



Montgomery County
Community College

Municipal Police Academy



Cadet Application

Dear Applicant,

In response to your inquiry regarding the MCCC Municipal Police Academy Program, we are providing you with the following information outlining our entry requirements and selection process:

Admission

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

Applicants, please submit your application ASAP because acceptance is on a first come first served basis and classes fill to capacity quickly. If you wait until the deadline date you may have to re-apply for the next available class.

No applications will be accepted after the deadline.

Entry Requirements

All applicants must:

1. Be at least 20 years of age at the time of submitting an application
2. Possess a high school diploma or GED certification
3. Possess a current and valid driver's license
4. Provide a current criminal history check (within 6 months of class starting date)
5. Pass a state-mandated fitness evaluation test
6. Demonstrate the ability to read at a minimum 9th grade level.
7. Pass a psychological examination
8. Be of sound mind and body and free from any form of substance abuse
9. Be a US Citizen



MONTGOMERY COUNTY COMMUNITY
COLLEGE MUNICIPAL POLICE ACADEMY

All forms must be dated within six months of the start of class. Application will be returned if any materials or forms are missing, or incorrect. Please fill out all forms, listed below, with application printed single sided, 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 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.egov.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), or from ever being certified by the Municipal Police Officers’ Education and Training Commission as a police officer. Please sign form after answering all questions.
8. **PA Criminal Background Check** –Online by accessing: <https://epatch.state.pa.us> Cost is \$8 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 both “Professional Opinion” and “Release of Physical Information” sections where indicated on form. Exam should include Five Panel Drug Urinalysis ordered by the Physician. Drug screening results must be submitted with 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.
10. **Eye Exam** - If applicant wears corrective lenses, both uncorrected and corrected vision must be filled in by Optometrist/Optician/Ophthalmologist, signed and dated, on the medical 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, if applicant does not wear corrective lenses. Form must be dated within six months of the start of class.
11. **Psychological Exam** MMPI and Clinical Interview - signed and dated by Psychologist, to include separate typed description. Exam must be within six months of the start of class. See page 13 for detailed instructions.
12. **Informed Consent Release Form** – Carefully read and sign the enclosed Consent and Release Form.
13. **Driver’s License Information** – complete and sign
14. **MCCC Refund Form** – Read and sign
15. **Enclose 2, (two) 9 ¼ X 4, Self-Addressed, stamped envelopes**
16. **One 2x2 photo, with last name printed on back**

If any items are missing or forms are incorrect, your application will be returned.

Applications received after the deadline will be returned.



MONTGOMERY COUNTY COMMUNITY
COLLEGE MUNICIPAL POLICE ACADEMY

Police Academy Pre-Entrance Testing Process

You will be notified by mail, of your Pre-Entrance testing date, which includes the Reading Comprehension Test and the Physical Fitness Test. If you do not enclose the (2) self-addressed envelopes with your application, you will not be notified of the Pre Entrance testing. Please pack snacks and sports drinks or water. 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 Test -This test consists of a multiple choice Nelson Denny Reading and Comprehension test which will last approximately one hour.

Physical Fitness Pre-Test – All applicants must pass, to the 30th percentile (Cooper Standards) listed events. This test consists of: a 300- meter dash, 1 repetition bench press, 1 minute sit-ups, and a 1.5 mile run. The tested areas are timed and are gender/age-adjusted. The fitness test requirements are listed on page 19, the last page of this application. Applicants must receive a passing score in each of the four tested areas.

Psychological Test – Please contact Dr. John Fraunces at 610 272 4994 to set up your MMPI Psychological Exam with interview. You must include the signed MMPI results and the Doctor's separate typed description with your application. Please schedule the exam at least one month prior to application deadline. **Please bring a check for \$ 160 and a 9 1/2" by 4" self-addressed stamped envelope** to your appointment so your results can be mailed to you ASAP. This is to insure that you will have the results from the Psychologist in a timely matter to submit with your application.

Interview – After you have forwarded all required materials to the academy, passed the fitness, reading, and psychological tests, we will contact you to arrange for your interview with the Police Academy Assessment Board. 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 **\$500.00**. 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**

Credit Card # _____ Exp. Date _____

Cardholder's Signature _____

MCCC Public Services Office Use Only

Program Code (please circle): **MPT.F (Full-Time)**

Start Year: **2018** _____ Start Term (please circle): **01** **02** **03** **04**

Start Date: **7/2/18** _____ End Date: **12/14/18** _____

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)
_____ Date



MONTGOMERY COUNTY COMMUNITY COLLEGE
MUNICIPAL POLICE ACADEMY

PRE-SERVICE CADET APPLICATION

ACT 120

BASIC MUNICIPAL POLICE TRAINING COURSE

Class applying for: Day – July 2018 _____ Applications accepted 1/1/18 – 3/1/18

Name: _____

Email Address: _____

Social Security #: _____ Date of Birth: _____ Age: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Secondary Phone: _____

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 _____

Military Service: Yes _____ No _____ Branch: _____

Type of Discharge: _____ Date: _____

Law Enforcement Experience: Yes _____ No _____ If yes explain: _____

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:

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**

LAST NAME 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? YES NO
IF YES, EXPLAIN BELOW AND INDICATE ALL ARRESTS AND CITATIONS, **INCLUDING TRAFFIC VIOLATIONS**, AND DISPOSITIONS. (CITATIONS FOR ILLEGAL PARKING MAY BE OMITTED.)

DATE	LOCATION	CHARGE	DISPOSITION
A.			
B.			
C.			

2. HAVE YOU EVER BEEN CONVICTED OF A CRIME ENUMERATED IN THE PENNSYLVANIA UNIFORM FIREARMS ACT, § 6105(b)? (CRIMES LISTED UNDER § 6105 APPEAR ON NEXT PAGE.) YES NO

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? YES NO

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)? YES NO

- 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? YES NO

- B. HAS IT BEEN 15 YEARS SINCE THE DELINQUENT ADJUDICATION? YES NO

- C. ARE YOU 30 YEARS OF AGE OR OLDER YES NO

5. ARE YOU A UNITED STATES CITIZEN? IF NO, ENTER IMMIGRATION IDENTIFICATION NO. _____ YES 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? YES NO

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, OR BY A PERSON SIMILARLY SITUATED TO A SPOUSE, PARENT, OR GUARDIAN OF THE VICTIM. YES NO

8. ARE YOU A FUGITIVE FROM JUSTICE? YES NO

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)? YES NO

§ 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 OF PARAMILITARY 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
www.mpoetc.state.pa.us

PHYSICAL EXAMINATION

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

THIS EXAMINATION MUST BE ADMINISTERED by a licensed physician, physician's assistant, or certified nurse practitioner who is licensed in Pennsylvania. This examination is to determine the physical fitness 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. He/she may, at some future time, be required to exercise significant physical strength and undergo high emotional stress.

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

PHYSICIAN SHALL COMPLETE THE FOLLOWING

- A. Is this applicant free from the addictive or excessive use of alcohol, drugs, or illegal controlled substances which has been determined using current laboratory testing procedures? YES NO
- B. Is this applicant's physical condition such that the applicant can reasonably be expected to withstand significant cardiovascular stress? YES NO
- C. Is this applicant free from any debilitating conditions such as tremor, incoordination, convulsion, fainting episodes, or other neurological conditions which may affect the applicant's ability to perform as a police officer? YES NO
- D. Is this applicant free from any other significant physical limitations or disability which would, in the physician's opinion, impair the applicant's ability to perform the duties of a police officer or complete the required minimum training requirements? YES NO
- E. Is this applicant missing any extremities, including digits, which would prevent performance of required police duties or meeting minimum training requirements? YES NO

QUESTIONS A – D MUST BE ANSWERED "YES" AND QUESTION E MUST BE ANSWERED "NO" FOR THE APPLICANT TO BE FOUND FIT.

BLOOD PESSURE	HEART	LUNGS
SYSTOLIC _____ DIASTOLIC _____	NORMAL <input type="checkbox"/> ABNORMAL <input type="checkbox"/>	NORMAL <input type="checkbox"/> ABNORMAL <input type="checkbox"/>

HEARING
 The applicant must be able to distinguish a normal whisper at a distance of 15 feet. The test shall be independently conducted for each ear, while the tested ear is facing away from the speaker and the other ear is firmly covered with the palm of the hand. The applicant is prohibited from using a hearing aid during the testing. If the applicant fails the whisper test, a decibel audio test is required.

RIGHT	<input type="checkbox"/> NORMAL	LEFT	<input type="checkbox"/> NORMAL
	<input type="checkbox"/> ABNORMAL		<input type="checkbox"/> ABNORMAL

VISION: The applicant must have distant 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; and must be free of any significant visual abnormality. THE FOLLOWING MUST BE COMPLETED.

RIGHT	UNCORRECTED 20/ _____	LEFT	UNCORRECTED 20/ _____
	CORRECTED 20/ _____		CORRECTED 20/ _____

- Does the applicant have normal depth perception? YES NO
- Does the applicant have normal color perception? YES NO
- Is the applicant free from any other significant visual abnormalities? YES NO

X _____
 Signature Optician /Optometrist /Ophthalmologist Date

IF THE APPLICANT'S HEARING OR VISION DOES NOT MEET THE REQUIREMENTS ABOVE, THE APPLICANT IS UNFIT.

REMARKS

PROFESSIONAL OPINION

- PHYSICALLY CAPABLE** - I have examined the applicant, and it is my professional opinion that this person is **physically capable** of exercising appropriate judgment and restraint as a certified police officer in Pennsylvania.
- PHYSICALLY UNFIT** - I have examined the applicant, and it is my professional opinion that this person is **physically unfit** to exercise appropriate judgment and restraint as 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, or certified Act 120 police academy, or MPOETC by the examining physician 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).

X

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 Officer's Education and Training Commission (MPOETC), or official designee, 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 Academy

NAME OF MUNICIPAL POLICE DEPARTMENT AND/OR CERTIFIED ACT 120 ACADEMY AND/OR MPOETC (Print)					
340 DeKalb Pk HSC 1700, Blue Bell, PA 19422		215 619-7176	jmckenna@mc3.edu		
ADDRESS	CITY	STATE	ZIP CODE	FAX	EMAIL

X

SIGNATURE – APPLICANT		DATE	
SIGNATURE - PENNSYLVANIA LICENSED PHYSICIAN/PA/CNP		DATE	

Physical Examination Information

A Physician, Physician's Assistant, or Nurse Practitioner, MUST fill out Physical form, not the applicant. Your physical examination, MUST include a Five Panel Drug Screening Urinalysis to include:

Marijuana, Opiates, PCP, Cocaine, & Amphetamines

The results of the drug screening should be released to applicant to include with the Physical Exam form, which are both to be submitted with the application. Drug screening forms must state applicant's name, date of screening and all drugs with results.

If applicant does not wear corrective lenses, Physician may fill in uncorrected vision. If applicant wears corrective lenses, both uncorrected and corrected must be filled in by Optometrist, Optician, or Ophthalmologist, signed and dated, next to vision corrections, on the medical form. The applicant must have distant 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; and must be free of any significant visual abnormality. If applicant does not meet the uncorrected vision requirements they will need to have Lasik correction before the start of the class.

Please have Physician sign and date both "Professional Opinion" AND "Release of Physical Information" on 2nd page of Physical Examination form.

Psychological Exam Information

Please contact Dr. John Fraunces at 610 272 4994, 1175 Conshohocken Rd., Conshohocken, PA 19422, to set up your Psychological Exam. **Cost will be \$160 by check only. You MUST bring a 9 1/2" by 4" self-addressed stamped envelope** to your appointment. Please be sure to schedule your exam, at the very latest, 1 month prior to the application deadline so the results can be submitted with your application.



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 Municipal Police Officers' Education and Training Commission (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 bench press 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 insure 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.

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 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 or 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 – \$ 1,536.00

25% before class starts - \$ 1,498.00

25% one month anniversary of start date of class- \$ 1,498.00

25% due second anniversary of start of class -\$ 1,498.00

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

For more info regarding your specific situation, you may contact:

veterans@mc3.edu

or

Veterans Advisor

Montgomery County Community College

215 619-7307

ENTRANCE FITNESS TEST REQUIREMENTS

Entrance Exam (30% Cooper)	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+
300 Meter Run (Time)	62.1	63	77	87	87	75	82	106.7	106.7	106.7
Bench Press (% body weight)	0.93	0.83	0.76	0.68	0.63	0.56	0.51	0.47	0.42	0.4
Sit Ups (1 Min Reps)	35	32	27	21	17	30	22	17	12	4
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:

300 Meter Run
 Bench Press
 Sit Ups
 1.5 Mile Run

This is a cumulative test. Each event is pass/fail; thus, if one event is failed, the entire test is failed. There is no "averaging" of scores. Applicants for the police academy will need to pass each event at the 30th percentile to be considered for acceptance into the police academy. These scores are based on The Cooper Institute data. If an applicant does not fall into one of the age categories, the applicant will be required to receive a score closest to their actual age.