

# **Municipal Police Academy**



Cadet Application

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## Municipal Police Academy

340 DeKalb Pk. HSC1700 Suite  
Blue Bell, PA 19422

Police Academy / Police In-Service  
215 641- 6511 Fax: 215 619-7176

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Dear Applicant,

The MCCC Municipal Police Academy Program provides you with the following information outlining our entry requirements and selection process:

### **Admission**

Admission to the MCCC Municipal Police Academy is a competitive process that measures the ability and pre-disposition to successfully complete our Municipal Police Officers' Education and Training Commission (MPOETC)-approved program and become a viable candidate for a career in law enforcement.

Applicants, please submit your application between July 1, 2023 – September 1, 2023, applications will not be accepted before or after those dates. Acceptance is on a first come first served basis. If you wait until the deadline date you may have to re-apply for the next available class. Application with all forms completed **MUST** be submitted together. Do **NOT** send paperwork separately.

**No applications will be accepted after the deadline.**

### **Minimum Entry Requirements**

All applicants must:

1. Be a US Citizen
2. Be at least 20 years of age at the time of submitting an application
3. Possess a high school diploma or GED certification
4. Possess a current and valid driver's license
5. Provide all documentation outlined on pgs. 3 & 4.
6. Obtain a psychological exam as indicated on pg. 4 number 14.



MONTGOMERY COUNTY COMMUNITY  
COLLEGE MUNICIPAL POLICE ACADEMY

**All forms must be dated within six months of the start of class. Please fill out all forms, listed below, with application printed single sided, no staples, and return to:**

**Montgomery County Community College  
Municipal Police Academy  
340 DeKalb Pike HSC  
Blue Bell, PA 19422**

1. **Non-Refundable Application Fee Form** - \$50 fee using a credit card, money order or check made out to MCCC.
2. **Pre-Service Application** – Read and carefully complete the enclosed application forms. Please print or type all applicable information.
3. **Copy of High School Diploma or GED.** (A copy of an **unofficial** transcript is acceptable if the copy of diploma is unavailable.)
4. **Copy of Birth Certificate or Passport**
5. **Copy of Valid Driver’s License and PA Individual Driver’s History** (or State in which you are licensed.) Use the following the link for PA driver history: <https://apps.pa.gov.com/IDR/Account/Login>
6. **Copy of DD214** (applies only to Military Veterans)
7. **Firearms Training Questionnaire** – Carefully read and answer all the questions contained on this form. State and Federal firearms laws establish eligibility for individuals to own, possess, or control a firearm. Convictions for certain offenses as listed on this form, as well as other disqualifying conditions also noted, would prohibit an individual from using a firearm and participating in the firearms portion of the police cadet training program (Act 120), being certified by the MPOETC as a police officer. Please sign the form after answering all questions.
8. **PA Criminal Background Check** –Online by accessing: <https://epatch.state.pa.us> Cost is \$ 22 with a credit card. Select “Submit a New Record Check” **NOT** “New Record Check” (Volunteers only). On Requestor page select OTHER as Reason for Request. This method will give you immediate results. Please print and submit “Response for Criminal Record Check”, **not** “Invoice for Criminal Record Check”. Form must be dated within six months of the start of class, with seal in background. If you have lived in another state, over the age of 18, you will need to submit additional backgrounds from that/those state/states.

9. **Physical Examination Form** – Must be filled out by PA Licensed Physician, Physician Assistant, or Nurse Practitioner. (Applicant is not to fill out the medical portion). Physician must sign and date “Professional Opinion” section where indicated on form. Exam must include a Drug Urinalysis ordered by the Physician. (Please see drugs to be tested for below.) Drug screening results must be submitted with the application. Both forms must be dated within six months of the start of class. Applicants must sign and date “Release of Physical Information” portion on form. Physician may fill in uncorrected vision on Physical Exam form, if applicant **does not** wear corrective lenses.
10. **Vision Examination Form** - If the applicant wears corrective lenses, both uncorrected and corrected vision must be filled in by Optometrist/Ophthalmologist, signed and dated, on the **Vision Examination** form. If applicant’s uncorrected vision does not fall within the requirements of MPOETC, applicant will need to get Lasik correction before the start of class. A Physician may fill in uncorrected vision on Physical Exam form, if applicant does not wear corrective lenses. Form must be dated within six months of the start of class.
11. **Informed Consent Release Form** – Carefully read and sign the enclosed Consent and Release Form.
12. **Driver’s License Information** – complete and sign
13. **MCCC Refund Form** – Read and sign
14. **Psychological Test** – Please contact Dr. John Fraunces at 610 715-3216, to set up your MMPI Psychological Exam with Interview. His office is located in Bridgeport. The address is as follows: First Floor Suite 3 One Schuykill Parkway, Bridgeport, PA 19405. (Your psychological exam may be held at MCCC). You will need to bring a check for \$180 to your appointment. The Psychologist will send the results directly to the academy. Please schedule your appointment **at least three weeks** before the submission deadline, so our office can receive your results in time. Be advised that the Doctor’s schedule may be filled towards the end of the application deadline.
15. **One 2x2 photo, with last name printed on back**

**Urinalysis must include ALL of the following substances:**

1. Amphetamines
2. Benzodiazepines
3. M-AMP (Methamphetamine)
4. Oxycodone
5. Methadone
6. Barbiturates
7. Cocaine
8. Opiates
9. PCP
10. THC (marijuana metabolites)

**If any items are missing, any forms are incorrect or received after the deadline, your application will be returned.**



MONTGOMERY COUNTY COMMUNITY  
COLLEGE MUNICIPAL POLICE ACADEMY

## **Police Academy Pre-Entrance Testing Process**

You will be notified via email, of your Pre-Entrance testing date, which includes the Reading Comprehension Test and the Physical Fitness Test. Please pack snacks and sports drinks or water, and wear PT clothes. There is a **\$50.00** non-refundable testing fee that will be collected on the day of the test. Payment must be made by check or money order, payable to **MCCC. NO CASH WILL BE ACCEPTED.**

***Reading Comprehension/Vocabulary Test*** -This test consists of a multiple-choice Nelson Denny Reading and Comprehension test which will last approximately one hour. Applicant must demonstrate the ability to read at a minimum 9<sup>th</sup> grade level.

***Physical Fitness Pre-Test*** – All applicants must pass, at the 30<sup>th</sup> percentile (Cooper Standards) of each listed event. The tested areas are timed and are gender/age adjusted. The fitness test requirements are listed on page 19. Applicants must receive a passing score in each of the four tested areas.

***Interview*** – After completion of application, reading/vocabulary exam, fitness testing and psychological testing, you will be assigned and interview date. Please dress appropriately.

***Tuition and other Academy Expenses***-Tuition for the Police Academy is \$ 5,995.00. Cadet uniforms, PT uniforms, and equipment, will run approximately **\$565.00 plus tax**. Information on registering for the class and ordering uniforms will be given at your interview.

MONTGOMERY COUNTY COMMUNITY COLLEGE PUBLIC SERVICES  
POLICE ACADEMY APPLICATION FEE FORM

*Please Print*

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Social Security Number \_\_\_\_\_ Birth Date \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

County \_\_\_\_\_ Township \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Employer \_\_\_\_\_ Job Title \_\_\_\_\_

Employer Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Gender**  Male  Female

**Ethnicity**  Hispanic/Latino  Non-Hispanic/Latino

**Race**  American/Alaska Native  Black or African American  Hawaiian/Pacific Islander

Asian  White

**FINANCIAL INFORMATION**

Do you plan on using Financial Aid for this program?  Yes  No

Have you submitted the Free Application for Federal Student Aid (FAFSA)?  Yes  No

**PAYMENT INFORMATION**

**\$50.00 Application Fee**

*No Cash Accepted*

Check  Money Order  Employee/Employee Dependent

Sponsored by \_\_\_\_\_

Credit Card (please circle): **American Express** **Visa** **MasterCard** **Discover**

For Credit Card payments, please provide a valid phone number above. The college payment office will call you for credit card information.

***MCCC Public Services Office Use Only***

Program Code: **LLMPT 6300** **MPT.F (Full-Time)**

Year: **2024** Term: **01** Section: **1**

Start Date: **1/3/24** End Date: **6/12/24**

Exempt from Pre-Test(s) (please circle): **MPT.PF (Physical Fitness)** **MPT.PSY (Psychological)**

Waive Application Fee, e.g. Sponsored Student:  Yes  No

Military Status  Veteran  Active Duty  Non Active or In Training  None

Processed By  
(please  
initial)



MONTGOMERY COUNTY COMMUNITY COLLEGE  
MUNICIPAL POLICE ACADEMY

**PRE-SERVICE CADET APPLICATION**

**ACT 120**

**BASIC MUNICIPAL POLICE TRAINING COURSE**

Application for Jan 2024

Applications accepted between 7/1/23 –9/1/23  
**No Applications will be accepted after 9/1/23**

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_  
(name and phone number)

Lived in another state after age 18? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, where? \_\_\_\_\_

Are you a U.S. Citizen: Yes \_\_\_\_\_ No \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Driver's License Information:

State: \_\_\_\_\_ OLN # \_\_\_\_\_ Expiration: \_\_\_\_\_

High School: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

GED: Yes \_\_\_\_\_

College: \_\_\_\_\_ Associates \_\_\_\_\_ Bachelors \_\_\_\_\_ Masters \_\_\_\_\_

Military Service: Yes \_\_\_\_\_ No \_\_\_\_\_ Branch: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Law Enforcement Experience: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes explain: \_\_\_\_\_

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EMPLOYMENT HISTORY  
(Last 10 years)

Employer	From	To	Duties	Reason for Leaving
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Have you ever applied to, or attended any police academy? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list academies below, date, and reason for not attending or completing:

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I, \_\_\_\_\_ (print name) swear or affirm that the information listed on this application is true and correct. I give permission to any person acting on behalf of the Municipal Police Academy to verify this information. I understand and agree that if any falsification or omission of fact is found, it may be the basis for denial of acceptance into the course, or removal from the course. I agree to abide by the Rules and Regulations of the Municipal Police Academy. I also agree to conform to proper conduct, both in and out of the classroom. I understand and agree that my failure to do so may result in my removal from the course.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

All items on this application must be completed. Applications with blank items will be returned and may result in your non-acceptance in the course of study. Please type or print legibly.





MONTGOMERY COUNTY COMMUNITY COLLEGE
MUNICIPAL POLICE ACADEMY
FIREARMS TRAINING QUESTIONNAIRE

LASTNAME FIRST NAME MIDDLE INITIAL

SOCIAL SECURITY NUMBER DATE OF BIRTH

DRIVER'S LICENSE NUMBER STATE

( ) HOME PHONE NUMBER ( ) WORK PHONE NUMBER

RESPONSES TO THE FOLLOWING QUESTIONS WILL DETERMINE AN INDIVIDUAL'S ELIGIBILITY TO CARRY A FIREARM AND OBTAIN CERTIFICATION. COMPLETE THIS PAGE ONLY WHEN USING THIS FORM FOR CERTIFICATION. THIS PORTION OF THE CHANGE OF STATUS MUST BE COMPLETED AND SIGNED BY THE APPLICANT.

- 1. HAVE YOU EVER BEEN ARRESTED OR CHARGED WITH A VIOLATION OF THE LAW? IF YES, EXPLAIN BELOW AND INDICATE ALL ARRESTS AND CITATIONS, INCLUDING TRAFFIC VIOLATIONS, AND DISPOSITIONS. (CITATIONS FOR ILLEGAL PARKING MAY BE OMITTED.)

Table with 4 columns: DATE, LOCATION, CHARGE, DISPOSITION. Rows A, B, C.

- 2. HAVE YOU EVER BEEN CONVICTED OF A CRIME ENUMERATED IN THE PENNSYLVANIA UNIFORM FIREARMS ACT, § 6105(b)?
3. HAVE YOU EVER BEEN CONVICTED OF AN OFFENSE UNDER THE ACT OF APRIL 14, 1972 (P.L. 233, NO. 64) KNOWN AS THE CONTROLLED SUBSTANCE DRUG DEVICE AND COSMETIC ACT THAT MAY BE PUNISHABLE BY A TERM OF IMPRISONMENT EXCEEDING TWO YEARS?
4. ARE YOU AN INDIVIDUAL WHO HAS BEEN ADJUDICATED DELINQUENT BY ANY COURT FOR A CRIME WHICH, IF COMMITTED BY AN ADULT, WOULD CONSTITUTE ONE OF THE CRIMES CODE SECTIONS PRECEDED BY AN ASTERICK (\*) ON THE FOLLOWING PAGE IN § 6105 (b)?
A. ARE YOU AN INDIVIDUAL WHO HAS BEEN ADJUDICATED DELINQUENT BY ANY COURT, AS A RESULT OF CONDUCT WHICH WOULD CONSTITUTE AN OFFENSE ENUMERATED UNDER § 6106(b) OF THE PENNSYLVANIA UNIFORM FIREARMS ACT?
B. HAS IT BEEN 15 YEARS SINCE THE DELINQUENT ADJUDICATION?
C. ARE YOU 30 YEARS OF AGE OR OLDER?
5. ARE YOU A UNITED STATES CITIZEN? IF NO, ENTER IMMIGRATION IDENTIFICATION NO.
6. ARE YOU SUBJECT TO AN ACTIVE PROTECTION FROM ABUSE ORDER, WHICH PROVIDES FOR T CONFISCATION OF FIREARMS DURING THE PERIOD OF TIME THE ORDER IS IN EFFECT?
7. HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR CRIME OF DOMESTIC VIOLENCE? THE CONVICTION MUST BE FOR A MISDEMEANOR-GRADED OFFENSE AND HAVE, AS AN ELEMENT, THE USE OR ATTEMPTED USE OF PHYSICAL FORCE, OR THE THREATENED USE OF A DEADLY WEAPON, COMMITTED BY A CURRENT OR FORMER SPOUSE, PARENT, OR GUARDIAN OF THE VICTIM, BY A PERSON WITH WHOM THE VICTIM SHARES A CHILD IN COMMON, BY A PERSON WHO IS COHABITING WITH OR HAS COHABITED WITH THE VICTIM AS A SPOUSE, PARENT, OR GUARDIAN, OR BY A PERSON SIMILARLY SITUATED TO A SPOUSE, PARENT, OR GUARDIAN OF THE VICTIM.
8. ARE YOU A FUGITIVE FROM JUSTICE?
9. HAVE YOU EVER BEEN ADJUDICATED AS AN INCOMPETENT OR BEEN INVOLUNTARILY COMMITTED TO A MENTAL INSTITUTION FOR INPATIENT CARE AND TREATMENT UNDER § 302, 303, OR 304 OF THE PENNSYLVANIA MENTAL HEALTH PROCEDURES ACT (THE ACT OF JULY 9, 1976, P.L. 617, NO. 43)?

§ 6105(a):

PROHIBITS PERSONS CONVICTED OF ANY OF THE FOLLOWING OFFENSES UNDER 18 P.A.C.S. FROM POSSESSIONS, USING, CONTROLLING, TRANSFERRING, MANUFACTURING, OR OBTAINING A LICENSE TO POSSESS, USE, CONTROL, TRANSFER, OR MANUFACTURE A FIREARM IN THE COMMONWEALTH OF PENNSYLVANIA. A CONVICTION INCLUDES A FINDING OF GUILTY OR THE ENTERING OF A PLEA OF GUILTY OR NOLO CONTENDERE, WHETHER OR NOT JUDGEMENT HAS BEEN IMPOSED, AS DETERMINED BY THE LAW OF THE JURISDICTION IN WHICH THE PROSECUTION WAS HELD. THE TERM DOES NOT INCLUDE A CONVICTION WHICH HAS BEEN EXPUNGED OR OVERTURNED OR FOR WHICH AN INDIVIDUAL HAS BEEN PARDONED UNLESS THE PARDON EXPRESSLY PROVIDES THAT THE INDIVIDUAL MAY NOT POSSESS OR TRANSPORT FIREARMS.

18 PA C.S.A

§ 908	PROHIBITED OFFENSIVE WEAPONS	§ 3701	ROBBERY
§ 911	CORRUPT ORGANIZATIONS	§ 3702	ROBBERY OF MOTOR VEHICLE
§ 912	POSSESSION OF WEAPON ON SCHOOL PROPERTY	§ 3921	THEFT BY UNLAWFUL TAKING OR DISPOSITION, UPON CONVICTION OF THE SECOND FELONY OFFENSE
§ 2502	MURDER	§ 3923	THEFT BY EXTORTION, WHEN THE OFFENSE IS ACCOMPANIED BY THREATS OF VIOLENCE
§ 2503	VOLUNTARY MANSLAUGHTER	§ 3925	RECEIVING STOLEN PROPERTY, UPON CONVICTION OF THE SECOND FELONY OFFENSE
§ 2504	INVOLUNTARY MANSLAUGHTER, IF OFFENSE IS BASED ON THE RECKLESS USE OF A FIREARM	§ 4912	IMPERSONATING A PUBLIC SERVANT, IF THE PERSON IS IMPERSONATING A LAW ENFORCEMENT OFFICER
§ 2702	AGGRAVATED ASSAULT	§ 4952	INTIMIDATION OF WITNESSES OR VICTIMS
§ 2703	ASSAULT BY PRISONER	§ 4953	RETALIATION AGAINST WITNESS OR VICTIM
§ 2704	ASSAULT BY LIFE PRISONER	§ 5121	ESCAPE
§ 2709	HARASSMENT AND STALKING, IF THE OFFENSE RELATES TO STALKING	§ 5122	WEAPONS OR IMPLEMENTS FOR ESCAPE
§ 2901	KIDNAPPING	§ 5501	RIOT, IF THE OFFENSE RELATES TO A FIREARM OR OTHER DEADLY WEAPON
§ 2902	UNLAWFUL RESTRAINT	§ 5515	PROHIBITING OFFPARAMILITARY TRAINING
§ 2910	LURING A CHILD INTO A MOTOR VEHICLE	§ 6110.1	POSSESSION OF FIREARMS
§ 3121	RAPE	§ 6301	CORRUPTION OF MINORS
§ 3123	INVOLUNTARY DEVIATE SEXUAL INTERCOURSE	§ 6302	SALE OR LEASE OF WEAPONS AND EXPLOSIVES
§ 3125	AGGRAVATED INDECENT ASSAULT		
§ 3301	ARSON AND RELATED OFFENSES		
§ 3302	CAUSING OR RISKING CATASTROPHE		
§ 3502	BURGLARY		
§ 3503	CRIMINAL TRESPASS, IF THE OFFENSE IS GRADED A FELONY OF THE SECOND DEGREE OR HIGHER		

\*ANY OFFENSES EQUIVALENT TO ANY OF THE ABOVE-ENUMERATED OFFENSES UNDER THE PRIOR LAWS OF THIS COMMONWEALTH, OR ANY OFFENSE EQUIVALENT TO ANY OF THE ABOVE-ENUMERATED OFFENSES UNDER THE STATUTES OF ANY OTHER STATE OR OF THE UNITED STATES.

75 PA C.S.A.

"§ 3731 DRIVING UNDER THE INFLUENCE OF ALCOHOL OR CONTROLLED SUBSTANCE

"THREE OR MORE CONVICTIONS IN LESS THAN FIVE YEARS.

I HEREBY CERTIFY THIS FORM CONTAINS NO MISREPRESENTATION OR FALSIFICATION, OMISSIONS OR CONCEALMENT OF MATERIAL FACT AND THAT THE INFORMATION GIVEN IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF AND THAT I AM SIGNING THIS DOCUMENT WITH THE FULL UNDERSTANDING THAT ANY FALSE INFORMATION OR STATEMENT WILL SUBJECT ME TO THE CRIMINAL PENALTIES OF 18 PA C.S.A. § 4904, RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES, AND COULD RESULT IN PERMANENT DISQUALIFICATION AS A MUNICIPAL POLICE OFFICER.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE



## MUNICIPAL POLICE OFFICERS' EDUCATION AND TRAINING COMMISSION

8002 Bretz Drive  
Harrisburg, Pennsylvania 17112-9748  
<http://www.psp.pa.gov/MPOETC>

### PHYSICAL EXAMINATION

This form is to be used by both municipal police officer applicants and police academy cadet applicants.

#### NOTICE AND INSTRUCTIONS TO EXAMINING PHYSICIAN

THIS EXAMINATION MUST BE ADMINISTERED BY A LICENSED PHYSICIAN, PHYSICIAN'S ASSISTANT, OR CERTIFIED NURSE PRACTITIONER WHO IS LICENSED IN PENNSYLVANIA. THE APPLICANT IS APPLYING FOR TRAINING OR CERTIFICATION AS A POLICE OFFICER IN PENNSYLVANIA AND WILL BE EXPECTED TO BE PHYSICALLY CAPABLE OF PERFORMING THE VARIOUS TASKS ASSOCIATED WITH THIS PROFESSION. MORE INFORMATION ABOUT THE SPECIFIC JOB TASKS IS CONTAINED ON THE BACK OF THIS FORM.

LAST NAME		FIRST NAME		MIDDLE INITIAL
STREET ADDRESS			CITY/BORO	STATE
ZIP CODE	SOCIAL SECURITY NUMBER	DATE OF BIRTH	BIOLOGICAL SEX	GENDER IDENTITY (IF DIFFERENT)
DATE OF EXAM				

#### OVERALL FITNESS

- A. Is the applicant's physical condition such that they can reasonably be expected to withstand significant cardiovascular stress required to perform the essential functions of a police officer or safely participate in required training?  YES  NO
- B. Is the applicant free from debilitating conditions such as tremor, incoordination, convulsion, fainting episodes, or other neurological conditions which would limit their ability to perform the essential functions of a police officer or safely participate in required training?  YES  NO
- C. Is the applicant free from any other significant physical limitations or disability which would, in the physician's opinion, impair their ability to perform the essential functions of a police officer or safely participate in required training?  YES  NO
- D. Is the applicant free from the use of medications which would impair their ability to perform the essential functions of a police officer or safely participate in required training?  YES  NO
- E. Does the applicant have all extremities, including digits, required to perform the essential functions of a police officer or safely participate in required training?  YES  NO

*THE APPLICANT SHOULD BE MARKED "CAPABLE" ON THE BACK OF THE FORM ONLY IF ALL QUESTIONS ABOVE ARE MARKED "YES"*

**DRUG SCREENING:** The applicant must be free from the excessive, addictive, or illegal use of controlled substances as determined using a five-panel drug screen. The results of the drug screen must be attached to this form and reviewed by the examining practitioner who may provide comments related to any positive results. The detection of illegal or unprescribed controlled substances renders the applicant "UNFIT" to participate in training or be employed as a police officer.

DATE TESTED \_\_\_\_\_ TEST RESULTS ATTACHED  YES  NO

*THE APPLICANT SHOULD BE MARKED "CAPABLE" ON THE BACK OF THE FORM ONLY IF SUPPORTED BY THE RESULTS OF THE DRUG SCREEN*

**HEARING:** The applicant must be able to distinguish a normal whisper at 15 feet. The test shall be independently conducted for each ear, with the tested ear facing away from the speaker and the other ear firmly covered with the palm of the hand. If the applicant fails the whisper test, they must take and pass a decibel audio test using an audiometer with an average loss not to exceed 25 or more decibels at the 500Hz, 1000Hz, 2000Hz, and 3000Hz levels in either ear, with no single frequency loss in excess of 40 decibels. The applicant is prohibited from using a hearing aid during the testing.

RIGHT EAR  NORMAL  ABNORMAL

LEFT EAR  NORMAL  ABNORMAL

*THE APPLICANT SHOULD BE MARKED "CAPABLE" ON THE BACK OF THE FORM ONLY IF HEARING IS NORMAL IN BOTH EARS*

**VISION:** The applicant must have vision of at least 20/70, uncorrected, in the stronger eye, correctable to 20/20; and at least 20/200, uncorrected, in the weaker eye, correctable to at least 20/40; have normal depth perception, normal color vision, and must be free of any significant visual abnormality. If this section is not completed during the physical, a separate vision exam must be completed using a Form MPO-211 (Vision Examination).

RIGHT EYE UNCORRECTED 20/ \_\_\_\_\_ LEFT EYE UNCORRECTED 20/ \_\_\_\_\_

CORRECTED 20/ \_\_\_\_\_ CORRECTED 20/ \_\_\_\_\_

- Does the applicant have normal depth perception? (Stereopsis >48% or Arc Seconds <100)  YES  NO
- Does the applicant have normal color perception? (Farnsworth or Ishihara)  YES  NO
- Is the applicant free from any other significant visual abnormalities?  YES  NO

*THE APPLICANT SHOULD BE MARKED "CAPABLE" ON THE BACK OF THE FORM ONLY IF VISION MEETS ALL STATED REQUIREMENTS*

REMARKS

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**PROFESSIONAL OPINION**

**PHYSICALLY CAPABLE** - I have examined the applicant, and it is my professional opinion that this person is **PHYSICALLY CAPABLE** of performing the duties a certified police officer in Pennsylvania, including but not limited to:

- Standing, walking, and sitting for extended periods of time and while carrying assigned and/or required equipment.
- Participating in **firearms** training, responding to active shooter situations, and firing a weapon in defense of self and others.
- Operating an emergency law enforcement **vehicle** during daylight and at night, including at high speeds in congested areas.
- Physically struggling with and subduing individuals who are resisting or actively attacking, including after being hit or kicked.
- Maintaining concentration and making decisions regarding the appropriate use of force in noisy and high-stress situations.

**PHYSICALLY UNFIT** - I have examined the applicant, and it is my professional opinion that this person is currently **PHYSICALLY UNFIT** to perform the duties of a certified police officer in Pennsylvania. If this option is selected, a copy of the completed form must be forwarded to the Municipal Police Officers' Education and Training Commission by email ([mpocertification@pa.gov](mailto:mpocertification@pa.gov)) or fax (717-346-7782).

I hereby certify that the information and statements contained in the tables above and in the attached examination report are true and correct, and that I am signing this document with the full understanding that any false information or statement will subject me to criminal penalties of Title 18, Crimes code, Section 4904, relating to unsworn falsification to authorities.

\_\_\_\_\_  
SIGNATURE – PENNSYLVANIA LICENSED EXAMINING PHYSICIAN/PA/CNP \_\_\_\_\_  
DATE

PHYSICIAN PRINTED NAME	LICENSE NO.	TELEPHONE NO.	
STREET ADDRESS	CITY/BORO	STATE	ZIP CODE

**RELEASE OF PHYSICAL INFORMATION**

Having applied for certification/training as a police officer in Pennsylvania and having subjected myself to a physical examination by a licensed physician, as required by the Act, I reserve the right to have the data and conclusions of the physician remain confidential except to those whom I designate. Accordingly, I hereby authorize the physician named above to release all information related to my physical examination to the Municipal Police Officers' Education and Training Commission (MPOETC) **AND** to any additional police departments and/or academies listed below, for purposes consistent with the application process pursuant to this Act. No other release of this information, explicit or implied, is granted at this time.

\_\_\_\_\_  
NAME OF MUNICIPAL POLICE DEPARTMENT AND/OR CERTIFIED ACT 120 ACADEMY (Print)

\_\_\_\_\_  
ADDRESS CITY STATE ZIP CODE FAX EMAIL

\_\_\_\_\_  
SIGNATURE – APPLICANT \_\_\_\_\_  
DATE



## MUNICIPAL POLICE OFFICERS' EDUCATION AND TRAINING COMMISSION

8002 Bretz Drive  
Harrisburg, Pennsylvania 17112-9748  
<http://www.psp.pa.gov/MPOETC>

### VISION EXAMINATION

This form is to be used by both municipal police officer applicants and police academy cadet applicants.

THIS EXAMINATION MUST BE ADMINISTERED by a licensed optometrist or ophthalmologist who is licensed in Pennsylvania. This examination is to determine the physical fitness, specifically related to specific vision standards, of the applicant to be certified as a police officer in Pennsylvania. The applicant who you are about to examine is applying for certification and will be vested with a position of public trust.

LAST NAME		FIRST NAME		MIDDLE INITIAL	
STREET ADDRESS			CITY/BORO	STATE	ZIP CODE
SOCIAL SECURITY NUMBER	DATE OF BIRTH	GENDER	DATE OF EXAM		

VISION: The applicant must have vision of at least 20/70, uncorrected, in the stronger eye, correctable to 20/20; and at least 20/200, uncorrected, in the weaker eye, correctable to at least 20/40; have normal depth perception and color vision, and must be free of any significant visual abnormality.

RIGHT EYE      UNCORRECTED 20/\_\_\_\_      LEFT EYE      UNCORRECTED 20/\_\_\_\_  
CORRECTED 20/\_\_\_\_      CORRECTED 20/\_\_\_\_

Does the applicant have normal depth perception? (Stereopsis >48% or Arc Seconds <100)

YES     NO

Does the applicant have normal color perception? (Farnsworth or Ishihara)

YES     NO

Is the applicant free from any other significant visual abnormalities?

YES     NO

THE APPLICANT SHOULD BE MARKED "CAPABLE" IN THE BLOCK BELOW ONLY IF VISION MEETS ALL STATED REQUIREMENTS

### PROFESSIONAL OPINION

**PHYSICALLY CAPABLE (VISION)** - I have examined the applicant, and it is my professional opinion that the person named above meets the vision standards which are described above and required to perform the duties a certified police officer in Pennsylvania.

**PHYSICALLY UNFIT (VISION)** - I have examined the applicant, and it is my professional opinion that the person named above **does not** meet the vision standards which are described above and required to perform the duties a certified police officer in Pennsylvania.

I hereby certify that the information and statements contained in the tables above and in the attached examination report are true and correct, and that I am signing this document with the full understanding that any false information or statement will subject me to criminal penalties of Title 18, Crimes code, Section 4904, relating to unsworn falsification to authorities.

This examination form must be forwarded to the employing police department, certified Act 120 police academy, or MPOETC by the optometrist or ophthalmologist within 15 days of the date of examination, **even if the applicant is found physically unfit**, pursuant to 37 Pa. Code § 21.11(4)(iv).

SIGNATURE - PENNSYLVANIA LICENSED OPTOMETRIST/OPHTHALMOLOGIST		DATE	
OPTOMETRIST/OPHTHALMOLOGIST NAME (PRINTED)	LICENSE NO.	TELEPHONE NO.	
STREET ADDRESS	CITY/BORO	STATE	ZIP CODE

### RELEASE OF PHYSICAL INFORMATION

Having applied for certification/training as a police officer in Pennsylvania and having subjected myself to a vision examination by a licensed optometrist or ophthalmologist, as required by the Act, I reserve the right to have the data and conclusions of the physician remain confidential except to those whom I designate. Accordingly, I hereby authorize the optometrist or ophthalmologist named above to release all information related to my vision examination to the Municipal Police Officer's Education and Training Commission (MPOETC) **AND** to any additional police departments and/or academies listed below, for purposes consistent with the application process pursuant to this Act. No other release of this information, explicit or implied, is granted at this time.

#### MCCC Municipal Police Academy

NAME OF MUNICIPAL POLICE DEPARTMENT AND/OR CERTIFIED ACT 120 ACADEMY (Print)

340 DeKalb Pike

Blue Bell, PA 19422

215 619 7176

ADDRESS CITY STATE ZIP CODE FAX EMAIL

SIGNATURE - APPLICANT

DATE



MONTGOMERY COUNTY COMMUNITY COLLEGE  
MUNICIPAL POLICE ACADEMY

## **Municipal Police Officers' Basic Training Program (Act 120) Physical Fitness Evaluation Individual Informed Consent Release**

The fitness pre-test as well as the mandatory MPOETC Basic Physical Fitness Program, both test for:

1. Cardio-Respiratory Fitness
2. Muscular Strength and Endurance

Cardio-Respiratory Fitness is tested by evaluating the time required to run a distance of 1.5 miles and a 300 meter dash.

Muscular Strength and Endurance is determined by evaluating the number of sit-ups an applicant can successfully complete in a prescribed time period and by using the push-up method.

Note: All MPOETC fitness testing procedures are age and gender adjusted, as per the Cooper Institute of Aerobic Research.

Historically, the most physically demanding portion of the fitness test is the cardio-respiratory evaluation, the purpose of which is to examine the participant's heart rate response to exercise and recovery periods.

Occasionally, complications can occur during the mandatory fitness testing. If the applicant/cadet is not tolerating the task well, i.e; experiencing shortness of breath, pains in the chest area, etc. it is the applicant's/cadet's responsibility to cease all physical activity and notify the test monitor of his/her condition.

In signing this Consent and Release Form, you acknowledge that you completely understand the test and that any questions you have are answered to your satisfaction. You also understand that every reasonable effort has been taken to ensure your health and safety, that you enter into the tests willingly, and that you hereby do release and hold the Montgomery County Community College harmless from and against any and all loss, cost, damage, injury to you, the participant, or damage to or loss of property during the course of such tests. Furthermore, I agree to look to my physician for any medical care.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

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



MONTGOMERY COUNTY COMMUNITY COLLEGE  
MUNICIPAL POLICE ACADEMY

**DRIVER'S LICENSE INFORMATION**

In consideration of my participation in the driver's training course, I hereby give Montgomery County Community College, Municipal Police Academy permission to investigate the status of my license to operate a motor vehicle

\_\_\_\_\_  
Name as it appears on License Date of Birth

\_\_\_\_\_  
Driver's License Number Issuing State

\_\_\_\_\_  
Date Issued Expiration Date Class of License

\_\_\_\_\_  
Address as it appears on License

Are you currently under suspension in ANY state? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, explain below

\_\_\_\_\_  
Have you ever had a license suspended or revoked? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, explain below

\_\_\_\_\_  
Signature Date



**MONTGOMERY COUNTY COMMUNITY  
COLLEGE MUNICIPAL POLICE ACADEMY**

## **MCCC POLICE ACADEMY REFUND POLICY**

In the unlikely event that an academy class is cancelled, a full refund of your tuition will be returned to you automatically.

If you withdraw from the Academy, a memorandum must be forwarded to the Director explaining the reason for withdrawal. If you are requesting a tuition reimbursement, please refer to MCCC Tuition Refund Policy.

The decision to attend the police academy is one to be reached prior to the first day of class, not after. Do not assume that a transfer or refund will be approved.

As a matter of information, uniforms, and PT clothing and supplies are non-refundable.

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Cadet Signature

Date





**MONTGOMERY COUNTY COMMUNITY  
COLLEGE MUNICIPAL POLICE ACADEMY**

## **FINANCIAL AID INFORMATION**

MPT students can apply for the following financial aid programs:

- Federal Pell Grants
- Federal Stafford Loans (answer Yes to Question #27 on the FAFSA)
- Alternative Loans
- Montgomery County Community College Deferred Payment Loan Program
- VA Benefits

To apply for the Federal Financial Aid Program, you must do so after your acceptance interview.

**STEP 1** Complete the Free Application for Federal Student Aid (FAFSA) online  
@ [www.fafsa.ed.gov](http://www.fafsa.ed.gov) MCCC's Federal Code is 004452.

**STEP 2** Financial Aid Office at MCCC Central

MCCC  
Financial Aid Office  
340 DeKalb Pike Blue Bell, PA 19422  
215 641-6566 Fax 215-619-7193

**STEP 3** Complete the above steps at least 8 weeks prior to the start date of your program.

To apply for Alternative Loans visit [www.estudentloans.com](http://www.estudentloans.com) or [www.teri.org](http://www.teri.org) to find lenders for various loan programs.



MONTGOMERY COUNTY COMMUNITY COLLEGE  
MUNICIPAL POLICE ACADEMY

**Montgomery College Community College Deferred Payment Plan**

Police Academy tuition is \$ 5,995.00. There will be a \$35 set up fee for this payment plan.

25% at registration – \$ 1,535.00

25% before class starts - \$ 1,500.00

25% one month of start date of class- \$ 1,500.00

25% second month of start date of class -\$ 1,495.00

**Veterans Benefits**

This course is approved by the State of Pennsylvania Approval Agency for payment of VA Education Benefits. You may download an application to receive VA benefits at the following website:

[www.gibill.va.gov](http://www.gibill.va.gov)

For more info regarding your specific situation, you may contact: [veterans@mc3.edu](mailto:veterans@mc3.edu)

or

Veterans Advisor

Montgomery County Community College

215 619-7307



Commonwealth of Pennsylvania  
Municipal Police Officers' Education and Training Commission  
Basic Municipal Police Officers' Curriculum

**MPOETC Physical Fitness Assessment Standards  
Entrance to and Retention in the Police Academy**

30% Standards	Male Standards by Age					Female Standards by Age				
	18-29	30-39	40-49	50-59	60+	18-29	30-39	40-49	50-59	60+
Sit Ups (1 Min Reps)	35	32	27	21	17	30	22	17	12	4
300 Meter Run (Time)	62.1	63	77	87	87	75	82	106.7	106.7	106.7
Push Ups (1 Min Reps)	26	20	15	10	10	13	9	7	7	7
1.5 Mile Run (Time)	13:15	13:44	14:34	15:50	15:50	15:46	16:42	17:29	19:10	19:10

**Testing Order:**

1. 1 Minute Sit-up
2. 300 Meter Run
3. 1 Minute Push-up
4. 1.5 Mile Run

This is a cumulative test and all events must be completed within two (2) hours.