























### CADET INFORMATION

This form and any attachments are official property of the College of the Mainland Basic Peace Officer Academy and will not be returned. If more space is needed to give full complete answers or explanations, attach additional pages. All information requested must be complete, accurate and legible. A false, incomplete, or misleading response may result in the rejection of the application.

Date:	Academy Interest:    Night <input type="checkbox"/> Day <input type="checkbox"/>
Name: Last Name First Name Middle Name	
Age:  You must be 21 Years Old. If you turn 21 before the TCOLE test you may be eligible for enrollment.	
Date of Birth:	
City of Birth:	
Social Security Number:	
Driver's License Number:	
COM ID: You must apply to the College of the Mainland. Once accepted you will be issued a COM ID.	
Address:	
City, State, Zip:	





























































**TCOLE RULE §217.1 ACKNOWLEDGEMENT**

MINIMUM STANDARDS ENROLLMENT AND LICENSING

BASIC PEACE OFFICER PROGRAM

**CURRENT RULES**

TEXAS COMMISSION ON LAW ENFORCEMENT  
AS OF

February 1, 2020

RULE §217.1 Minimum Standards for Enrollment and Initial Licensure

**I have read and understand the attached pages of TCOLE rule 217.1 concerning the minimum standards for enrollment in law enforcement training and being granted a peace officer license. I certify by my signature below that there is nothing in these rules that would prevent me from attending a Basic Peace Officer Academy or being granted a peace officer license by TCOLE.**

\_\_\_\_\_  
Printed name of applicant

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

###













## ATTENDANCE

- Class will begin promptly at assigned times.
- Cadets will be required to remain in class until dismissed the end of the instruction day, unless otherwise excused by the scheduled instructor or academy personnel.
- The Academy will maintain a permanent record of all absences and tardiness on the class roll.
- An excessive accumulation of tardiness and/or absenteeism determined by the Academy Director to be detrimental to the academy and/or state requirements of the BPOC will result in dismissal from the academy.
- Students will be required to make up any time and /or learning objectives missed.

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## APPEARANCE

- Cadets are required to wear the assigned uniforms to all classes and activities unless otherwise directed by the instructor or academy personnel.
- Uniforms will be clean, fresh in appearance and pressed.
- Boots will be polished and clean at all times.
- Only sunglasses approved by the COM Basic Peace Officer Academy will be worn with the uniform.
- Sunglasses will be removed while in the classroom and at no time will be worn on top of the head.
- Jewelry may be worn in moderation. Generally, a wedding ring and a watch are acceptable.
- All jewelry may have to be removed at the discretion of the instructor for safety reasons.
- No facial hair is permitted.
- Sideburns will not extend below the middle of the ear lobe.
- Male hair is to be kept short, neatly trimmed in a manner not to touch the ear or the shirt collar.
- Female cadets will wear their hair pulled back to meet the requirements for all cadets.
- Cosmetics may be worn in moderation.
- Tattoos that are visible will require the cadet to wear a navy blue, long sleeve Under Armor type garment beneath his/her uniform shirt. Tattoos will not be visible.
- Students will be expected to wear the required standard uniform while training or in class except when permission is granted from the Instructor or Academy Director.

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## CLASSROOM DEMEANOR

- Cadets will always maintain attentive posture in class and pay strict attention to the instructor.
- Proper respect will be always provided to instructors.
- Cadets are not to speak without first raising a hand and being recognized by the instructor.
- Cadets are not allowed to bring food in the classroom without permission.
- Cadets are not allowed to eat food in the classroom without permission.
- Cadets are not allowed to eat food in the classroom when an instructor is teaching.
- The instructor may on occasion approve the cadets to have a beverage in the classroom.
- Cell phones should be off in the classroom. Cadets waiting on urgent messages must have the phone on vibrate. These devices interfere with the right of other cadets to receive instruction and will not be tolerated. ***Intentional disregard of this rule may result in the dismissal of the offending cadet from the academy.*** Cadets can be contacted in emergencies.
- Cell phones should be off in the classroom, and will not be allowed on tables, or in hands.
- Cell phones can not be accessed or checked at any time while class is in session.
- Any cadet with their phone on their person during any test or quiz will receive disciplinary action up to and including dismissal from the Academy.
- Any cadet in an emergency service that may receive dispatches on their phone may place their phone on the instructor desk while on duty.
- Behavior that is deemed to be disruptive or disrespectful or interferes with the high standards of this Academy will not be tolerated and may result in dismissal.
- There is no smoking at this college or Academy. No tobacco use of any kind is permitted on college grounds. This is a drug free, and tobacco free campus and all rules and regulations apply.
- No vaping is allowed on this campus and is strictly prohibited.
- Any willful violation of these rules and regulations can result in dismissal from this academy.
- The Academy reserves the right to conduct random drug test at the cadet's expense throughout the entire training cycle.

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## ACADEMIC REQUIREMENTS

- Cadets will be required to take a multitude of tests.
- Academic tests will be over the comprehensive BPOC learning objectives.
- Spelling tests will also be given. Spelling words will be taken from a list provided to all Academy cadets.
- A minimum passing score of 70% must be obtained on all tests.
- Students will be allowed **one** re-test during the Academy.
- Failure to pass the re-test or a failing score on a second spelling or academic test **may** result in the cadet being dismissed from the Academy.
- A final test will be given at the end of the Academy. Cadets must pass the final with a minimum score of 70% to be eligible to take the TCOLE licensing test.
- Valedictorian is determined by the highest average on academic exams, if a tie occurs the spelling average will break the tie.
- The academic integrity policy of this college is also the policy of this Academy.

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## FIREARMS

- Students will be required to qualify on a day and night course.
- The primary firearms instructor will set courses of fire in advance to comply with TCOLE BPOC requirements.
- Students must obtain the minimum TCOLE proficiency score on a pass-fail basis in all final firearms qualifications as well as all driving qualification courses to continue in the Academy.
- Failure to meet the minimum firearms or driving standards will result in dismissal from the Academy.
- **Any failure to obey range commands or range personnel will result in immediate dismissal from that day of instruction and may lead to dismissal from the course.**
- **Firearms will be provided to the cadets by the Academy. No personal firearms will be allowed anywhere in the college whether or not the cadet has a state license to carry or not. This is a safety measure put in place as we are a law enforcement training facility. No exceptions unless expressly authorized by the Academy Director.**

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## GENERAL

- The Basic Peace Officer Academy consists of a multitude of strenuous activities and a cadet must be always physically and mentally fit.
- A cadet must participate in all physical fitness activities conducted by the Academy.
- Refusal to fully participate, unless directed by a physician, will result in dismissal from the Academy.
- All Cadets must FULLY participate in all PT related activities at an acceptable level and/or show improvement as determined by the PT instructor.
- Disrespect toward an instructor, COM program staff member, COM Personnel or other cadets or guest speaker will not be tolerated and may result in dismissal.
- Cadets are expected to follow lawful directives by those of the class leader(s), staff, instructors, supervisors.
- Cadets will rise when any commissioned personnel or COM personnel enter their classroom.
- All media related issues and contact must be channeled through the Academy staff or their law enforcement agency.
- Cadets are to always address all instructors and academy personnel in a respectful manner. Yes Sir, No Sir, etc.
- Cadets will not address instructors by their first name. They will use an honorarium and last name.
  - Mr. Instructor, Professor Instructor, Constable Instructor, Officer Instructor, Deputy Instructor etc.
- Academy staff will not discuss cadet grades, matters, etc. with anyone except the cadet or their law enforcement agency.
- No firearms are to be brought to class. No personal firearms or weapons of any kind allowed on college property.
- There may be certain language metaphors used as examples (racial, ethnic, gender related) during the multiculturalism segment that may be offensive. This is for training purposes only and will not be tolerated during any other training segment.



- Cadet's use of offensive language, racial, ethnic, or gender related comments and/or any actions that are unbecoming will not be tolerated and subject to dismissal from the Academy.
- Students are to conduct themselves online and in social media in a manner that positively represents the Academy and their future as law enforcement officers.
- Students are forbidden from texting, interacting, or socializing in a familiar way with instructors while in the Academy. Violators may be dismissed from the Academy.
- Students may not post any social media content on any social media platforms in their uniforms or duty gear unless given permission by the Academy Director. Any violation of this policy will result in immediate dismissal from this program.
- Cadets will address and treat each other with respect at all times.
- Cadets will address and treat instructors with respect at all times.
- Violation of Academy rules, the code of ethics or any conduct deemed unbecoming of a cadet may result in dismissal.
- Any Cadet that has contact with Law Enforcement (Example: pulled over for speeding, Police Contact about noise complaints) will immediately notify the Basic Peace Officer Director through writing on the nature of the contact.
- Cadets are preparing to enter Law Enforcement and are expected to conduct themselves in the Academy with the highest conduct and good citizenship. Any violations will be investigated by Academy staff and appropriate disciplinary measures taken up to and including dismissal from the Academy.
- Cadets are preparing to enter Law Enforcement and are expected to conduct themselves in the Academy with the highest standards of conduct, professionalism and ethics at all times. Whether in class off campus, in the public or out of uniform. Any violations will be investigated by Academy staff and appropriate disciplinary measures taken up to and including dismissal from the Academy.
- These rules and regulations are non-negotiable.

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**College of the Mainland**  
**Basic Peace Officer Academy**  
**Affidavit of Conduct**

**CONDUCT**

Should I, (the applicant) become involved in any aspect of the criminal justice system or act inappropriately from the time the acceptance process begins until the time the academy ends, the applicant will notify the Academy Director will review the circumstances to determine if the student has acted in a manner unbecoming of a future peace officer or acted in a manner which violates the law or Law Enforcement Code of Ethics. A violation may result non-acceptance or dismissal from the academy.

**LAW ENFORCEMENT CODE OF ETHICS: As a Law Enforcement Officer**, {or applicant} my fundamental duty is to serve mankind; to safeguard lives and property; to protect the innocent against deception, the weak against oppression or intimidation, and the peaceful against violence or disorder; and to respect the Constitutional rights of all persons to liberty, equality, and justice.

**I will** keep my private life unsullied as an example to all; maintain courageous calm in the face of danger, scorn, or ridicule; develop self-restraint; and be constantly mindful of the welfare of others. Honest in thought and deed in both my personal and official life, I will be exemplary in obeying the laws of the land and the regulations of my department. Whatever I see or hear of a confidential nature or that is confided to me in my official capacity will be kept ever secret unless revelation is necessary in the performance of my duty.

**I will never** act officiously or permit personal feelings, prejudices, animosities, or friendships to influence my decisions. With no compromise for crime and with relentless prosecution of criminal, I will enforce the law courteously and appropriately without fear or favor, malice, or ill will, never employing unnecessary force or violence and never accepting gratuities.

**I recognize** the badge of my office as a symbol of public faith, and I accept it as a public trust to be held so long as I am true to the ethics of the police service. I will constantly strive to achieve these objectives and ideals, dedicating myself before God to my chosen profession...law enforcement.

***By signing this document, I certify that I have read, understand, and agree to abide by the rules, regulations, and the code of ethics. I am aware that failure to abide by these rules and code may result in my non-acceptance or dismissal from the training for which I am seeking.***

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**



# 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 Kimberly Lachney at 409-933-8919 or [klachney@com.edu](mailto:klachney@com.edu). The Office of Services for Students with Disabilities is located in the Student Success Center.**

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## 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](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](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.	
<b>Heart and Related Areas:</b>		
<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"/> No problems with Heart and/or Blood Pressure	____ Yes. ____ No.	
<b>Paralysis and Muscle Injury:</b>		
<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"/> No problems with Paralysis and/or Muscle Injury	____ Yes. ____ No.	
<b>Back Injury and/or Problems:</b>		
<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"/> No problems with back	____ Yes. ____ No.	
<input type="checkbox"/> Can perform all range of motions and movements	____ Yes. ____ No.	
<b>Non-Paralytic Orthopedic:</b>		
<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"/> No problem in this area	____ Yes. ____ No.	
<input type="checkbox"/> Other problems present:	____ Yes. ____ No.	
<b>Have you ever or do you presently suffer from:</b>		
<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		
<b>Medication and/or Drugs:</b>		



<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: \_\_\_\_\_

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## 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 <b>423005</b>	13. Appointing Agency or Academy <b>College of the Mainland Law Enforcement Academy</b>
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**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"/> <b>MEDICAL EXAM</b> - 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><b>DRUG SCREEN</b> - 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"/> Telecommunicato	<input type="checkbox"/> School
<input type="checkbox"/> Juvenile Probation Officer <input type="checkbox"/> Public Security				

**ACADEMY / DEPARTMENT INFORMATION**

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

**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.

###



## PHYSICAL REQUIREMENTS and PHYSICAL TRAINING

During the Basic Peace Officer Academy there will be time set aside for physical training, conditioning and other activities that require **strenuous physical exercise**. These activities may include a variety of stretching exercises and calisthenics, strenuous aerobic activity, sit-ups, push-ups, pull-ups, running up to six miles, sprinting, self-defense tactics, climbing, jumping, rolling, lifting, and dragging.

**You must be physically capable of fully participating in these types of activities. All cadets must participate in all PT related activities at an acceptable level and/or show improvement as determined by the PT instructor. Failure to fully participate will result in your dismissal from the Academy.**

If you have any doubts about your health or any physical conditions that may prevent you from participating in the above-mentioned activities, **consult your physician prior** to enrolling in the academy. The Academy requires all cadets to obtain a signed statement from a physician that he/she has been drug screened and can safely complete all the physical requirements of Academy training

(See TCOLE L-2 form).

All physical conditioning and training activities will be conducted with due regard for participant safety.

***I certify that I have no preexisting physical or medical conditions such as pregnancy, allergies, physical impairment, respiratory condition, heart condition, diabetes, excess weight to height ratio, drug addiction, or any other condition which requires medication or the care of a physician that will prevent me from fully participating in the required physical activities described above for the duration of the academy.***

***I further certify that as a willing participant I will not hold the academy or its representatives or agents liable for any injury I may receive during my participation in this training.***

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

###





## Waiver of Liability Basic Peace Officer Academy

THE STATE OF TEXAS

THE COUNTY OF GALVESTON

KNOW ALL PERSONS BY THESE PRESENTS:

THAT I, \_\_\_\_\_ THE UNDERSIGNED; FOR ALL IN CONSIDERATION OF THE PRIVILEGE OF RECEIVING BASIC PEACE OFFICER TRAINING FROM THE COLLGE OF THE MAINLAND LAW ENFORCEMENT ACADEMY, AND RECOGNIZING THAT SUCH TRAINING INVOLVES CERTAIN INHERENT DANGERS, DO HEREBY AGREE TO ASSUME THE RISKS ATTENDANT TO SUCH ACTIVITY. MOREOVER, I THE UNDERSIGNED, BINING MY HEIRS, EXECUTORS, ADMINISTRATORS, AND ASSIGNS, DO HEREBY RELEASE TYLER JUNIOR COLLEGE, THE ACADEMY, ITS AGENTS, AND EMPLOYEES, IN BOTH THEIR PUBLIC AND PRIVATE CAPACITIES, FROM ANY AND ALL LIABILITY, CLAIMS, SUITS, DEMANDS, OR CAUSES OF ACTION WHICH MAY ARISE FROM RECEIVING TRAINING AT THE COLLEGE OF THE MAINLAND COLLEGE LAW ENFORCEMENT ACADEMY.

I REALIZE AND AGREE THAT WHILE PARTICIPATION IN THE PROGRAM, I WILL NOT BE AN AGENT, SERVANT, OR EMPLOYEE OF THE COLLEGE OR LAW ENFORCEMENT ACADEMY AND THEREFORE WILL NOT BE COVERED BY THE COLLEGE WORKMAN'S COMPENSATION, DEATH, OR DISABILITY INSURANCE.

I FURTUR REALIZE AND AGREE THAT THE BASIC PEACE OFFICER ACADEMY DOES NOT PROVIDE MEDICAL INSURANCE COVERAGE AND IS NOT RESPONSIBLE FOR ANY MEDICAL BILLS SUSTAINED AS A RESULT OF MY PARTICIPATION IN THE ACADEMY.

SIGNED, THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_ YEAR \_\_\_\_\_

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
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: \_\_\_\_\_

###



## FERPA Privacy Release of Information Form

The Family educational Rights and Privacy Act of 1974 protects your educational records from being accessed by a third party. Because of your employment/future employment status, the law enforcement agency that sponsors you or agencies considering you for employment requires access to all records.

This form, with your signature, allows us permission to release this information. This is not intended to give parents, spouses, or other person's permission to obtain this information regardless of tax dependent status. That requires another form obtained at the registrar's office.

Please read, sign and date below. Return to College of the Mainland Basic Peace Officer Academy for our records.

I, \_\_\_\_\_ give College of the Mainland Basic Peace Officer Academy permission to release pertinent information to law enforcement agency(ies). I understand that this release does not allow the release of protected information to parents, spouse, or other persons regardless of tax status or fiscal responsibility.

This releases College of the Mainland Basic Peace Officer Academy from FERPA restrictions regarding reports given to various law enforcement agencies.

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

###



## 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



## APPLICATION PACKET CHECKLIST

## APPLICATION MATERIAL CHECKLIST

### MAKE PERSONNEL COPIES OF ALL MATERIAL RETURNED WITH APPLICATION

Item:	Received:	Original Verified:	Notes:
Personal History Statement			TCOLE Requirement
COM LEA Application		N/A	This Document
L2 Medical  Only good for 180 days before the first day of class.			TCOLE Requirement
Medical LE Duties Acknowledgment Form		N/A	Must be Signed by provider
L2 Drug Screen  Only good for 180 days before the first day of class.			TCOLE Requirement
L-3 Psychological  Only good for 180 days before the first day of class.			TCOLE Requirement
Psychological LE Duties Acknowledgment Form		NA	Signed
Psychological Receipt of Personnel History Statement		NA	Must be Signed by L-3 Provider
FAST Fingerprint and computerized criminal history check request		NA	Receipt for purchase and completion



			Results Emailed to COM Public Service Careers
Domestic Birth Certificate Or Foreign Birth Certificate			Citizenship Requirement  Must be 21 Years old or  meet TCOLE Exception
Social Security Card			Not a proof of citizenship
U.S. Passport			Citizenship requirement
Certificate of Naturalization			Citizenship requirement
High School Transcripts/Diploma			Verify not a degree mill
College Transcripts			Verify not a degree mill
TX DPS Driving Records			Type-3
Current Insurance Card			
DD214  If you have multiple branches of service, all DD214s from branches must be provided by applicant			Member 4 copy
TCOLE PID C-1			Filled and signed



TCOLE 217.1 Acknowledgement Form		N/A	TCOLE Requirement Signed by Applicant
Affidavit of Conduct		N/A	Signed by Applicant
Physical Requirements Form		N/A	Signed by Applicant
Waiver of Liability		N/A	Signed by Applicant Notarized
FERPA Release of Information Form		N/A	Signed by Applicant
Authority to Release Information Form		N/A	Signed by Applicant
Local Clearance Letters			Returned to Department





END OF APPLICATION PACKET

