|  |  |  |
| --- | --- | --- |
|  | **NOTICE OF EMPLOYMENT/TERMINATION**  Forward to the MCJA **within 30 days** of employment or termination.  *Please fill out either the EMPLOYMENT or the TERMINATION information, as applicable* | MCJAseal |

Applicant Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Maiden Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Last) (First) (Middle)**

Agency Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title:\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applicant email address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender:\_\_\_\_\_\_ SS#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***The following statement is made pursuant to the Privacy Act of 1974,§7(b): Disclosure of your social security number is mandatory. Solicitation of your social security number is solely for tax administration purposes pursuant to 36 MRSA §175 as authorized by the Tax Reform Act of 1976 (42 USC, §405(c)(2)(C)(i) and for child support enforcement purposes pursuant to 42 USC § 666(a)(13)(A) and 19-A MRSA §§2104, 2201. Your social security number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes and/or to the Department of Human Services Division of Support Enforcement and Recovery for use in child support enforcement procedures. No further use will be made of your social security number. It shall be treated as confidential tax information pursuant to 36 MRSA §191 and confidential support enforcement information pursuant to 19-A MRSA §2152.***

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**EMPLOYMENT DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**(Please Circle)**

**IS THIS A FUTURE BLETP CANDIDATE? YES NO A FUTURE BCTP or J-BCTP CANDIDATE? YES NO**

**Has this individual been employed as a Maine Law Enforcement/Correction officer within the past two years? YES NO**

**\*\*If No to working as an LEO or CO in the past 2 years, then individual must be initially certified or recertified. \*\***

**EMPLOYMENT LEVEL: (Please use an “X”)**

|  |  |  |  |
| --- | --- | --- | --- |
| * Full Time Law Enforcement | * Juvenile Corrections | * Transport Officer | * Harbor Master |
| * Part Time Law Enforcement**-** | * Non-Sworn Support Staff | * Capitol Police Officer | * L.E. Chaplain |
| * Corrections | * Judicial Marshal * Probation Officer | * Shellfish Warden * Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

**(Please Circle)**

Has this employee had basic training for full-time law enforcement or corrections **OUT OF STATE**? **YES NO**

Is a Waiver for either BLETP, LEPS, BCTP or J-BCTP being sought? **YES NO**

If the agency is requesting a waiver of the basic law enforcement or corrections school for this individual, please forward the appropriate Waiver Application Packet to the Maine Criminal Justice Academy. (Available on our web site <http://www.maine.gov/dps/mcja>)

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**TERMINATION DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_**

**EMPLOYMENT LEVEL: (Please use an “X”)**

|  |  |  |  |
| --- | --- | --- | --- |
| * Full Time Law Enforcement | * Juvenile Corrections | * Transport Officer | * Harbor Master |
| * Part Time Law Enforcement**-** | * Non-Sworn Support Staff | * Capitol Police Officer | * L.E. Chaplain |
| * Corrections | * Judicial Marshal * Probation Officer | * Shellfish Warden * Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

**25 M.R.S. §2807. REPORTS OF CONVICTION OR MISCONDUCT BY CERTIFICATE HOLDER**

***Notwithstanding any other provision of law, in the event that a certificate holder is convicted of a crime or violation or engages in conduct that could result in suspension or revocation of the individual’s certificate pursuant to section 2806-A and the chief administrative officer of the agency employing the certificate holder or considering the individual for employment has knowledge of the conviction or conduct, the chief administrative officer shall within 30 days notify the Director of the Maine Criminal Justice Academy with the name of the certificate holder and a brief description of the conviction or conduct*.**

**Must be completed and returned within 30 days.** (De-certifiable conduct per 25 M.R.S. §2806-A? Yes No)

**(Please Circle)**

**Type of Termination**  Resigned Discharged Retired Deceased Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Comments:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*This form MUST be signed by the Department Head and submitted to the MCJA\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

**Name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Agency Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Agency Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

**MAINE CRIMINAL JUSTICE ACADEMY, 15 OAK GROVE ROAD, VASSALBORO, ME 04989**

(207) 877-8000 (Voice) (207) 877-8027 (Fax) Revised: 9/25/2025

**APPLICATION to ATTEND BASIC OR JUVENILE CORRECTIONS TRAINING PROGRAM**

*Only COMPLETED applications will be accepted*.

BCTP or J-BCTP Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location attending: \_\_\_\_MCJA \_\_\_\_MCC \_\_\_\_MSP \_\_\_\_MVCF \_\_\_\_LCYDC

APPLICANT’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First MI Last

DOB: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ M □ F □

APPLICANT’S AGENCY EMAIL: (REQUIRED) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

APPLICANT’S TELEPHONE: (work) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (cell): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

APPLICANT’S SOCIAL SECURITY NUMBER: (REQUIRED) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPLICANT MUST COMPLETE THE FOLLOWING**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, release the host agency and any other department/agency officially connected or associated with this training program from any liability in case of illness or accident.

SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AGENCY MUST COMPLETE THE FOLLOWING**

The \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Agency Name) approves this applicant for training and releases the host agency and any other department/agency officially connected or associated with this training program from liability in case of illness or accident.

SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TITLE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRINTED NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Application check list:

\_\_\_\_\_\_\_\_ Signed & notarized background form. “YES” answers MUST include personal statement, copy of police report if any, and final disposition from court.

\_\_\_\_\_\_\_ MCJA Medical form signed by licensed medical professional.

\_\_\_\_\_\_\_Check box if Lodging Required

Revised 9/25/2025

**MAINE CRIMINAL JUSTICE ACADEMY BOARD OF TRUSTEES**

**BACKGROUND STANDARD FOR ADMISSION TO AND/OR CERTIFICATION FOR A MANDATORY ACADEMY SCHOOL, RECERTIFICATION, OR WAIVER**

In order to be accepted as a participant in mandatory academy law enforcement or corrections courses, or to be certified, recertified or request a waiver, an applicant must be of good moral character as determined by the hiring or sponsoring agency through a formal background check. These requirements and standards must be satisfied before consideration of such an application or certification. An agency presenting an individual for certification, admission to a mandatory Academy course, recertification, or for a waiver from training will attest that the individual meets the standard of having no disqualifying conviction\*. In addition, the applicant shall certify under oath that he or she has no disqualifying conviction and that he or she has not engaged in disqualifying conduct #. A representative of the hiring or sponsoring agency must complete this form with the applicant, including an explanation to the applicant of #1 and #2 below.

\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INTERVIEW & STATEMENT OF APPLICANT**

Applicant Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Have you ever been convicted of any crime or attempted crime (including traffic crimes) or plead guilty to a deferred disposition that would constitute a disqualifying crime/deferred disposition\* as outlined on page 2? \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_**

**If yes, provide details on separate sheet, as well as a copy of the official Criminal History**

**Record Information.**

1. **In addition, have you ever engaged in conduct that would constitute disqualifying conduct# as outlined on page 2, regardless of whether you were charged? \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If yes, provide details on separate sheet, as well as a copy of the police report if there was**

**police involvement.**

**I understand that the making of a false statement under oath is a crime punishable by law.**

Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Personally-appeared the above-named \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and made oath to the truth of the foregoing statement.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public (or other person authorized to take oath)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STATEMENT OF EMPLOYING OR SPONSORING AGENCY**

The above-named applicant has been the subject of a background investigation, including the processing of fingerprint cards through SBI and FBI, and a BMV record inquiry, and in the case of an applicant for the Basic Law Enforcement Training Program, a polygraph examination and a psychological examination, and such investigation has disclosed no conviction for a disqualifying conviction\* or disqualifying conduct#, except for the conviction(s) for which a waiver is being sought.

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

Signature of Chief / Sheriff or Agency Head

Personally-appeared the above-named \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and made oath to the truth of the

foregoing statement.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public (or other person authorized to take oath)

***DISQUALIFYING CONVICTION / DEFERRED DISPOSITION\****

Pursuant to [25 M.R.S §2806-A(5)](https://legislature.maine.gov/legis/statutes/25/title25sec2806-A.html) and Chapter 3: Entrance Standards (MCJA Board of Trustees rule), disqualifying convictions and or deferred dispositions for which a waiver from the Board of Trustees is required includes the following:

1. Murder;
2. Any Class A, Class B, or Class C crime or attempted crime;
3. Any Class D crime or attempted crime conviction (including OUI);
4. Any Class E crime or attempted crime conviction for which the crime is contained in Chapter 15 (Theft), Chapter 19 (Falsification in Official Matters), Chapter 25 (Bribery and Corrupt Practices), Chapter 29 (Forgery and Related Offenses), Chapter 31 (Offenses Against Public Administration), Chapter 35 (Prostitution and Public Indecency), Chapter 41 (Criminal Use of Explosives and Related Crimes), or Chapter 45 (Drugs) of the Maine Criminal Code, Title 17-A, Maine Revised Statutes;
5. Guilty plea pursuant to a deferred disposition of Murder, or any crime classified in state law as a Class A, Class B, Class C, or Class D crime or violation of any provision of Title 17-A, Chapter 15, 19, 25, 29, 31, 35, 41, or 45;
6. Juvenile adjudication of murder or any crime or attempted crime classified in state law as a Class A, Class B, Class C or Class D crime;
7. Conviction of or adjudication as a juvenile of a crime specified in paragraph 6 in another state or other jurisdiction, unless that crime is not punishable as a crime under the laws of that state or other jurisdiction in which it occurred;
8. Any other conviction of a crime or attempted crime in another state or other jurisdiction that prohibits the same unlawful conduct described above.

\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***DISQUALIFYING CONDUCT#***

Pursuant to [25 M.R.S §2806-A(5)](https://legislature.maine.gov/legis/statutes/25/title25sec2806-A.html) and Chapter 3: Entrance Standards (MCJA Board of Trustees rule), disqualifying conduct, regardless of whether the applicant was charged or convicted, for which a waiver from the Board of Trustees is required is engaging in conduct that is prohibited or penalized by state law as:

1. Murder;
2. Any Class A, Class B, Class C, or Class D crime or Attempted Crime;
3. Any class E crime or attempted crime for which the crime is contained in Chapter 15 (Theft), Chapter 19 (Falsification in Official Matters), Chapter 25 (Bribery and Corrupt Practices), Chapter 29 (Forgery and Related Offenses), Chapter 31 (Offenses Against Public Administration), Chapter 35 (Prostitution and Public Indecency), Chapter 41 (Criminal Use of Explosives and Related Crimes), or Chapter 45 (Drugs) of the Maine Criminal Code, Title 17-A, Maine Revised Statutes.
4. Conduct specified in 1, 2, or 3 above in another state or other jurisdiction, unless the conduct is not classified as a crime in that state or jurisdiction.

***WAIVER REQUEST PROCEDURE***

A request of the Board of Trustees for a waiver of a disqualifying conviction\* or disqualifying conduct# must be made by the employing or sponsoring agency, and must be made on the form provided by the Board for such purpose, and must include the additional information listed on the form. The form may be obtained by contacting the Maine Criminal Justice Academy, 15 Oak Grove Road, Vassalboro, ME 04989, and telephone 877-8000.

**MEDICAL EXAMINATION FORM**

**TO THE PHYSICIAN:**

Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has applied to participate in one of the programs listed below; (PRINT NAME)

**\*\*\*(Circle all that apply)\*\*\***

1. Basic Law Enforcement Training Program
2. Law Enforcement Pre-Service Training Program
3. Basic Correction Training Program

This candidate should be free of medical conditions which would interfere with his/her ability to safely participate in and successfully perform certain activities including, but not limited to the following program requirements:

1. **Basic Law Enforcement Training Program;**

* Complete a run of up to 3 miles without stopping
* Perform sit-ups to the limit of his/her ability
* Perform bench presses or pushups to the limit of his/her ability
* Tolerate exposure to heat/cold/humidity/inclement weather
* Tolerate exposure to Oleoresin Capsicum (OC) or similar disabling chemical agents
* Climb/crawl/wrestle/box/lift/drag heavy weights
* Visually distinguish targets on the firing range during daylight and in low light situations
* Safely operate a motor vehicle at various speeds and under varying driving and road conditions during the day and night
* Safely handle various types of firearms
* Tolerate the psychological stress of law enforcement work
* Physically rigorous defense tactics training (joint manipulation/handcuffing/take downs kicks/strikes/ground fighting
* Complete a physical assessment consisting of maximum effort 1.5 mile run/ 1 minute sit-ups/and 1 minute push ups
* Sustain this level of functioning for 12- 14 hours a day.

1. **Law Enforcement Pre-Service Training Program:**

* Complete a run up to 2 miles without stopping
* Perform sit-ups to the limit of his/her ability
* Perform bench presses or pushups to the limit of his/her ability
* Tolerate exposure to heat/cold/humidity/inclement weather
* Tolerate exposure to Oleoresin Capsicum (OC) or similar disabling chemical agents
* Climb/crawl/wrestle/jump/box/lift/drag heavy weights
* Tolerate the psychological stress of law enforcement work
* Physically rigorous defense tactics training (joint manipulation/handcuffing/take downs/kicks/strikes/ground fighting
* Complete a physical fitness assessment consisting of maximum effort 1.5 mile run/1 minute sit-ups/and 1 minute push-ups
* Sustain this level of functioning for 12- 14 hours per day

1. **Basic Corrections Training Program:**

* Participation in a physical fitness program consisting of running, standing, power walking, and/or sports activity to the limits of the individual
* Physically rigorous defense tactics training (joint manipulation/handcuffing/take downs/kicks/strikes)
* Tolerate exposure to Oleoresin Capsicum (OC) or similar disabling chemical agents
* Tolerate the psychological stress of corrections work
* Climb/crawl/wrestle/jump/box/lift/drag heavy weights
* Participate in interactive use of force training
* Sustain this level of functioning for 12- 14 hours a day.

Based on a review of the corresponding program #\_\_\_\_\_ the above named candidate is:

1. \_\_\_\_\_Medically SUITABLE to participate in training at the Maine Criminal Justice Academy, OR
2. \_\_\_\_\_Medically UNSUITABLE to participate in training at the Maine Criminal Justice Academy for the following reasons:

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are ADA Accommodations Requested? Yes No

Physician’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician name: (printed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Candidate’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**THIS PAGE MUST BE COMPLETED TO INCLUDE REQUIRED SIGNATURE**