | |

ACADEMY / DEPARTMENT INFORMATION

| | | | | |
|-----------------------------------|--|--|---|--|
| 11. TCOLE Number 423005 | 12. Agency/ Academy Name College of the Mainland | 13. Mailing Address 1200 N.Amburn Road | | |
| 14. City Texas City | 14. County Galveston | 15. Zip Code 77591 | 17. Phone Number 409-933-8285 | |

Attention Examining Professional: State Law and Commission Rule require that this psychological examination be performed by a **licensed psychologist** or a **psychiatrist** except in an exceptional circumstance when, upon prior approval by the Commission, it may be performed by a qualified licensed physician. The agency must request prior approval in writing and must receive specific written approval before an examination under exceptional circumstances is acceptable.



STATEMENT OF EXAMINER: (Please check the appropriate box and provide the requested information)

I am a [] **Licensed Psychologist**, [] **Psychiatrist**, and I certify that I have completed a psychological examination of the above named individual pursuant to professionally recognized standards and methods. I have concluded that, on this date, the individual IS in satisfactory psychological and emotional health to perform the duties, accept the responsibilities and meet the qualifications established by the appointing agency.

Examiner: _____
Name (type or print) State License Number

Mailing Address: _____
Street City State Zip

Phone Number: _____ Date of Examination(s) _____

Signature _____ Date _____

THIS DECLARATION IS NOT PUBLIC INFORMATION AND IS VALID UNLESS WITHDRAWN OR INVALIDATED, AND IS VALID ONLY IF SIGNED BY A LICENSED PSYCHOLOGIST OR PHYSICIAN.

###



AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize the College of the Mainland Basic Peace Officer Training Program and its authorized representatives bearing this release, or a copy thereof, within one year of its date, to obtain any information in your files pertaining to my employment, military, credit, education or medical records, including not limited to academic, achievement, attendance, athletic, personal history, and disciplinary records, medical records, and credit records.

I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for official use. Consent is granted to all parties to furnish such information, as described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as custodian of such records, and any school, college, university, or other educational institution, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or attempt to comply with it.

I am furnishing my Social Security Account Number on a voluntary basis with the understanding such is not required by any law or regulation. I have been advised that all parties will utilize this number only to facilitate the location of employment, military, credit, and educational records concerning me in connection with this application. Should there be any question as to the validity of this release, you may contact me as indicated below:

Applicant's Printed Full Name: _____

Address: _____

Telephone Number: _____

Applicant's Notarized Signature: _____

Sworn to and signed before me, on this the _____ day of _____, _____,
in and for _____ county, in the state of _____.

Signature of Notary Public: _____

NOTARY SEAL

Printed Name of Notary Public: _____

My Commission Expires: _____



Authorization for Release of Criminal History Information and Waiver of Liability

The City of Texas City
County of Galveston
The State of Texas

KNOW ALL MEN BY THESE PRESENTS:

I, _____, do hereby authorize the Texas Department of Public Safety, any and all of its employees, and/or any Federal, State, and Local Governmental agency and their employees to obtain and review any and all Criminal Histories concerning myself, whether such records are public, private, or confidential in nature.

I further authorize the Texas Department of Public Safety, any and all of its employees, and/or any Federal, State, and Local Governmental agency and their employees to release to the College of the Mainland Law Enforcement Training Center and its Director and/or other employees any and all Criminal Histories concerning myself, whether such records are public, private, or confidential in nature.

It is my intent that this Release is to give my consent for a full and complete disclosure of any and all records, which contain or may contain information relating to any and all Criminal Histories concerning myself, if any do in fact exist. I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly from any source utilized by the above name agencies and the College of the Mainland Law Enforcement Training Center will be considered in determining my eligibility and suitability for attending Basic Peace Officer Training at the College of the Mainland Law Enforcement Training Center.

I further waive any and all rights I may have to the confidential nature of any and all information contained in any Criminal History reports generated concerning myself; provided that such information is used solely for the purposes for which this Release and Waiver is being given. I further hold harmless the Texas Department of Public Safety, any and all of its employees, and/or any Federal, State, And Local Governmental agency, the College of the Mainland and the College of the Mainland Law Enforcement Training Center and their employees from any and all liability, if any, which might arise or could arise from obtaining, copying, reviewing, and utilizing such information for the purposes state herein.

The Criminal History information to be obtained pursuant to this Release and Waiver is to be used for the purpose of determining my eligibility and suitability for attending Basic Peace Officer Training at the College of the Mainland Law Enforcement Training Center and the Texas Commission on Law Enforcement [T.C.O.L.E.]. A photocopy of this release form will be valid as an original, even though the photocopy contains only a photocopy of my signature.

Signature (Including Maiden Name)

Date of Birth

Address

Social Security Number

City/State/Zip Code

Phone Number



END OF APPLICATION PACKET