



LAW ENFORCEMENT TRAINING CLASSES (Agency Sponsored)

Basic Class Tuition: \$4,000.00

Refresher Tuition: \$1,500.00

Refresher Tuition with Meal Plan "Optional": \$1,850.00

Skills Update Tuition: \$150.00

Skill Update with Law Tuition: \$300.00

Part Time Tuition: \$500.00

All correspondence should be sent to:

Harrison County Law Enforcement Training Academy
13960 James Bond Rd.
Gulfport, MS 39503

All application packets should include:

- ORIGINAL** completed application
- Copy of High School Education (Diploma/GED) or College Diploma
- Copy of Criminal History/NCIC printout
- Verify physician information on page five is completed – questions 11-14 should be “No” and question 15 should be “Yes”
- Copy of EKG results **must be included on page four**
- Recent front facing photograph of officer MUST BE ORIGINAL PHOTO, NO copies
- Proof of medical insurance (worker’s comp and major medical)
- Current First Aid/CPR card or verifying documents if available
- Prior Academy Attendance Form
- Questionnaire Form
- Letter from BLEOST indicating what training the cadet needs to attend.
- Cadet Contact Form

If you have any questions, need further information or assistance please call Lt. John Putnam at the academy.

Office: (228)241-2222

Email: john.putnam@harrisoncountysheriff.com

Harrison County Law Enforcement Training Academy

Basic Law Enforcement Training Class

General Information

- 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.
- Payment should be made payable to:
Harrison County Law Enforcement Training Academy
13960 James Bond Rd.
Gulfport, MS 39503
- Please ensure the application is completed in full; signatures 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.
- 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.
- **We must have the entire ORIGINAL APPLICATION (pages 1-8) to include the signed physical with EKG prior to the PT test.**
- **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.



MISSISSIPPI

PEACE OFFICER STANDARDS & TRAINING

FULL-TIME/PART-TIME BASIC/REFRESHER TRAINING PACKET

MEMORANDUM

Law Enforcement Administrator and Examining Physician:

This training packet contains a medical evaluation, a reimbursement supplement (full-time only) and an application for enrollment to the academy. Please complete all forms in accordance with the instructions below. Submit the completed packet (pages 1 - 8) 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, the Board on Law Enforcement Officer Standards and Training (BLEOST) has enhanced fitness standards for law enforcement candidates. 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. The procedures for completing these forms are as follows:

<u>Title/Page Number</u>	<u>Usage</u>	<u>Disposition</u>
Memorandum	page i	Provide information to the trainee's agency & to the examining physician To be read and used by the agency and the attending physician, then discarded
Law Enforcement Officer's Duties & Working Conditions	page ii	Provide information to the attending physician and to the applicant To be read by the physician and the applicant, then discarded
Physical Fitness Requirements	page iii	Provide information to the physician and to the applicant To be read by the physician and the applicant, then discarded
Medical Examination Report Health Questionnaire	pages 1 & 2	Provide the physician with the trainee's current health information To be completed by the trainee and agency then given to the physician prior to the trainee's examination
Medical Examination Report Physical Fitness Examination	pages 3, 4 & 5	To determine the applicant's ability to participate in the physical fitness program To be completed and signed by the physician and returned to applicant's agency
NCIC Report and HS Diploma or GED First Aid / CPR Certification Salary Information	page 6	Provide information to BLEOST for certification and reimbursement purposes To be completed by the agency
Law Enforcement Agency's Affidavit and Applicant's Affidavit & Injury Liability Waiver	page 7	To swear and affirm the validity of the information given within this document to the training academy and to BLEOST To be signed and dated by the agency head or authorized signee and by the applicant
Application for Training & Personal Information Summary	page 8	Provide training eligibility information to the training academy and to BLEOST To be completed by the trainee and agency, and returned to the academy at least two weeks prior to training

If you have any questions, please call the BLEOST staff at (601) 977-3777.

INFORMATION FOR THE PHYSICIAN

Duties and Working Conditions Encountered by Law Enforcement Officers

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.

The duties of a law enforcement officer include, but may not be limited to, performance of the following physical activities:

1. Use of Firearms	15. Sitting	29. Hearing Voice Conversation
2. Driving Emergency Vehicles	16. Standing	30. Color Identification
3. Handcuff Prisoners	17. Standing-Long Periods	31. Close Vision
4. Administer First Aid	18. Kneeling	32. Far Vision
5. Rescue Operations	19. Twisting Body	33. Side Vision-Depth Perception
6. Lifting & Carrying 0-70 lbs.	20. Pushing	34. Night Vision
7. Direct Traffic	21. Pulling	35. Maintaining Balance
8. Subdue Prisoners	22. Running	36. Operating Passenger Vehicles
9. Pursue Suspects	23. Sense of Touch	37. Finger Dexterity
10. Walking-Lateral Mobility	24. Reaching	38. Speaking
11. Walking Rough Terrain	25. Gripping Hands & Fingers	
12. Bending	26. Climbing Stairs	
13. Stooping	27. Climbing Ladders	
14. Crouching	28. Hearing Alarms	

Working conditions for law enforcement officers may include, but may not be limited to, the following:

1. Exposure to the Sun	14. Work on High Ladders	27. Working with Adult Mental Patients
2. Exposure to Inside Temperature Extremes	15. Working in Remote Locations	28. Working Night Shifts
3. Exposure to Outside Temperature Extremes	16. Wearing Helmets	29. Working Day Shifts
4. Dampness	17. Wearing Safety Glasses	30. Working Weekends
5. High Humidity	18. Wearing Chemical-Resistant Clothing	31. Exposure to Tobacco Smoke
6. Noisy Work Areas	19. Wearing Ear Plugs-Muffs	32. Exposure to Other Smoke
7. Work at Heights	20. Wearing Rubber Boots	33. Working at High Elevation
8. Work in Confined Space	21. Exposure to Bee Stings	34. Working With Mentally Retarded Persons
9. Work in Crowded Areas	22. Exposure to Poison Oak	35. Providing Remote Emergency Medical Assist.
10. Working Alone	23. Exposure to Dust or Pollen	36. Scuba Diving
11. Work with Inmates	24. Exposure to Fumes	
12. Exposure to Intense Light	25. Air Travel	
13. Exposure to Noxious Odors	26. Working Long Hours	

INFORMATION FOR THE PHYSICIAN - CONTINUED

Physical Fitness Requirements

The Board on Law Enforcement Officer Standards and Training (BLEOST), in recognizing the importance of physical fitness for academy performance and subsequent job performance, has established physical fitness training standards that must be achieved in order to successfully complete the training program. The board has established a test that effectively measures cardiovascular endurance and strength. An additional component of fitness, body weight and composition (% of body fat), has a great impact on the examinee's ability to perform the other tests. The evaluation of the candidate's fitness begins with a physician's examination and a determination of the ratio of fat to lean tissue. If an individual's weight exceeds the threshold weight, then a skinfolds caliper measurement should be taken to determine body fat percentage.

The BLEOST will require all board-approved training academies to administer an entry physical fitness test for those students reporting to the training program. The test will be given immediately upon reporting for training and will determine whether a student can remain in the program. This test is an eligibility requirement. A passing score of 50% must be achieved. Those students who fail the test must leave the academy. They may, however, resubmit their application to attend a future training class.

The test is comprised of three components: agility run, push-ups, and a 1 1/2 mile run and is administered to all Full-time, Part-time and Refresher trainees. It is the same test at the end of the program for Full-time and Part-time trainees (Refresher trainees are not required to take the final test) with one exception: The entry test requires 50% to pass while the final test requires 70%. This requirement does not relieve students from participating in P.T. training once they pass the entry requirement. Full-time and Part-time trainees will continue to participate in scheduled P.T. training and must also pass a final P.T. test with a minimum score of 70% in order to graduate.

Physical fitness can only be achieved over time. It requires a commitment to regular exercise and good eating habits. Thus it is important to disseminate this information so that all impacted personnel can prepare ahead of time. Scores needed to enter training and to graduate are as follows:

AGE GROUPS ►		20-29			30-39			40-50 +		
	Score	Male	Female	Male	Female	Male	Female	Male	Female	
AGILITY RUN (maximum allowed times for each group measured in seconds)	100%	15:90	17:80	16:40	18:90	17:35	20:55			
	70%	18:60	21:10	19:10	22:20	20:05	23:85			
	50%	20:40	23:30	20:90	24:40	21:85	26:05			
1.5 MILE RUN (maximum allowed times for each group measured in minutes)	100%	9:00	10:48	10:00	12:00	11:00	13:12			
	70%	14:30	17:18	15:30	18:30	16:30	19:42			
	50%	18:10	21:38	19:10	22:50	20:10	24:02			

AGE GROUPS ►		17-21		22-26		27-31		32-36		37-41		42-46		47-51		52 +	
	Score	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
PUSH-UPS (minimum required in a two minute time limit)	100%	82	58	80	56	78	54	73	52	72	48	66	45	62	41	56	40
	70%	52	28	50	26	48	24	43	22	42	18	36	17	32	13	26	12
	50%	32	13	30	11	28	10	23	9	22	8	18	7	17	6	12	6

MEDICAL EXAMINATION REPORT
HEALTH QUESTIONNAIRE

To be completed by the applicant & the applicant's agency.

Applicant's Name _____

Doctor's Name _____

Applicant's Department/Agency _____

Name of Office or Clinic _____

Department's Address _____

Clinic's Address _____

Telephone Number _____

Telephone Number _____

TO THE APPLICANT: Medical clearance is required by the Board on Law Enforcement Officer Standards and Training. 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.

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				36	Hepatitis, jaundice, other liver ailments			
13	Mental illness, nervous breakdown				37	Diabetes, sugar in urine			
14	Addiction to drugs, alcohol				38	Ulcers, other stomach trouble			
15	Fainting, dizzy spells				39	Colitis			
16	Epilepsy, fits				40	Gall bladder trouble			
17	Any disorder of the nervous system				41	Kidney/bladder trouble			
18	Tuberculosis, other lung trouble				42	Piles/hemorrhoids			
19	Shortness of breath				43	Rupture/hernia			
20	Asthma				44	Mononucleosis			
21	Bronchitis				45	HIV/ARC/AIDS			
22	Allergic reaction to poison oak, ivy								
23	Skin trouble								

HEALTH QUESTIONNAIRE - CONTINUED

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

NOTE: Any falsification, withholding or failure to answer all questions completely and accurately may cause revocation of certification and/or expulsion from training. MCA § 97-7-10 "Fraudulent Statements and Representations" provides for severe penalties for misrepresentations or fraudulent statements to a board. This statute authorizes a fine of up to ten thousand dollars (\$10,000) and a jail sentence of up to five (5) years.

PHYSICAL FITNESS EXAMINATION

Name _____ Age _____ Male _____ Female _____ Height _____ Weight _____

THRESHOLD WEIGHT TABLE

Height in Inches	Threshold Weight	Height in Inches	Threshold Weight
52	75	69	176
53	80	70	184
54	85	71	192
55	89	72	200
56	94	73	209
57	99	74	217
58	105	75	226
59	110	76	235
60	116	77	245
61	121	78	255
62	128	79	265
63	134	80	275
64	141	81	285
65	147	82	297
66	154	83	307
67	161	84	318
68	168		

Threshold weight (height in inches divided by 12.3, then cubed) shall be utilized to evaluate an individual's fitness as it relates to body fat composition. Individuals who exceed the threshold weight will then be checked by skinfolds for percent body fat.

BODY FAT LIMITS

MALE	AGE GROUPS			
	20-29	30-39	40-49	50-59
% of Body Fat	20.4	23.5	25.5	27.1
FEMALE				
FEMALE	20-29	30-39	40-49	50-59
	27.7	28.9	32.1	35.6

Considering the threshold weight, body fat percentage and other individual characteristics, I consider this individual's present weight of _____ pounds to be: _____ satisfactory; _____ excessive; _____ deficient. Under proper medical supervision, the applicant should: _____ lose/_____ gain - _____ lbs.

Comments: _____

1. VISUAL ACUITY (If applicant wears glasses, test and record with and without glasses.)

With Glasses right 20/____ left 20/____ both 20/____ Fields of vision right ____ left ____

W/out Glasses right 20/____ left 20/____ both 20/____ Depth Perception ____ Color Perception ____

Note any abnormalities or comments: _____

2. HEARING right 15/____ left 15/____

Drum perforation or damage: _____

Hearing aid ____ (Normal hearing is generally considered to be able to distinguish the words in a whispered conversation from ten (10) feet away.)

Note any abnormalities or comments: _____

3. HEAD Note any injury, deformity or disease involving:

nose and sinus _____ throat and neck _____

mouth _____ teeth and jaw _____

Note any abnormalities or comments: _____

4. LUNGS Note any abnormalities or comments: _____

5. CARDIOVASCULAR SYSTEM

<u>action</u>	<u>blood pressure</u>	<u>pulse</u>	<u>sounds</u>	<u>rhythm</u>
---------------	-----------------------	--------------	---------------	---------------

at rest	/	_____	_____	_____
---------	---	-------	-------	-------

after moderate exercise	/	_____	_____	_____
-------------------------	---	-------	-------	-------

two minutes after moderate exercise	/	_____	_____	_____
-------------------------------------	---	-------	-------	-------

Circulation to extremities: _____

EKG results: _____

(The trainee cannot start P.T. without undergoing an EKG examination.)

Note any abnormalities or comments: _____

6. MUSCULO-SKELETAL SYSTEM (Test by bending, stooping and squatting. Also, test by head, arm, hand, finger, leg and foot motions.)

	Upper	Lower
Spine: Mobility	<input type="text"/>	<input type="text"/>
Symmetry	<input type="text"/>	<input type="text"/>
Posture	<input type="text"/>	<input type="text"/>
Extremities	<input type="text"/>	<input type="text"/>
Extremities	<input type="text"/>	<input type="text"/>

Note any abnormalities or comments: _____

7. NERVOUS SYSTEM Note any abnormalities or comments: _____

8. ABDOMEN, RECTAL Note any abnormalities or comments: _____

9. GENITO-URINARY Urinalysis: Specific gravity Sugar ALB

Note any abnormalities or comments: _____

10. SKIN Note any abnormalities or comments: _____

11. Are there any conditions physical, mental or emotional which in your opinion suggest a need for further examination? If yes, explain on a separate 8½ by 11 inch sheet of paper.

12. With respect to the duties and conditions listed on page ii, do you have any reservations about this candidate's ability to physically perform the duties of a law enforcement officer? If so, explain on a separate 8½ by 11 inch sheet of paper.

13. Does the examinee have any defects or injuries that would prohibit safe operation of a motor vehicle under adverse or stressful situations? If so, please explain.

14. Does the examinee have any physical defects or injuries that would prohibit participation or represent a safety hazard while participating in firearms training? If so, please explain.

15. Is the examinee capable of or able to perform the physical exercises listed on page iii at the levels that are indicated? If not, please explain on a separate 8½ by 11 sheet of paper.

PHYSICIAN'S AFFIDAVIT

I, the undersigned, do hereby swear and affirm that on the date stated below I completed a physical examination of the applicant named in this Medical Examination Report. Further, it is my medical opinion that the examinee is physically able to successfully complete basic training and physically able to perform the duties of a law enforcement officer.

Print or Type the Name of the Attending Physician

Date of Examination

Signature of the Attending Physician

Attach a copy of the applicant's NCIC Report, proof of successful completion High School education (e.g. - High School Diploma or GED) and First Aid / CPR Certification to the top left corner of this page.

SALARY INFORMATION

Any reimbursement of training expenses will be authorized only for those agencies and subdivisions of the state who are in compliance with all provisions of the Law Enforcement Officers Training Program (LEOTP) to include those policies and procedures established by the Board on Law Enforcement Officer Standards and Training pursuant to the LEOTP. The board staff shall review all the information available on each graduating class and determine the eligibility and amount of reimbursement to each agency.

NOTE: As of July 1, 2013 any officer (law enforcement trainee) who is not certified within one year from his or her date of hire is not authorized to be paid a salary. Accordingly, the Board will not reimburse any salaries paid under such circumstances. However, any person, who, due to illness or other events beyond his or her control, could not attend the required school or training as scheduled, may serve with full pay and benefits in such a capacity until he or she can attend the required school or training.

Attach a copy of the applicant's payroll voucher in the blank space below or complete the following statement. The voucher must show the number of regular hours worked and the amount of pay for those hours.

The person named in this application will be paid a base (circle one) hourly, weekly, biweekly or monthly salary in the amount of \$ _____ during his or her basic training.

Attach the applicant's payroll voucher below, if needed.

NOTE: MCA § 97-7-10 "Fraudulent Statements and Representations" provides for severe penalties for misrepresentations or fraudulent statements to a board. This statute authorizes a fine of up to ten thousand dollars (\$10,000) and a jail sentence of up to five (5) years.

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, the Application for Training and Personal Information Summary. 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.

Print or Type the Signee's Name

Signature of the Agency Head or Authorized Signee

Date

APPLICANT'S AFFIDAVIT & INJURY LIABILITY WAIVER

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 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.

Signature of Applicant (sign in ink)

Date Signed

APPLICATION FOR TRAINING AND PERSONAL INFORMATION SUMMARY

Agency or Department _____

Dept.'s Address _____ Dept.'s Phone Number _____
 Street or Post Office Box _____ City _____ Zip _____

Name of Applicant _____ Social Security Number _____
 Last, First Middle

Date of full-time Employment _____ Place of Birth _____ Date of Birth _____
 Employment _____

Home Address _____ Home Phone Number _____
 Street or Post Office Box _____ City _____ Zip _____

Total criminal justice experience (years) _____. Criminal justice training completed ____ /hrs.

Does the applicant have current (check if yes): Intoxilyzer Certification? First Aid Card?

High School Graduate ____ or G. E. D. ____ Name of School _____ City _____ State _____

College Attended _____

Degrees held or College Units (credit hours) earned _____

Military Experience _____ # of Years _____ Rank _____ Branch of Service _____

Spouse's Name _____ Child's Name(s) _____

Special Skills _____

Languages _____ Hobbies _____

Family Doctor _____ Known Allergies _____

Emergency Contact & Phone Number _____ Alternate Contact & Phone Number _____

Attach the applicant's photograph below. Trim the photograph to fit.

PRIOR ACADEMY ATTENDANCE

(To be signed by agency head)

**If Self/WIN/VA to be signed by Applicant*

Date: _____

Please indicate if your officer has attended another academy at any time and sign below:

_____ NO - Officer **HAS NOT** attended another academy (Full time (or) Reserve)

_____ YES - Officer **HAS** attended another academy (Full Time (or) Reserves)

If yes, which Academy and date attended?

Officer's Name

Officer's Signature

Agency Name

Agency Head Signature

Dear Applicant:

Certain information is required to process your application in order to be accepted into a basic law enforcement class.

Furthermore, please respond to the following questions:

- 1) Have you ever been arrested? If so, by whom and for what?

- 2) Have you ever been convicted of a crime, either misdemeanor or felony? If so, where and for what?

- 3) Have you ever had an alcohol or drug dependency? If so, please list:

- 4) Do you have any food allergies or special dietary requirements due to a medical condition? If so, please list:

- 5) Please identify the caliber of your sidearm (the Academy will provide ammunition for firearms training).

- 6) Please list any medications you take on a regular basis, including over-the- counter and herbal remedies (all prescription medication must be in a pharmacy- issued prescription bottle with the cadet's name and prescribing information).

**HARRISON COUNTY LAW ENFORCEMENT
TRAINING ACADEMY
CADET CONTACT FORM**

- DATE: _____
- CADET CLASS: _____
- CADETS PRINTED NAME: _____
- CADETS PHONE NUMBER: _____
- CADET EMAIL PRINTED: _____
- CADET SSN: _____
- CADET DOB: _____
- CADET EMERGENCY CONTACT NAME: _____
- CADET EMERGENCY CONTACT NUMBER: _____
- CADETS AGENCY: _____
- CADETS AGENCY POINT OF CONTACT NAME PRINTED: _____
- CADETS AGENCY POC NUMBER: _____
- CADETS AGENCY POC EMAIL: _____
- AGENCY BILLING POC EMAIL: _____
- AGENCY BILLING POC ADDRESS: _____





HARRISON COUNTY LAW ENFORCEMENT TRAINING ACADEMY
13960 James Bond Road Gulfport, Ms. 39503
228-241-2222



The mission of the Harrison County Law Enforcement Training Academy (Hereinafter referred to as the Academy) is to provide exceptional education and training to first responders and future law enforcement officer in the State of Mississippi and Gulf South region by instilling discipline, compassion, and professionalism, using leading edge technology and techniques to ensure graduates are not only skilled professionals but also exemplify outstanding character in serving their communities. Courses offered will meet the needs of agencies both large and small. The mission will be accomplished in an effective and efficient manner to ensure the highest quality training for public safety professionals.

Agencies,

Please refer to the items listed below that are needed to start the upcoming training academy. These items are needed the Sunday the cadet reports. If you have any questions, please contact Lt. John Putnam.

REQUIRED EQUIPMENT LIST

1. (1) Set minimum of Department- issued Class "A" uniforms with tie and collar brass
It is understood that most are new hires and this uniform takes time to order. Needed within three weeks of graduation. If for some reason your department doesn't issue or wear a Class "A" uniform, be equipped with a uniform your Sheriff or Chief would approve for graduation.
2. (5) Pair Khaki BDU/Tactical pants, for daily classroom uniform
3. (1) Black belt with standard silver buckle
4. (1) Pair black uniform boots capable of being highly shined. ("Corfam", patent leather, or other permanently shined foot gear is not allowed) (Can bring an extra pair for outdoor training times non polished) I would not recommend patrol cowboy boots at this time. You can wear them at graduation but not for training.
5. (5) Pair black socks to wear with boots. (No Logos)
6. Sufficient under garments (underwear/bras) (two changes per day may be required due to physical activities)
7. (5) Navy blue cotton (or) moisture-wick fabric (not skintight) crew-neck T-shirts with the cadet's last name ironed on the back in white 2" block letters
8. (5) White cotton (or) moisture-wick fabric (not skintight) crew-neck T-shirts with the cadets' last name ironed on the back in navy blue 2" block letters
9. (6) Pair white athletic or running socks (No Logos)
10. (5) Pair of navy-blue gym shorts (no cut-offs, baggy, or Speedo-type shorts are allowed). Shorts will be no shorter than 6" above the knee.
11. (3) Navy Blue Sweatpants (Summer Classes only require one pair)
12. (3) Navy Blue Sweatshirts with last name ironed on back in white 2" block letters (Summer classes only required one pair)
13. Rain wears for outdoor activities during inclement weather, to include a raincoat.
14. Coat or jacket (seasonal)
15. High quality running shoes or gym shoes, two pairs recommended
16. (1) Pair Shower shoes
17. (1) mesh laundry bag white in color
18. Full duty belt rig, including inner belt, and attachments, including three magazines.
19. Prohibited items include OC/CS, Baton, or other similar less lethal items / weapons.
20. (1) duty issued pistol only. No backup pistols, shotguns, rifles, taser until advised to bring by staff.
21. Ballistic vest
22. Handcuff key (pen-style highly recommended)
23. Mouthpiece for defensive tactics

24. (1) Black water bottle metallic without stickers or designs.
25. Working flashlight, with charger, or extra batteries
26. Black or navy gloves (no markings, seasonal) and black or navy "beanie cap" (no markings/*seasonal*)
27. 15 White Clothes Hangers
28. Reflective traffic vest
29. Personal Hygiene Kit (i.e., soap, shampoo, razor, deodorant etc.)
30. Shoe care kit (i.e., polish, brush, and rags) Kits can be purchased at Walmart or Amazon.
31. (2) Bath towels, (2) Hand towels and (2) wash clothes white in color, labeled with cadet's last name on bottom right corner of each item in black lettering
32. Two (2) Taser cartridges (Turned in on Sunday day)
33. Optional (5) Navy blue cotton (or) moisture-wick fabric (not skintight) crew-neck T-shirts with no markings to wear under ballistic vest.
34. Students can bring Tylenol, Midol, ibuprofen, Imodium, or similar. Staff will check all medication.
35. The Academy will Provide classroom materials, such as student laptops, notepaper, and pens/pencils.
36. Commercial washer/dryers are on site and free to use (Cadets supply their own POD detergent).

The following are prohibited from entering the barracks food, firearms, knives, OC spray, batons, ammunition, or any other weapons.

All firearms and Tasers will be secured in the Academy gun safe by Academy Staff. Personal firearms or weapons are prohibited on the Academy property. No shotguns, tasers, and no backup weapons allowed at this time, we will advise the cadet when to bring them. No cellphones, radios, televisions, or other electronic devices are allowed in the barracks.

Harrison County Law Enforcement Training Academy is not responsible for any lost, damaged, or stolen personal items.

In case of emergency or family crisis, the cadet can be contacted at the academy (228)241-2222. After 5:00 p.m., please contact the Harrison County Sheriff's Office Dispatch at (228)897-1364

Sincerely,



Captain Brandon Hendry
Director of Training



HARRISON COUNTY LAW ENFORCEMENT TRAINING ACADEMY

BRANDON HENDRY
Director

13960 James Bond Road ♦ Gulfport, Mississippi 39503 ♦ 228-241-2222

8/28/2025

Captain 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,

A blue ink signature of the name "Brandon Hendry".

Brandon Hendry, Captain

cc: Sheriff Matt Haley