HARRISON COUNTY
LAW ENFORCEMENT TRAINING ACADEMY

APPLICATION / MEDICAL

All correspondence should be sent to:

Lt. John Putnam john.putnam@harrisoncountysheriff.com
Harrison County Law Enforcement Training Academy
13960 James Bond Rd.
Gulfport, MS 39503

All application packets should include and will not be accepted without:

1. Completed application
2. Copy of High School Education (Diploma/GED) or College Diploma. Attach to rear of application.
3. Copy of Criminal History/NCIC printout. Attach to rear of application.
4. Current First Aid/CPR card or verifying documents if available. Attach to rear of application
5. Prior Academy Attendance Form If Applicable. Attach to rear of application.
6. Letter from BLEOST indicating what training the cadet needs to attend. Attach to rear of application.
7. Cadet must be registered into ACADIS
8. Pages (4,5,16) are to be filled out by Agency or Agency Head.
9. Medical pages (7-13) and (17,18) is filled out by applicant.
10. Medical pages (14,15) are to be filled out by Physician or Designee only.
11. Page 19 is to be filled out by applicant with Notary at academy.
12. Physician should have access to complete packet during physical.

General Information

1. Payment from agency by check, money order or agency purchase order is due upon receipt of invoice. If an applicant does not complete the entire course, the agency will be refunded a prorated amount after approval of the academy director.

2. Payment should be made payable to:
   Harrison County Law Enforcement Training Academy
   13960 James Bond Rd.
   Gulfport, MS 39503

3. Please ensure the application is completed in full; signatures and initials are required in several places. Verify the physician, the applicant, and the agency head have signed in each space as indicated. Unless there is a completed physical assessment approved by a physician, the applicant will not be admitted into the academy and cannot participate in any physical fitness pre-test.

4. Following academy registration activities, all students will participate in a physical fitness evaluation. Each student must demonstrate an acceptable level of fitness (minimum of 50%, or higher according to BLEOST policy). Participants will be given three opportunities to meet the minimum physical fitness requirement. Dates and times will be announced. An officer who cannot meet the minimum physical fitness requirement per BLEOST will not be admitted into the academy.

5. We must have the entire application before a physical fitness test will be conducted.

6. If the applicant has attended another academy that information shall be disclosed. If the applicant didn't complete the academy and was released or resigned for whatever reasoning, a release from that academy's director is warranted. This release must be attached to this application.

7. Cadet must be registered into ACADIS.

8. Refresher Meal Plan – please see attached letter from the director included with the packet. The plan is optional and will be billed on a separate line of the tuition invoice. A $350.00 surcharge per full-time refresher will be implemented if your agency elects for the academy to provide meals to the full-time refresher(s). If your agency prefers not to pay the surcharge, your officer(s) will need to bring lunch or purchase food off campus during the lunch break. This choice is to be made at registration so we can plan accordingly. Full-Time basic cadets' meals are already included in the tuition.

Major Brandon Hendry
Training Director
Harrison County Sheriff's Office
13960 James Bond Rd
Gulfport, MS 39503
Harrison County Law Enforcement Training Academy Partner Agencies

Dear Partner Agency,

I want to make you aware of a necessary change regarding our Full Refresher Program. Like you, we have experienced rising costs in nearly every aspect of operations, and one of the most significant is the expense of providing meals.

For full-time basic cadets, the cost of meals has always been included in tuition. However, for the 200-hour Full Refresher Program, the academy has absorbed the cost of lunches for students who chose to eat on site. With food and labor expenses rising, it has become more expensive to provide meals to the refresher cadets during the 34-day program.

To sustain the program, we must now implement a $350 Meal Surcharge for each refresher student. This charge is optional, and will be billed on a separate line of the tuition invoice. If your agency prefers not to pay the surcharge, your officer will need to bring lunch or go off campus during the lunch break. This choice should be made at registration so we can plan accordingly.

We appreciate your understanding and continued partnership as we work to maintain the quality and sustainability of our training programs.

Sincerely,
Major Brandon Hendry
Director
Harrison County Law Enforcement Training Academy

HCLETA ACADEMY APPLICATION

(Filled Out by Agency)

Class Requested

- ☐ Basic Class Tuition: $4,000.00
- ☐ Refresher Tuition: $1,500.00
- ☐ Refresher Tuition with Meal Plan “Optional”: $1,850.00
- ☐ Jurisprudential Exam and Skill Update with Law Tuition $300.00
- ☐ Jurisprudential Exam and Skill Update with Law Tuition with Meal Plan “Optional” $400.00
- ☐ Skill Update with Law Tuition: $300.00
- ☐ Part Time Tuition: $500.00
- ☐ Self-Sponsor Basic Class Tuition $4,600.00

Applicant Full Name: _____

Date of Birth: _____

Social Security Number: _____

Driver License Number: _____

Home Address: _____

Cell Phone: _____

Email: _____

Employing Agency: _____

Agency Address: _____

Agency Head: _____

Agency Point of Contact: _____

Agency Contact Phone: _____

Agency Billing Contact: _____

Agency Billing Phone: _____

Agency Billing Email: _____

Agency Billing Address: _____

PRIOR ACADEMY ATTENDANCE (Agency)

DATE: _____
Applicant: _____

Please indicate if you / your officer has attended another academy at any time and sign below.

- ☐ **Applicant has not attended another academy (Full-Time) or (Reserve)**

- ☐ **Applicant has attended another academy (Full-Time) or (Reserve)**
  If yes, which academy and dates were the applicant enrolled.

  _____
  _____

Status of Prior Enrollment

- ☐ **N/A to this applicant**
- ☐ **Applicant Resigned from the academy**
- ☐ **Applicant was release from the academy**
- ☐ **Applicant graduated from the academy**

If the applicant resigned or was released from an academy that resulted in that applicant not graduating a release form from the academy and that academy's director must be attached to this application for admission.

INFORMATION FOR THE PHYSICIAN / AGENCY ADMINISTRATION

Every law enforcement officer employed by a law enforcement unit must be examined by a licensed physician. The physician's report must conclude that, in the opinion of the physician, the applicant has the ability to physically perform the duties of a law enforcement officer.

Law Enforcement Administrator and Examining Physician:

This training packet contains a medical evaluation. Please complete all forms in accordance with the instructions below. Submit the completed packet to the academy at least two weeks prior to attending a training course (forms that have been completed six months or more prior to training cannot be accepted). With an increased awareness of the importance of physical fitness in the law enforcement profession, as well as in the overall maintenance of quality of life, Harrison County Law Enforcement Training Academy adheres to the Board on Law Enforcement Officer Standards and Training (BLEOST), policy. Students will be participating in vigorous physical fitness training (full-time, part-time) and defensive tactics, as well as stress-related training (physical and mental), in such areas as driving, firearms and officer survival. Driving and firing events incorporate seasonal inclement weather with day and night sessions to further enhance stress-related training.

This medical examination report should provide an adequate evaluation of the physical condition of a law enforcement candidate and identify potential problem areas in each candidate's ability to successfully complete training. **Agencies are urged to consider carefully any decision to enroll a student in training who has a potential problem. Students with weight problems, who have not been active in a physical fitness program or who have some medical difficulty, will have a greater probability of not completing the course.** If at all possible, fitness levels should be at or above the minimum levels established in this packet prior to attending the basic course

HARRISON COUNTY LAW ENFORCEMENT TRAINING ACADEMY
Medical Examination, Medical Information Release, Assumption of Risk, Liability Waiver, and Fitness Certification

Applicant Information **(Filled out by Applicant)**

Applicant Name: _____

Date of Birth: _____

Social Security Number: _____

TO THE APPLICANT: Medical clearance is required by the Harrison County Law Enforcement Training Academy. Your cooperation in completing this questionnaire in a complete and detailed manner will expedite the evaluation and avoid delay. Complete this form (sections A, B. and C) prior to your physical examination and give it to the examining physician at the time of examination. Explain all items answered Yes in this questionnaire. Write your own account in Sections B and C. Include diagnosis and dates.

MEDICAL EXAMINATION AND FITNESS ACKNOWLEDGMENT

I, the undersigned applicant, understand that admission into the Harrison County Law Enforcement Training Academy ("Academy") requires participation in physically and mentally demanding law enforcement training. Such training may include, but is not limited to:

Physical fitness training, Defensive tactics, Firearms training, Emergency vehicle operations, Scenario-based raining, Ground fighting, Running, lifting, climbing, and obstacle courses, Exposure to environmental conditions including heat, cold, rain, and uneven terrain

I understand these activities involve inherent risks that may result in injury, illness, permanent disability, or death.

INT._____

MEDICAL RELEASE AUTHORIZATION

I voluntarily authorize my examining physician, nurse practitioner, physician assistant, medical clinic, hospital, or other licensed healthcare provider to release any medical information necessary to determine my fitness for participation in the Harrison County Law Enforcement Training Academy.

This authorization includes, but is not limited to:

Medical examinations, Physical examination findings, Functional capacity evaluations, Fitness determinations, medical restrictions, Laboratory results (when relevant to fitness), Cardiac evaluations, Orthopedic evaluations, Pulmonary evaluations, Vision and hearing evaluations, any additional medical documentation deemed necessary to determine my ability to safely participate.

I specifically authorize the release of this information to:

Harrison County Law Enforcement Training Academy and **The Mississippi Board on Law Enforcement Officer Standards and Training (BLEOST)**

and any governmental entity legally responsible for evaluating or certifying my eligibility to attend a Mississippi law enforcement basic training academy.

I understand this authorization is voluntary but is a mandatory condition of admission into the Academy.

INT._____

AUTHORIZATION TO REVIEW AND RETAIN RECORDS

I authorize the Harrison County Law Enforcement Training Academy to:
Review all submitted medical documentation. Verify information with my healthcare provider. Request additional medical documentation if necessary. Retain copies of submitted medical documentation as part of my permanent Academy file. Submit required medical documentation to BLEOST or other state agencies as required by law or administrative regulation. INT._____

FITNESS DETERMINATION

I understand that the Harrison County Law Enforcement Training Academy has the sole discretion to determine whether submitted medical documentation satisfies Academy admission requirements.
I further understand that:
Submission of medical documentation does not guarantee admission, The Academy may require additional medical evaluation. The Academy may delay admission pending further review. The Academy may deny admission if medical documentation indicates I cannot safely participate in Academy training.

I acknowledge that decisions regarding admission are made in the interest of public safety, student safety, instructor safety, and compliance with Mississippi law and BLEOST standards. INT._____

ASSUMPTION OF RISK

I knowingly and voluntarily assume all risks associated with participation in Academy training.
These risks include, but are not limited to:

Sprains, Strains, Broken bones, Joint injuries, Muscle injuries, Heat exhaustion, Heat stroke, Cardiac events, Falls, Vehicle accidents, Firearms-related injuries, Permanent disability, Death

I certify that I understand these risks and voluntarily choose to participate. INT._____

RELEASE OF LIABILITY

To the fullest extent permitted under Mississippi law, I hereby release, waive, discharge, and covenant not to sue: Harrison County Law Enforcement Training Academy, Harrison County, Mississippi, Harrison County Sheriff's Office, Academy Director, Academy Assistant Director, Academy Staff, Instructors, Adjunct Instructors, Guest Instructors, Employees, Volunteers, Agents, Representatives, Mississippi Board on Law Enforcement Officer Standards and Training (BLEOST), where permitted by law

from any and all claims, demands, causes of action, damages, losses, expenses, attorney's fees, liabilities, or judgments arising from my participation in Academy training, except were prohibited by law or resulting from conduct for which liability cannot legally be waived under Mississippi law. INT._____

MEDICAL CONDITION DISCLOSURE

I certify that:
I have disclosed all known medical conditions that may affect my ability to safely participate. I am not aware of any medical condition that would prevent safe participation. I understand that failure to disclose relevant medical information may result in denial of admission or dismissal from the Academy. INT._____

ACKNOWLEDGMENT OF DENIAL OF ADMISSION

I understand that:
Admission into the Academy is a privilege and not a right. The Academy reserves the right to refuse admission based upon medical documentation, physician recommendations, inability to safely complete required training, or failure to meet applicable state standards.
The Academy's decision regarding admission eligibility is final, subject only to any appeal rights provided by applicable law or Academy policy. INT._____

APPLICANT CERTIFICATION, ACKNOWLEDGMENT, AND AGREEMENT

I certify that I have carefully read this Medical Examination and Fitness Acknowledgment, Medical Release Authorization, Authorization to Review and Retain Records, Fitness Determination, Assumption of Risk, Release of Liability, Medical Condition Disclosure, and Acknowledgment of Denial of Admission in their entirety.

By signing below, I acknowledge, understand, and voluntarily agree that:

1. I have read and understand each provision contained in this document.
2. I have had the opportunity to ask questions regarding this document and understand its contents.
3. I understand the physical and mental demands associated with participation in the Harrison County Law Enforcement Training Academy and knowingly accept the inherent risks associated with Academy training.
4. I voluntarily authorize the release of my medical information as described herein and authorize the Academy to review, verify, retain, and submit such information as permitted by law and required by the Mississippi Board on Law Enforcement Officer Standards and Training (BLEOST).
5. I certify that all medical information provided by me is true, complete, and accurate to the best of my knowledge and that I have disclosed all known medical conditions that may affect my ability to safely participate in Academy training.
6. I understand that admission into the Academy is contingent upon satisfying all applicable medical, physical, and administrative requirements and that submission of medical documentation does not guarantee admission.
7. I voluntarily assume all risks associated with participation in Academy training and agree to the Release of Liability contained in this document to the fullest extent permitted by Mississippi law.
8. I understand that the Academy may require additional medical evaluations, delay admission, or deny admission if it determines that I cannot safely participate or fail to meet applicable Academy or BLEOST standards.
9. I understand that any false statement, omission, or misrepresentation contained in my medical documentation or this certification may result in denial of admission, dismissal from the Academy, or any other action authorized by law or Academy policy.
10. I understand that if my medical condition changes prior to or during Academy training, I have a continuing obligation to immediately notify the Academy.

I certify under penalty of perjury that the information I have provided is true and correct to the best of my knowledge. I execute this Certification knowingly, voluntarily, and without coercion, intending to be legally bound by its terms.

Applicant Name (Printed): _____

Applicant Signature: _____

Date: _____

HEALTH QUESTIONNAIRE (APPLICANT FILLS OUT AND REVIEWS WITH PHYSICIAN)

SECTION A check each condition or ailment that applies Yes or No.

Explain each Yes answer in Section B and list physicians consulted in Section C.

	Condition	No	Yes	Hosp		Condition	No	Yes	Hosp
1	Head injury				24	Sensitivity to dust			
2	Back trouble, pain				25	Other allergies			
3	Any defect of bones/joints including amputations, dislocations or breaks				26	Frequent colds			
					27	Cancer, malignancy			
4	Lameness				28	Tumor, growth, cyst			
5	Rheumatism, arthritis				29	Complications from childhood diseases			
6	Trick/locked knee, knee injury				30	Polio			
7	Foot trouble				31	Rheumatic fever			
8	Eye injury, surgery, disease				32	Heart trouble, circulatory trouble			
9	Wear or have worn glasses/contacts				33	High, low blood pressure			
10	Hard of hearing, hearing problems				34	Varicose veins			
11	Wear or have worn a hearing aid				35	Pernicious anemia, leukemia, other blood disorders or ailments			
12	Headaches								
13	Mental illness, nervous breakdown				36	Hepatitis, jaundice, other liver ailments			
14	Addiction to drugs, alcohol				37	Diabetes, sugar in urine			
15	Fainting, dizzy spells				38	Ulcers, other stomach trouble			
16	Epilepsy, fits				39	Colitis			
17	Any disorder of the nervous system				40	Gall bladder trouble			
18	Tuberculosis, other lung trouble				41	Kidney/bladder trouble			
19	Shortness of breath				42	Piles/hemorrhoids			
20	Asthma				43	Rupture/hernia			

SECTION A (contd.)		No	Yes	Hosp.			No	Yes	Hosp.
21	Bronchitis				44	Mononucleosis			
22	Allergic reaction to poison oak, ivy				45	HIV/ARC/AIDS			
23	Skin trouble				46	Food Allergy			

HEALTH QUESTIONNAIRE - CONTINUED

SECTION A (contd.)		No	Yes
47	Have you ever had or been advised to have an operation?		
48	Have you ever been a patient (committed or voluntary) in a mental hospital?		
49	Have you had any other illness, injury or physical condition not previously named (other than in childhood)?		
50	Have you had an injury within the last 5 years which caused you to lose time from work?		
51	Have you ever been denied employment or insurance for medical reasons?		
52	Have you ever been deferred from military service for medical, emotional or health reasons?		
53	Have you ever been discharged or released from employment or from the armed forces for medical, emotional or health reasons?		
54	Have you ever received or applied for pension or compensation for disability or injury?		
55	Are you presently under the doctor's care for any condition?		
56	Have you taken any prescribed medication in the last 12 months for any reasons?		
57	Do you or have you ever had any physical or emotional limitations?		
	Intentionally Left Blank		

SECTION B	Explain all items answered Yes in Section A of this questionnaire. Continue on 8.5 x 11 sheets of paper, if necessary, and attach to this page.
Condition #	

SECTION C	If you saw a doctor for any conditions answered Yes then list the physician's name and office address below.	
Condition #	Physician's Name	Office Address (street/p.o. box, city, state)

PHYSICIAN EVALUATION (Filled out by Physician or Designee Only)

(This application has information relevant to your examination and medical opinion. These include pages 6-17)

After examining the above applicant, I certify the following:

The applicant is able to safely participate in:

Physical Fitness Training, Running, Defensive Tactics, Firearms Training, Emergency Vehicle Operations, Chemical Agent Exposure (OC), Taser Exposure (if required), Ground Fighting, Lifting and Carrying, Heat/Outdoor Training, Long periods of standing and walking

---

Medical Conditions

Does the applicant have any medical condition that requires restrictions?

☐ No

☐ Yes

If yes, explain:

Medications

Is the applicant currently taking medications that could affect participation in academy training?

☐ No

☐ Yes

Explain:

PHYSICIAN'S CERTIFICATION OF MEDICAL FITNESS

(This application has information relevant to your examination and medical opinion. These include pages 6-17)

Applicant Name: _____

I have personally examined the above-named applicant and reviewed his or her medical history (Health Questionnaire) to the extent necessary including but not limited to Vision, Hearing, Head, Lungs, Cardiovascular System, EKG, Musculo-Skeletal System, Nervous System, Abdomen, Rectal, Genito-Urinary urinalysis, Skin, to determine medical fitness for participation in a basic law enforcement training academy.

Based upon my examination, it is my medical opinion that the applicant is:

☐ **MEDICALLY QUALIFIED** to participate without restrictions.

☐ **NOT MEDICALLY QUALIFIED** to safely participate in a law enforcement basic training academy.

Comments:

Physician Name:

Clinic/Hospital:

Telephone:

Physician Signature:

Date:

Official Stamp (if applicable)

LAW ENFORCEMENT AGENCY'S AFFIDAVIT

I, the undersigned, do hereby swear and affirm that on the date stated below I reviewed the results of this candidate's Medical Examination Report, to include all comments and/or abnormalities, and Health Questionnaire. I certify that to the best of my knowledge the applicant is physically qualified to perform the duties of a law enforcement officer and that he or she has passed a physical examination, that there are no willful misrepresentations, omissions or falsifications in the statements and answers to questions within this document, that all statements and answers are true and correct to the best of my knowledge and belief, that the fingerprints of the applicant are on file with the Department of Public Safety/Criminal Investigation Bureau and with the FBI. Further, I certify that the applicant is a law enforcement officer as defined in MCA § 45-6-3 (c) and that he or she has been recruited pursuant to Chapter 474, Sections 6 and 11 of the General Laws of the State of Mississippi and is approved, by me, for attendance at the HARRISON COUNTY LAW ENFORCEMENT TRAINING ACADEMY and will be considered on active-duty status, with my organization, during his or her training period.

Agency Head Signature: _____

Printed Name: _____

Date: _____

APPLICANT'S AFFIDAVIT & INJURY LIABILITY WAIVER(APPLICANT)

I, the undersigned, do hereby swear and affirm that there are no willful misrepresentations, omissions or falsifications in the statements and answers to questions within this document, and that all statements and answers are true and correct to the best of my knowledge and belief. I agree to obey the Academy regulations and understand that I am subject to dismissal from the Academy for any infraction. Should a question of my integrity or that of a fellow student arise because of some incident while attending the Academy, I will voluntarily submit to a polygraph examination upon request. I understand that any reported criminal violation will be turned over to the appropriate law enforcement agency for investigation. I understand that I will only be covered to the extent that I would be covered for any illness or injury incurred while on duty at my employing agency under personal or department medical insurance. Further, I certify that I am in good health, physically fit, and of good moral character. I hereby release the Harrison County Law Enforcement Training Academy, the Board on Law Enforcement Officer Standards and Training (BLEOST) and any department officially associated or connected with the academy of attendance from liability in case of illness or accident.

I also understand that by gaining entrance into HARRISON COUNTY LAW ENFORCEMENT TRAINING ACADEMY, this facility has become my academy of record. If I withdraw voluntarily, or am dismissed by the academy staff, I cannot attend any other academy unless I am released to do so by the academy director. Any previous attempts to complete the Law Enforcement Officers Training Program must be disclosed to the academy staff before admittance.

Acknowledgment

I certify that:

I have read this agreement in its entirety. I understand its contents and have had the opportunity to ask questions before signing. I sign this agreement voluntarily and without coercion. I understand that this agreement is intended to be binding upon me and my heirs, executors, administrators, and assigns.

Applicant Signature: _____

Printed Name: _____

Date: _____

Media Recording and Litigation Waiver and Release

I, the undersigned Cadet, voluntarily acknowledge and agree that, during my participation in training, instruction, exercises, testing, ceremonies, and any other activities associated with the Harrison County Law Enforcement Training Academy ("Academy"), I may be photographed, videotaped, audio recorded, or otherwise electronically recorded.

I understand and agree that these recordings and images may be created by the Academy, Harrison County, instructors, authorized personnel, or their representatives for legitimate purposes including, but not limited to:

Training and instructional use; Performance evaluation and quality assurance; Documentation of Academy activities; Administrative, investigative, and evidentiary purposes; Public information, recruitment, educational, or promotional materials, where permitted by law.I grant the Academy and Harrison County the irrevocable right to record, use, reproduce, edit, publish, distribute, display, and maintain such photographs, video recordings, audio recordings, and other media in any format now known or later developed, without additional notice or compensation. I understand that all photographs, recordings, and related media created during Academy activities are and shall remain the property of Harrison County and/or the Academy.

Release and Waiver

To the fullest extent permitted by law, I release, waive, and discharge Harrison County, the Harrison County Law Enforcement Training Academy, their officers, employees, instructors, agents, representatives, and affiliated entities from any claims, demands, causes of action, damages, or liabilities arising solely from the creation, recording, publication, reproduction, or authorized use of my likeness, image, voice, or appearance as described in this agreement.

I understand that this release does not waive or release any rights that cannot legally be waived under applicable law.

Acknowledgment

I certify that:
I have read this agreement in its entirety. I understand its contents and have had the opportunity to ask questions before signing. I sign this agreement voluntarily and without coercion. I understand that this agreement is intended to be binding upon me and my heirs, executors, administrators, and assigns.

Applicant Signature: _____

Printed Name: _____

Date: _____

APPLICANT CERTIFICATION "Completed at Academy with Notary"

I certify that the information provided in this application is true and complete. I understand that acceptance into the Harrison County Law Enforcement Training Academy is contingent upon meeting all Academy and BLEOST requirements.

Acknowledgment

I certify that:

I have read this agreement in its entirety. I understand its contents and have had the opportunity to ask questions before signing. I sign this agreement voluntarily and without coercion. I understand that this agreement is intended to be binding upon me and my heirs, executors, administrators, and assigns.

Applicant Signature: _____

Printed Name: _____

Date: _____

Notary Acknowledgment
STATE OF MISSISSIPPI
COUNTY OF HARRISON

Personally appeared before me, the undersigned authority in and for the jurisdiction aforesaid, on this ____ day of _____, 20, _____, who, after being duly sworn, stated under oath that he/she executed the foregoing application and affirmed that the statements, information, and representations contained therein are true and correct to the best of his/her knowledge and belief.

Witness my hand and official seal on this ____ day of _____, 20____.

Notary Public

Printed Name: _____ (Seal)

My Commission Expires: _____

ACADEMY USE ONLY

Reviewed By

Date

Accepted

☐ Yes

☐ No

Comments