

BLET Student Packet



## Frequent Questions and Answers related to the BLET Program

### **How hard is Basic Law Enforcement Training?**

Police cadets participate in a demanding but obtainable program that consist of physical activities that help in preparation for a challenging career in law enforcement. Activities include running, weight training, and group exercises. Weekly academic tests are given to measure understanding.

### **After graduating from BLET, does the certification last indefinitely?**

No. Graduates must be hired or sworn-in by a law enforcement agency within 12 months from their graduation date or the certification will expire.

### **How much does it cost to attend BLET?**

A law enforcement agency sponsorship is required to attend; therefore, the tuition is waived. You will be responsible for uniforms (approx..\$300.00). Laptops are provided with pre-loaded course material.

### **Where do I get the books?**

Books are to be ordered and purchased through the library at the North Carolina Justice Academy in Salemburg, NC. (910) 525-4151 ext. 310. They will be shipped to you at your residence.

Required books: (Approx. \$300.00)

**N.C. Crimes 7<sup>th</sup> Edition, 2012**    approx. \$225    including shipping  
**N.C. Crimes Supplement, 2016**    approx. \$70    including shipping

### **Where do I get my uniforms?**

Uniform clothing may be purchased at Davis Public Safety in Burlington, NC. After purchasing them, it will be necessary to have them embroidered by Embroidery by Judy.

|   |   |
|---|---|
| Required Uniforms:<br>Boots, 511 shirts and pants   | Embroidery on all items:  |
| <b>Davis Public Safety</b><br>2466 Corporation Parkway<br>Burlington, N.C. 27215<br>Store 336-229-7710<br>336-515-3616<br>e-mail <a href="mailto:darron@davispublicsafety.com">darron@davispublicsafety.com</a> | <b>Embroidery by Judy</b><br>Cell 336-213-3267<br>FAX 336-226-2279<br>e-mail <a href="mailto:judy@netpath.net">judy@netpath.net</a> |

**Do I have to take any tests to be accepted into the BLET course?**

Yes. You will be required to take a reading and spelling test and score a minimum 10th grade level to gain entry into the program. To schedule the test, visit [www.alamancecc.edu/TABE](http://www.alamancecc.edu/TABE).

**How do I apply?**

- Visit the website at: [www.alamancecc.edu/BLET](http://www.alamancecc.edu/BLET)
- Complete and submit a BLET registration form
- Download the packet and other required forms or contact a member of the BLET staff at 336-506-4034 to obtain a packet.

**What other documents are required with the admission packet?**

North Carolina Training and Standards requires these documents to be in each student's file prior to the first day of class.

- Copy of Valid NC Driver's License
- Copy of Birth Certificate
- Copy of Social Security Card
- Copy of High School Diploma **OR** High School Transcript
- Criminal History Checks from **EACH COUNTY** you have residence since adulthood.
- Medical Exam Report

**What do I do when my packet is completed?**

The packet must be turned in to a member of the BLET staff who will verify that all documents are included and complete. Please call 336-506-4034 or email [Christopher.Verdeck@alamancecc.edu](mailto:Christopher.Verdeck@alamancecc.edu) for more information or to schedule a review appointment.



# BASIC LAW ENFORCEMENT TRAINING GRAHAM, NORTH CAROLINA

## BLET Student Checklist

Please be sure to include the following with your application packet:

- Copy of Birth Certificate
- Copy of NC Driver's License
- Copy of SS Card
- Copy of High School Diploma or High School Transcript
- Certified Criminal Checks from EACH County of Residence
- Sponsorship Verification Form
- Verification of Employment
- Student Release Form
- FERPA form
- HIPPA form
- Physician's Medical Release Form
- TEAR GAS, MACE & PEPPER SPRAY Release Form
- All Medical Report Forms
  - F-1, Medical History (Sheriff's Standards)
  - F-1(LE), Medical History (CJC Standards)
  - F-2, Medical Exam Report (Sheriff's Standards)
  - F-2(LE), Medical Exam Report (CJC Standards)
  - F-3, Personal History Statement (ACC)
  - F-3(LE), Personal History Statement (CJC Standards)
  - F-3(LE) cont, Employment History Continued (if applicable)



|   |                          |                          |
|---|--------------------------|--------------------------|
|   | YES                      | NO                       |
| Do you object to attending BLET on Saturdays?             | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever been charged with or convicted of a felony? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, give details _____                                |                          |                          |

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|   |                          |                          |
|---|--------------------------|--------------------------|
| Have you ever been charged with a criminal offense? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, offense charged _____                       |                          |                          |
| Charging law Enforcement Agency _____               |                          |                          |
| Date ____/____/____ Disposition of Case _____       |                          |                          |

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

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As an applicant for the Basic Law Enforcement Training (BLET) program at Alamance Community College, I hereby expressly authorize the sponsoring agency and ACC to conduct a background investigation in connection with my application. This investigation may include information from, but is not limited to educational institutions, physicians, and/or medical records, insurance companies, police and/or court records, military records, Department of Motor Vehicle records, NC Criminal Justice/ NC Sheriffs' Education Standards and Training records, and any other appropriate sources.

I expressly authorize Alamance Community College, the Criminal Justice Standards Division, the sponsoring agency head or his/her designee, and any prospective employer to examine, review, make, copy, share, and release my aforementioned records, and any other records such as grades, conduct reports, etc. compiled while as an applicant and/or a participant in the program.

I hereby release these parties and any of its agents and any persons so furnishing/ receiving information from any and all liability of every nature and kind out of the furnishing, receiving or releasing of such information.

|                        |      |
|------------------------|------|
| Signature of Applicant | Date |
|------------------------|------|

***NOTE: THE SPONSORING AGENCY IS RESPONSIBLE FOR CONDUCTING A THOROUGH BACKGROUND INVESTIGATION ON ALL SPONSORED BASIC LAW ENFORCEMENT TRAINING APPLICANTS. TITLE 12 N.C.A.C 09B.0203 REQUIRES THAT CERTAIN BACKGROUND CHECKS BE CONDUCTED PRIOR TO THE ADMISSION OF A TRAINEE INTO B.L.E.T CLASS***

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**THIS PORTION IS TO BE COMPLETED BY THE SPONSORING AGENCY**

Please identify which of the following computerized checks were conducted:

- |   |  |                                     |
|---|--|-------------------------------------|
| <input type="checkbox"/> AOC            | <input type="checkbox"/> DCI/NCIC WANTED         | <input type="checkbox"/> 50B        |
| <input type="checkbox"/> Driver History | <input type="checkbox"/> Concealed Weapon Permit | <input type="checkbox"/> ZID (Only) |

**(PLEASE INCLUDE A COPY OF THE AOC UPON RETURN OF THIS SPONSORSHIP FORM.)**

As a result of these checks, did you receive any information that would preclude the applicant from Criminal Justice Employment?       Yes       No

Summary of Responses: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Person Who Processed This Information: \_\_\_\_\_

PLEASE ENROLL THE ABOVE PERSON IN THE ALAMANCE COMMUNITY COLLEGE BASIC LAW ENFORCEMENT TRAINING PROGRAM. THIS AGENCY WILL NOTIFY THE B.L.E.T SCHOOL DIRECTOR IMMEDIATELY IF THE STUDENT'S SPONSORSHIP IS REVOKED FOR ANY REASON. BY REQUESTING THE ADMISSION OF THIS INDIVIDUAL, ***I AM ATTESTING TO THE FACT THAT A BACKGROUND CHECK WAS CONDUCTED, IS ON FILE IN OUR OFFICE AND THAT THE CHECK REVEALED NOTHING THAT WOULD PROHIBIT THIS INDIVIDUAL FROM BEING EMPLOYED BY A LAW ENFORCEMENT AGENCY.*** FURTHERMORE, I ATTEST THAT I AM AWARE OF NOTHING IN THIS PERSON'S CHARACTER OR REPUTATION THAT WOULD BRING DISCREDIT UPON MY AGENCY, LAW ENFORCEMENT, OR ALAMANCE COMMUNITY COLLEGE.

In the event this individual is not currently employed by this agency, he/she understands that this sponsorship does not guarantee them employment with this or any other law enforcement agency, nor does this sponsorship express or imply in any way a guarantee of employment in law enforcement with this agency or any other agency in the future.

I further attest that the above named individual is at least-20 years of age.

THE ABOVE INDIVIDUAL IS       HIRED       SPONSORED BY THIS AGENCY

LAW ENFORCEMENT AGENCY: \_\_\_\_\_

AGENCY REPRESENTATIVE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

IMPORTANT: (1) FEDERAL GUIDELINES (FAMILY EDUCATION RIGHTS AND PRIVACY ACTS OF 1974) CONCERNING SCHOOL-STUDENT CONFIDENTIALITY MAY PROHIBIT THE B.L.E.T SCHOOL DIRECTOR (OR HIS DESIGNEE) FROM FURNISHING CERTAIN INFORMATION TO THE HIRING/SPONSORSHIP EXPIRES ONE YEAR FROM THE DATE THIS DOCUMENT IS EXECUTED BY THE HIRING/SPONSORING AGENCY REPRESENTATIVE, UNLESS OTHERWISE SOONER REVOKED.



# BASIC LAW ENFORCEMENT TRAINING GRAHAM, NORTH CAROLINA

## VERIFICATION OF EMPLOYMENT FORM

Please enroll the following officer in the Basic Law Enforcement Training school scheduled to begin \_\_\_\_\_ at Alamance Community College. This document stands as verification of this individual's employment with our agency.

FULL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

LAW ENFORCEMENT AGENCY: \_\_\_\_\_

AGENCY REPRESENTATIVE: \_\_\_\_\_  
(Print) Title/Rank and Name Date

E-MAIL ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

NOTE: **Student selection will be based on the earliest date of application. Applicants employed with law enforcement agencies will be given priority over other applicants.**

BY REQUESTING THE ADMISSION OF THIS INDIVIDUAL, ***I AM ATTESTING TO THE FACT THAT A BACKGROUND CHECK WAS CONDUCTED AND REVEALED NOTHING THAT WOULD PROHIBIT THIS INDIVIDUAL FROM BEING EMPLOYED BY A LAW ENFORCEMENT AGENCY.*** FURTHERMORE, I ATTEST THAT I AM AWARE OF NOTHING IN THIS PERSON'S CHARACTER OR REPUTATION THAT WOULD BRING DISCREDIT UPON MY AGENCY, LAW ENFORCEMENT OR ALAMANCE COMMUNITY COLLEGE. A COPY OF THE ABOVE LISTED INDIVIDUAL'S DRIVING/ARREST RECORD AND A COPY OF HIS OR HER HIGH SCHOOL DIPLOMA/GED IS ON FILE WITH THIS AGENCY.

\_\_\_\_\_  
(\*Employing Agency Representative's Signature)

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





# BASIC LAW ENFORCEMENT TRAINING GRAHAM, NORTH CAROLINA

## STUDENT RELEASE AGREEMENT

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

For and in consideration of my being permitted to participate in the physical education courses/ activities conducted by Alamance Community College for the Basic Law Enforcement Training (BLET), in which I am a student.

I hereby affirm that I am in good physical condition and that I have no limitations that will prevent my engaging in active exercise or that will be detrimental to my health, safety, comfort, or physical condition. I acknowledge that it is my responsibility to inform Alamance Community College of any changes in my health state that may affect my ability in any fitness class or activity. I am aware that injuries may occur in any physical activity,-including exercise/aerobic classes. The utmost care will be given to provide instruction in safe exercise.

I understand that during training in this class I will be exposed to tear gas, mace, and pepper mace/ spray. I understand that individuals with respiratory difficulties including asthma must not participate in this training and/or in employment, that uses these products. I certify that I have no respiratory difficulties and am physically able to engage in training exercises using tear gas, mace, and pepper mace/spray.

I do by these presents, for myself, my heirs, assigns and representatives, forever release, give up, surrender and quitclaim any and all rights which I might have against the institution (Alamance Community College) including all of its instructors, volunteers, trainees, other training personnel and the sponsoring agency \_\_\_\_\_ to recover, from the institution, individuals, or agency, money, damages, or any other thing of value as a result of any accident, incident, or happening growing out of or in any way connected with said activities.

Witness my hand and seal listed below.

\_\_\_\_\_ (SEAL)  
Student's Signature

I, \_\_\_\_\_ do hereby certify that \_\_\_\_\_  
personally appeared before me, a Notary Public on this the \_\_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission expires: \_\_\_\_/ \_\_\_\_/ \_\_\_\_\_



# BASIC LAW ENFORCEMENT TRAINING GRAHAM, NORTH CAROLINA

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

SSN or College ID#: \_\_\_\_\_

## FERPA RELEASE FORM

I, the undersigned, hereby authorize Alamance Community College to release the following educational records and information (identify records or types of records below):

***Any and all records generated or kept as a result of my participation in Basic Law Enforcement Training (BLET) including, but not limited to, academic performances, attendance, discipline, physical testing/performance, evaluations, any deficiencies, personnel issues or any other issue associated with my participation in BLET.***

These records should be released to the following person/ agency (identify name and address of person. Agency to receive information):

**Agency Head (or designee): Specify names here** \_\_\_\_\_

**Agency Address** \_\_\_\_\_

These records are being released for the following purpose:

***Solely to keep agency heads (who have sponsored currently enrolled students) regularly informed of their student's status and progress as a cadet in BLET. Upon completion of the course, I authorize the release of these records to any Agency Head, Agency Representative and/or Agency in which I apply for employment.***

I understand further that: (1) I have the right not to consent to the release of my educational records. (2) I have the right to receive a copy of such records upon request. (3) This consent shall remain in effect until revoked by me, in writing, and delivered to Alamance Community College's office of Student Development, but that any such revocation shall not affect disclosures previously made by ACC prior to the receipt of such written revocation.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notary Signature and Seal: \_\_\_\_\_ Date: \_\_\_\_\_

THIS INFORMATION IS RELEASED SUBJECT TO THE CONFIDENTIALITY PROVISIONS OF APPROPRIATE STATE AND FEDERAL LAWS AND REGULATIONS WHICH PROHIBIT ANY FURTHER DISCLOSURE OF THIS INFORMATION WITHOUT THE SPECIFIC WRITTEN CONSENT OF THE PERSON TO WHOM IT PERTAINS, OR AS OTHERWISE PERMITTED BY SUCH REGULATIONS.



# BASIC LAW ENFORCEMENT TRAINING GRAHAM, NORTH CAROLINA

## HEALTH/ MEDICAL INFORMATION PRIVACY ACT AUTHORIZATION TO HAVE AND RETAIN HEALTH/MEDICAL INFORMATION

I authorize Alamance Community College to possess and retain information pertaining to my health in the form of Medical History and Physical Examination forms for the Basic Law Enforcement Training and/or Detention Officer Certification Course training as required by the North Carolina Criminal Justice Standards Division and the North Carolina Sheriffs' Standards Division. I also authorize Alamance Community College to possess and/or retain any health information pertaining to any accommodation for any health reasons that might be required for approval of that accommodation. I further authorize any transfer of health record information to the North Carolina Criminal Justice Standards Division and/or the North Carolina Sheriffs' Standards Division as required by those agencies that is relative to these courses. I also authorize Alamance Community College to retain and/or possess any health information in the form of a request from medical personnel to limit or suspend any form of exercise or training.

I understand that this information will remain on file indefinitely as a part of my training record at Alamance Community College. I further understand that copies of this information cannot be transferred to anyone except the North Carolina Criminal Justice Standards Division and/or the North Carolina Sheriffs' Standards Division or to myself on request.

By my signature, I authorize the above conditions.

Student Name (print): \_\_\_\_\_

Student Signature (sign): \_\_\_\_\_

Date of Authorization: \_\_\_\_\_

Witness: \_\_\_\_\_



# BASIC LAW ENFORCEMENT TRAINING GRAHAM, NORTH CAROLINA

## PHYSICIAN'S MEDICAL RELEASE

To the licensed health care professional:

\_\_\_\_\_ is an applicant for the Basic Law Enforcement Training (B.L.E.T) program at Alamance Community College. This curriculum is designed to train the student in competencies as they relate to an inexperienced law enforcement officer. Such training includes physical fitness training, self-defense training, firearms instruction, exposure to chemicals, and law enforcement driver training, as well as other classroom and practical exercises.

**Physical Fitness Training-** The student will be tested at a sub-maximal level. Following a physical assessment conducted by a certified physical fitness training instructor, this student will engage in physical exercise approximately three times a week. A qualified physical fitness trainer will supervise these exercises. Listed below are activities that may be included in the training:

Aerobic Activities: Designed to increase energy level, decrease stress, stabilize appetite, decrease body fat, and condition the heart and lungs. Activities may include, but are not limited to, jogging up to three miles, step aerobics, and sprints.

Flexibility Exercises: Designed to increase a participant's range of motion

Absolute Strength Programs: Involves the use of weight equipment. Participants are pre-tested to determine his/her maximum strength levels per one exercise at each station on the universal equipment. Exercises are designed to use 40-60% of maximum strength.

Dynamic Strength Programs: Involves floor exercise and calisthenics-type activity. Activities may include, but are not limited to, sit-ups, push-ups, knee bends, leg raises and jumping jacks.

Obstacle Course: Designed to stimulate obstacles that may be encountered in a police duty situation. Obstacles may include, but are not limited to, crawl through a darkened 40-ft culvert; pushing open a weighted metal door; dragging a 150 lb person 50 feet; negotiating a set of stairs; performing 40 push-ups and 40 sit-ups (divided into 2 sets); and running approximately 550 yards.

**Subject Control/Arrest Technique-** Students are required to demonstrate the correct procedure for application of handcuffs in the kneeling, prone and standing position. A student is partnered up with another student and is expected to not only apply the handcuffs, but have them applied to them as well. Students must learn and demonstrate baton techniques to include striking to non-lethal areas. They must

demonstrate application of pressure points, and stunning and distraction techniques. They must also demonstrate subject takedowns and ground defense. Students demonstrate handgun take-aways and weapon retention techniques. Students both apply these techniques and have these techniques applied to them by a partner or instructor.

**Firearms-** Firearms training includes range exercises, including structured courses of fire as well as simulated combat situations. Participants fire handguns and shotguns; and are often exposed to inclement weather.

**Crowd Management-** Crowd control training may involve exposure, both protected and unprotected, to irritant agents (CS) and Oleoresin (OC) Chemicals.:

**Law Enforcement Driver Training-** Participants demonstrate the ability to use acceptable vehicle control methods, including, but not limited to, vehicle control methods to be used when: conducting an emergency response and vehicular pursuit. Students experience physical and mental stresses that are a part of emergency and pursuit driving. Participants are often exposed to inclement weather, and are required to stand for extended lengths of time.

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**Do you have any reservations about this student fully participating in Basic Law Enforcement Training?**

No                       Yes

Comments (Please specify any limitations)

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Please direct any questions or comments to:

Chris Verdeck, Director,  
Basic Law Enforcement Training  
Alamance Community College  
P.O. Box 8000  
Graham, NC 27253  
PHONE: (336) 506-4147  
FAX: (336) 578-1987

Name and Address of Physician

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\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

PHONE: \_\_\_\_\_



# BASIC LAW ENFORCEMENT TRAINING GRAHAM, NORTH CAROLINA

## EXPOSURE TO TEAR GAS, MACE AND PEPPER SPRAY MACE/ SPRAY RELEASE FORM

### TO THE EXAMING PHYSICIAN:

During training and employment, \_\_\_\_\_ will be  
Full Name (Print)  
exposed to tear gas, mace, and pepper mace/spray. Individuals with respiratory difficulties including asthma may not be suitable candidates for this training and/or employment. Please certify that the individual listed above is physically able to engage in training exercises using tear gas, mace, and pepper mace/spray.

**I DO HEREBY CERTIFY THAT THE ABOVE STUDENT IS A SUITABLE CANDIDATE TO PARTICIPATE IN THE ABOVE ACTIVITIES INCLUDING EXPOSURE TO TEAR GAS, MACE AND PEPPER MACE/SPRAY.**

\_\_\_\_\_  
Physician's Name (Print)

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date



**NORTH CAROLINA DEPARTMENT OF JUSTICE  
SHERIFFS' STANDARDS DIVISION**

JOSH STEIN  
ATTORNEY GENERAL

POST OFFICE BOX 629  
RALEIGH, NC 27602 - 0629  
TELEPHONE: 919-779-8213 FAX: 919-662-4515

DIANE KONOPKA  
DIRECTOR

**MEDICAL HISTORY STATEMENT**

(Rev. 01/2018)

FORM F-1

**\*\*THIS INFORMATION IS FOR OFFICIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS\*\***

**INSTRUCTIONS: To be completed by applicant for a certifiable position prior to the physical examination and presented to the examiner at the time of examination. All questions must be answered completely and accurately. The original must be submitted to the Sheriffs' Standards Division by the employing agency and a copy must be retained in that agency's personnel files.**

|  |   |  |
|--|---|--|
| NAME:  |   |  |
| Last   | First   | Middle                                     |
| ADDRESS:   |   |  |
| CITY:  | STATE:  | ZIP CODE:                                  |
| TELEPHONE NUMBER (Include Area Code)               |   |  |
| DATE OF BIRTH:                                     | SOCIAL SECURITY NUMBER: XXX-XX-                         |  |
| EMPLOYING AGENCY:                                  |   |  |
| POSTION APPLIED FOR:                               | <input type="checkbox"/> Law Enforcement/Deputy Sheriff | <input type="checkbox"/> Detention Officer |
|  |   | <input type="checkbox"/> Telecommunicator  |
| <input type="checkbox"/> Other (I please specify): |   |  |

**CURRENT MEDICATIONS**

Prescription Medications: (Include pain relievers, birth control pills, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Over the Counter Medications: (Include all cold, allergy, headache, vitamins, supplements, herbal remedies, etc.)

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

**ALLERGIES**

Drug Allergies: (Include your reaction to the medication) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

All Other Allergies: food, insects, seasons, animals, materials, etc.: (include reaction) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PAST MEDICAL HISTORY**

List ALL hospitalizations and operations since childhood:

(Include type of surgery, date of surgery, any complications or other significant information)

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Have you EVER, in your life, had any of the following types of medical problems: [check all that apply to you]

- 1. CANCER:** any type of cancer including skin cancer, breast cancer, and leukemia?
- 2. MAJOR INFECTIOUS DISEASE:** such as tuberculosis, hepatitis, HIV/AIDS, rheumatic fever and others?
- 3. NEUROLOGICAL PROBLEMS:** such as seizure disorder, stroke, concussion, severe headache, skull fracture, recurrent vertigo, balance problems, encephalitis, meningitis, tremors, multiple sclerosis, Huntington's chorea, peripheral neuropathy and others?
- 4. PSYCHOLOGICAL PROBLEMS:** such as depression, manic episodes, psychotic episodes, post traumatic stress disorder, and others?
- 5. EYE PROBLEMS:** such as eye injury, color blindness, poor night vision (night blindness), glaucoma, blindness in one or both eyes, very poor vision when not corrected and others?
- 6. EAR PROBLEMS:** such as ear injury, chronic ringing (tinnitus), chronic or long lasting ear infection, Meniere's disease, moderate to severe hearing loss in one or both ears and others?
- 7. NOSE PROBLEMS:** such as nose injury, allergies, nasal bleeding, loss of sense of smell, chronic or long lasting infections and others?
- 8. MOUTH OR THROAT PROBLEMS:** such as injury, major dental work, any kind of speech defect, chronic or long lasting infections, abnormality of nose, mouth or throat that would interfere with wearing a respirator and others?
- 9. LUNG PROBLEMS:** such as asthma, emphysema, chronic or recurrent bronchitis, pneumonia, tuberculosis or lung abscess and others?
- 10. HEART AND CIRCULATION PROBLEMS:** such as a heart murmur, heart disease, heart attack, hypertension (high blood pressure), irregular rhythm, valve abnormalities, varicose veins, phlebitis, peripheral vascular disease, Raynaud's disease and others?
- 11. DIGESTIVE SYSTEM PROBLEMS:** such as any kind of ulcer disease, hepatitis or liver disorder, any kind of colitis, Crohn's disease, ulcerative colitis, irritable bowel syndrome, esophageal disorders, pancreatitis, gall stones, stomach or intestinal bleeding and others?
- 12. HORMONE OR ENDOCRINE PROBLEMS:** such as diabetes, thyroid disease, parathyroid or adrenal problems and others?
- 13. URINARY TRACT PROBLEMS:** such as kidney stones, pyelonephritis (kidney infection), nephrosis, single functioning kidney, polycystic kidney disease, repeated bladder infections and others?
- 14. HERNIA:** such as inguinal, umbilical, ventral, femoral, hiatal or incisional hernias?
- 15. MUSCLE, BONE AND JOINT PROBLEMS:** such as chronic back or neck pain, numbness, fibromyalgia, back or neck disk disease, osteomyelitis (bone infection), muscular dystrophy, arthritis, spinal curvature, carpal tunnel syndrome, loss of a finger or toe, and others?
- 16. BLOOD SYSTEM PROBLEMS:** such as anemia, hemophilia or bleeding disorder, white blood cell abnormality and others?



**MALES ONLY:**

- 17. Prostate problems such as enlargement or prostatitis?
- 18. Genital problems such as epididymitis or testicular injury?

**FEMALES ONLY:**

- 19. Currently pregnant?
- 20. History of endometriosis, pelvic inflammatory disease, abnormal Pap smear, PMS or other problem with your menstrual cycle?

**IMMUNIZATIONS**

- 21. Have you ever had a positive TB test?
- 22. Have you received Hepatitis B vaccinations?
- 23. When did you receive your last tetanus (lockjaw) immunization? \_\_\_\_\_

**OCCUPATIONAL HISTORY**

Have you ever been exposed to any of the following, whether at home, work, military or any other setting: [check any that apply]

- 24. Repetitive Loud Noises (Including guns, jet engines, loud machinery)?
- 25. Chemical exposure to skin or lungs?
- 26. Dusty conditions (sandblasting, grinding, mining or drilling of rock, coal, silica, asbestos)? Check all YES answers:
- 27. Have you ever sustained an injury while at work that necessitated extended care by a health care provider?
- 28. Have you ever had a motor vehicle accident or other injury event causing back or neck pain?
- 29. Are you limited or unable to perform any physical activity because of muscle or joint discomfort?
- 30. Do you have any missing limbs or non-functioning joints?
- 31. Do you have numbness, weakness, or pain in your upper extremities (including your hands)?
- 32. Have you ever been advised by a physician to avoid sitting or standing over a certain time?
- 33. Have you ever worked in law enforcement?
- 33a. If yes, have you ever missed more than three consecutive days of work for any medical or psychological problem?
- 34. Have you ever served in any of the armed forces?
- 34a. If yes, have you ever missed more than three consecutive days of service for any medical or psychological problem?
- 35. Do you have any medical condition that would prevent you from working extended shift periods, rotating shifts, or night shifts?
- 36. Do you have difficulty sitting for any extended period of time?
- 37. Have you ever been advised by a physician to avoid lifting above a certain weight limit?
- 38. Do you have any difficulty in properly holding, aiming or firing a handgun, rifle or shotgun?
- 39. Do you have any difficulty driving at high speeds in a motorized vehicle?
- 40. Have you ever had an automobile accident while driving over sixty (60) miles per hour?
- 41. Have you ever had any automobile accidents as a result of losing control of your vehicle?
- 42. Do you have any difficulty driving for three (3) consecutive hours without stopping?
- 43. Do you have any difficulty running for five (5) consecutive minutes without stopping?
- 44. Have you ever passed out, temporarily lost control of any part of your body, or had blackout spells (episodes you do not remember)?

**EXPLANATION OF ANY "YES" ANSWERS:** (Identify by number) Additional pages may be attached. Any additional pages must include your name and social security number and must be signed and dated.

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**PENALTY:**

Any falsification, withholding or failure to answer all questions completely and accurately may disqualify you from receiving or retaining employment or certification as a justice officer. Falsification regarding pre-existing conditions may disqualify you from receiving benefits from your employer.

**CERTIFICATION:**

I hereby certify that there are no willful misrepresentations, omissions or falsifications in the foregoing statements and answers to questions, and that all statements and answers are true and correct to the best of my knowledge and belief.

**RELEASE OF INFORMATION**

I further hereby authorize and direct all persons, physicians, hospitals, and other entities, and employees thereof, holding any medical, psychological, emotional, or physiological information, record, or report about me to release said information or record to the \_\_\_\_\_ and the North Carolina Sheriffs' (Agency)

Education and Training Standards Commission or its agents and to give opinions, diagnosis, and prognosis of my medical, physical, emotional, and mental condition.

I further authorize the \_\_\_\_\_ and the North Carolina Sheriffs' (Agency)

Education Training Standards Commission and its agents to share such information between themselves and to use such information, record, reports, opinion, diagnosis, and prognosis in making a final decision regarding my employment and/or certification as a justice officer.

Signature of Applicant (Use Ink) \_\_\_\_\_ Date signed \_\_\_\_\_

Signature of Physician or Licensed Independent Practitioner (Use Ink)

\_\_\_\_\_ Date signed \_\_\_\_\_  
(Signature)

Name, Title and Address of Physician or Licensed Independent Practitioner Completing Review PLEASE TYPE

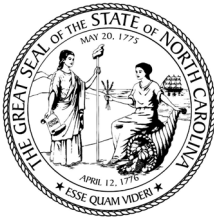
**CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION**

**CRIMINAL JUSTICE STANDARDS DIVISION**

Post Office Drawer 149, Raleigh, NC 27602

Telephone: (919) 661-5980

Fax (919) 779-8210



**MEDICAL HISTORY STATEMENT**

**Form F-1**  
*(Rev. 11-2022)*

**This information is for official use only and will not be released to unauthorized persons.  
Payment for services rendered is the responsibility of the hiring agency or the individual.  
The Criminal Justice Standards Division is NOT responsible for payment.  
Mail form to hiring agency or individual  
DO NOT mail form to Criminal Justice Standards Division**

**Instructions:**

To be completed by applicant for a certifiable position prior to the physical examination and presented to the examining qualified medical professional (Physician, Physician’s Assistant, or Nurse Practitioner licensed to practice medicine in North Carolina), or Physician and/or Surgeon authorized to practice medicine in accordance with the rules and regulations of the U.S. Armed Forces, at the time of examination [12 NCAC 9B .0104(a)]. All questions must be answered completely and accurately. The original or a copy must be retained in personnel files by the appointing agency.

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

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First Middle

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

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

Telephone: \_\_\_\_\_ Last 4 Digits of SSN: \_\_\_\_\_

**Current Medications**

Prescription Medications: (Include pain relievers, birth control pills, etc.)

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

Over the Counter Medications: ( Include all cold allergy, headache, vitamins, supplements, herbal remedies, etc.)

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

**Allergies**

Drug Allergies: (Include your reaction to the medication)

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

All Other Allergies: food, insects, seasons, animals, materials, etc. (Include reaction)

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

**Past Medical History**

List **ALL** hospitalizations and operations since childhood:

(Include type of surgery, date of surgery, any complications or other significant information)

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Have you **EVER**, in your life, had any of the following types of medical problems? [check all that apply to you]

- 1. **CANCER:** any type of cancer including skin cancer, breast cancer, and leukemia?
- 2. **MAJOR INFECTIOUS DISEASE:** such as tuberculosis, hepatitis, HIV/AIDS, rheumatic fever and others?
- 3. **NEUROLOGICAL PROBLEMS:** such as seizure disorder, stroke, concussion, severe headache, skull fracture, recurrent vertigo, balance problems, encephalitis, meningitis, tremors, multiple sclerosis, Huntington's chorea, peripheral neuropathy and others?
- 4. **PSYCHOLOGICAL PROBLEMS:** such as depression, manic episodes, psychotic episodes, post traumatic stress disorder and others?
- 5. **EYE PROBLEMS:** such as eye injury, color blindness, poor night vision (night blindness), glaucoma, blindness in one or both eyes, very poor vision when not corrected and others?
- 6. **EAR PROBLEMS:** such as ear injury, chronic ringing (tinnitus), chronic or long lasting ear infection, Meniere's disease, moderate to severe hearing loss in one or both ears and others?
- 7. **NOSE PROBLEMS:** such as nose injury, allergies, nasal bleeding, loss of sense of smell, chronic or long lasting infections and others?
- 8. **MOUTH OR THROAT PROBLEMS:** such as injury, major dental work, any kind of speech defect, chronic or long lasting infections, abnormality of nose, mouth or throat that would interfere with wearing a respirator and others?
- 9. **LUNG PROBLEMS:** such as asthma, emphysema, chronic or recurrent bronchitis, pneumonia, tuberculosis or lung abscess and others?
- 10. **HEART AND CIRCULATION PROBLEMS:** such as heart murmur, heart disease, heart attack, hypertension (high blood pressure) irregular rhythm, valve abnormalities, varicose veins, phlebitis, peripheral vascular disease, Raynaud's disease and others?
- 11. **DIGESTIVE SYSTEM PROBLEMS:** such as any kind of ulcer disease, hepatitis or liver disorder, any kind of colitis, Crohn's disease, ulcerative colitis, irritable bowel syndrome, esophageal disorders, pancreatitis, gall stones, stomach or intestinal bleeding and others?
- 12. **HORMONE OR ENDOCRINE PROBLEMS:** such as diabetes, thyroid disease, parathyroid or adrenal problems and others?
- 13. **URINARY TRACT PROBLEMS:** such as kidney stones, pyelonephritis (kidney infection), nephrosis, single functioning kidney, polycystic kidney disease, repeated bladder infections and others?
- 14. **HERNIA:** such as inguinal, umbilical, ventral, femoral, hiatal or incisional hernias?
- 15. **MUSCLE, BONE AND JOINT PROBLEMS:** such as chronic back or neck pain, numbness fibromyalgia, back or neck disk disease, osteomyelitis (bone infection), muscular dystrophy, arthritis, spinal curvature, carpal tunnel syndrome loss of a finger or toe, and others?
- 16. **BLOOD SYSTEM PROBLEMS:** such as anemia, hemophilia or bleeding disorder, white blood cell abnormality and others?

(Continued on next page)

**Males Only:**

- 17. Prostate problems such as enlargement or prostatitis?
- 18. Genital problems such as epididymitis or testicular injury?

**Females Only:**

- 19. Currently pregnant?
- 20. History of endometriosis, pelvic inflammatory disease, abnormal Pap smear, PMS or other problem with your menstrual cycle?

**Immunizations**

- 21. Have you ever had a positive TB test?
- 22. Have you received Hepatitis B vaccinations? Date Received: \_\_\_\_\_
- 23. When did you receive your last tetanus (lockjaw) immunization? \_\_\_\_\_

**Occupational History**

Have you ever been exposed to any of the following, whether at home, work, military or any other setting? [check all that apply]

- 24. Repetitive Loud Noises (Including guns, jet engines, loud machinery)?
- 25. Chemical exposure to skin or lungs?
- 26. Dusty conditions (sandblasting, grinding, mining or drilling of rock, coal, silica, asbestos)?

Check all YES answers:

- 27. Have you ever sustained an injury while at work that necessitated extended care by a health care provider?
- 28. Have you ever had a motor vehicle accident or other injury event causing back or neck pain?
- 29. Are you limited or unable to perform any physical activity because of muscle or joint discomfort?
- 30. Do you have any missing limbs or non-functional joints?
- 31. Do you have numbness, weakness, or pain in your upper extremities (including your hands)?
- 32. Have you ever been advised by a physician to avoid sitting or standing over a certain time?
- 33. Have you ever worked in the criminal justice field?  
33a.If yes, have you ever missed more than three consecutive days of work for any medical or psychological problem?
- 34. Have you ever served in any of the armed forces?  
34a.If yes, have you ever missed more than three consecutive days or service for any medical or psychological problem?
- 35. Do you have any medical condition that would prevent you from working extended shift periods, rotating shifts, or night shifts?
- 36. Do you have difficulty sitting for any extended period of time?
- 37. Have you ever been advised by a physician to avoid lifting above a certain weight limit?
- 38. Do you have any difficulty in properly holding, aiming or firing a handgun, rifle or shotgun?
- 39. Do you have any difficulty driving at high speeds in a motorized vehicle?
- 40. Have you ever had an automobile accident while driving over sixty (60) miles per hour?
- 41. Have you ever had any automobile accidents as a result of losing control of your vehicle?
- 42. Do you have any difficulty driving for three (3) consecutive hours without stopping?
- 43. Do you have any difficulty running for five (5) consecutive minutes without stopping?
- 44. Have you ever passed out, temporarily lost control of any part of your body, or had blackout spells (episodes you do not remember)?

(Continued on reverse side)





**NORTH CAROLINA DEPARTMENT OF JUSTICE  
SHERIFFS' STANDARDS DIVISION**

JOSH STEIN  
ATTORNEY GENERAL

POST OFFICE BOX 629  
RALEIGH, NC 27602 - 0629  
TELEPHONE: 919-779-8213 FAX: 919-662-4515

DIANE KONOPKA  
DIRECTOR

## MEDICAL EXAMINATION REPORT

THIS INFORMATION IS FOR OFFICIAL USE ONLY AND WILL NOT  
BE RELEASED TO UNAUTHORIZED PERSONS.

Form F-2  
(Rev. 01/18)

**INSTRUCTIONS:** To be completed by a physician licensed independent practitioner licensed to practice medicine in North Carolina or by a Physician and/or Surgeon authorized to practice medicine in accordance with the rules and regulations of the U.S. Armed Forces following an actual physical examination. The original report must be submitted to the Sheriffs' Standards Division by the employing agency and a copy maintained in that agency's personnel files.

|                   |  |
|-------------------|--|
| NAME:             |  |
| DATE OF BIRTH:    | SOCIAL SECURITY NUMBER: <u>XXX-XX-</u> |
| EMPLOYING AGENCY: |  |

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

### VISION

Visual Acuity: **if applicant wears glasses or contacts, test and record acuity with and without glasses**

Without glasses: R - 20 / \_\_\_\_\_ L - 20 / \_\_\_\_\_ Both - 20 / \_\_\_\_\_

With glasses: R - 20 / \_\_\_\_\_ L - 20 / \_\_\_\_\_ Both - 20 / \_\_\_\_\_

Color Perception:  - Normal  - Abnormal: \_\_\_\_\_

Peripheral Vision:  - Normal  - Abnormal: \_\_\_\_\_

### HEARING

Hearing Acuity:  Audiogram -or-  15' whispered conversation (check one)

Right ear:  - Normal  - Abnormal: \_\_\_\_\_

Left ear:  - Normal  - Abnormal: \_\_\_\_\_

Check if hearing aid used (Telecommunicator applicants only). Hearing Acuity for Law Enforcement and Detention applicants should be measured without a hearing aid.

**CARDIOVASCULAR**

Blood Pressure: \_\_\_\_\_ Resting Pulse: \_\_\_\_\_

Cardiac Examination:  - Normal  - Abnormal: \_\_\_\_\_

Peripheral Circulation:  - Normal  - Abnormal: \_\_\_\_\_

ECG:  - Indicated by hx or exam: \_\_\_\_\_ (If resting pulse is less than 50 or greater than 100)

**Physical Examination:**  - Normal  - Abnormal

**ABNORMAL FINDINGS:** \_\_\_\_\_

URINALYSIS  - Normal  - Abnormal: \_\_\_\_\_

TB SKIN TEST Millimeters of Indurations \_\_\_\_\_

**Are there any conditions, physical, emotional or mental which, in your opinion, suggest further examination?**

- No  - Yes \_\_\_\_\_

**Do you have any reservations about this candidate's ability to physically perform required duties?**

Law Enforcement/Deputy  - No  - Yes: \_\_\_\_\_

Detention Officer  - No  - Yes: \_\_\_\_\_

Telecommunicator  - No  - Yes: \_\_\_\_\_

Other  - No  - Yes: \_\_\_\_\_

**I have read and fully understand the Medical Screening Guidelines Implementation Manual for the Certification of Justice Officers in the State of North Carolina.**

\_\_\_\_\_  
Signature of Physician or Licensed Independent Practitioner

\_\_\_\_\_  
Date

|  |
|--|
| Name, Title and Address of Physician or Licensed Independent Practitioner<br>PLEASE TYPE |
|--|





**NORTH CAROLINA DEPARTMENT OF JUSTICE  
CRIMINAL JUSTICE STANDARDS DIVISION**

Post Office Drawer 149,  
Raleigh, NC 27602  
Telephone: (919) 661-5980

Form F-2A(LE)  
(Rev. 11-2022)

**INSTRUCTIONS TO AGENCY AND EXAMINER  
FOR COMPLETION OF MEDICAL EXAMINATION REPORT (FORM F-2)**

**TO AGENCY OR TRAINING DELIVERY SITE:**

The attached form must be completed following a physical examination by a surgeon, physician, physician assistant, or nurse practitioner who is licensed to practice in North Carolina or authorized to practice medicine in the United States Armed Forces, as outlined in 10 U.S. Code 1094. The physical examination must be conducted prior to beginning Basic Law Enforcement Training and the agency submission of application for certification to the Commission. The form is valid for one (1) year from the date it is signed. The original shall be submitted to the Criminal Justice Standards Division as a part of the certification application. The employing agency and training delivery sites shall maintain a copy for their files.

**THE APPLICANT SHOULD PROVIDE THE EXAMINER WITH THE MEDICAL HISTORY STATEMENT FORM (F-1), WHICH MUST BE READ, COMPLETED, AND SIGNED; AND THE INSTRUCTIONS TO AGENCY AND EXAMINER FOR COMPLETION OF MEDICAL EXAMINATION REPORT (F-2A) FORM ATTACHED TO THE MEDICAL EXAMINATION REPORT FORM (F-2)**

**TO EXAMINER:**

The person for whom this examination is being performed is a candidate for employment and training as a law enforcement officer. This employment and training will involve the performance of tasks that will require a moderate degree of strength and manual dexterity.

The examining physician, surgeon, physician's assistant, nurse practitioner, shall record the results of the examination on the Medical Examination Report Form (F-2) and shall sign and date the form.

**\*\*\*\*PRIOR TO CONDUCTING THE PHYSICAL EXAMINATION, YOU MUST HAVE A COPY OF THE MEDICAL SCREENING GUIDELINES IMPLEMENTATION MANUAL AS PUBLISHED BY THE CRIMINAL JUSTICE STANDARDS COMMISSION.\*\*\*\***

**TO EMPLOYING AGENCY, TRAINING DELIVERY SITE, AND EXAMINER:**

**IF YOU DO NOT HAVE A COPY OF THE MEDICAL SCREENING GUIDELINES IMPLEMENTATION MANUAL, OR IF YOU NEED ADDITIONAL COPIES, PLEASE CONTACT THE CRIMINAL JUSTICE STANDARDS DIVISION.**

**CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION  
CRIMINAL JUSTICE STANDARDS DIVISION**

Post Office Drawer 149, Raleigh, NC 27602  
Telephone: (919) 661-5980  
Fax (919) 779-8210

**MEDICAL EXAMINATION REPORT**

**Form F-2  
(Rev. 11-2022)**

**This information is for official use only and will not be released to unauthorized persons.  
Payment for services rendered is the responsibility of the hiring agency or the individual.  
The Criminal Justice Standards Division is NOT responsible for payment.  
Mail form to hiring agency or individual  
DO NOT mail form to Criminal Justice Standard Division**

**Instructions:**

To be completed by a qualified medical professional (Physician, Physician's Assistant, or Nurse Practitioner licensed to practice medicine in North Carolina, or Physician and/or Surgeon authorized to practice medicine in accordance with the rules and regulations of the U.S. Armed Forces, [12 NCAC 9B .0104(a)], following an actual physical examination. The original or a copy of this report must be retained in personnel files by the appointing agency.

Date: \_\_\_\_\_ Last 4 Digits SSN: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First Middle

Employing Agency: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

**Vision**

Visual Acuity: **If applicant wears glasses or contacts, test and record acuity with and without glasses**

Without glasses: R - 20 / \_\_\_\_\_ L- 20 / \_\_\_\_\_ Both - 20 / \_\_\_\_\_

With glasses: R - 20 / \_\_\_\_\_ L- 20 / \_\_\_\_\_ Both - 20 / \_\_\_\_\_

With contacts: R - 20 / \_\_\_\_\_ L- 20 / \_\_\_\_\_ Both - 20 / \_\_\_\_\_

How long have contacts been worn? \_\_\_\_\_

Color Perception:  Normal  Abnormal: \_\_\_\_\_

Peripheral Vision:  Normal  Abnormal: \_\_\_\_\_

**Hearing**

Hearing Acuity:  Audiogram or  15' whispered conversation (check one)

Right ear:  Normal  Abnormal: \_\_\_\_\_

Left Ear:  Normal  Abnormal: \_\_\_\_\_

**Cardiovascular**

Blood Pressure: \_\_\_\_\_ Resting Pulse: \_\_\_\_\_

Cardiac Examination:  Normal  Abnormal: \_\_\_\_\_

Peripheral Circulation:  Normal  Abnormal: \_\_\_\_\_

ECG:  Indicated by hx or exam: \_\_\_\_\_ (If resting pulse is less than 50 or greater than 100)

**Abnormal Findings**

HEENT:  Normal  Abnormal \_\_\_\_\_

Lungs:  Normal  Abnormal \_\_\_\_\_

Abdomen:  Normal  Abnormal \_\_\_\_\_

Musculoskeletal:  Normal  Abnormal \_\_\_\_\_

Genitourinary:  Normal  Abnormal \_\_\_\_\_

Neurological:  Normal  Abnormal \_\_\_\_\_

Skin:  Normal  Abnormal \_\_\_\_\_

Urinalysis  Normal  Abnormal \_\_\_\_\_

TB Risk Questionnaires Administered:  Yes  No Additional Screening Required:  Yes  No

Specify Additional Screening: \_\_\_\_\_

**Are there any conditions, physical, emotional or mental, which, in your opinion, suggest further examination?**  
 No  Yes:

**Do you have any reservations about this candidate's ability to physically perform required duties?**  
 No  Yes:

**I have read and fully understand the Medical Screening Guidelines for the Certification of Criminal Justice Officers in the State of North Carolina Implementation Manual. This manual can be found on our website at:**

<https://ncdoj.gov/law-enforcement-training/criminal-justice/forms-and-publications/>

\_\_\_\_\_  
Signature of Qualified Medical Professional

\_\_\_\_\_  
Medical License #

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name and Address of Qualified Medical Professional (Please Type)

## **Tuberculosis Risk Questionnaire**

- |  |     |    |
|--|-----|----|
| 1) Were you born outside the USA in one of the following parts of the world: Africa, Asia, Central America, South America or Eastern Europe?   | Yes | No |
| 2) Have you traveled outside the USA and lived for more than one month in one of the following parts of the world: Africa, Asia Central America, South America or Eastern Europe?  | Yes | No |
| 3) Do you have a compromised immune system such as from any of the following conditions: HIV/AIDS, organ or bone marrow transplantation, diabetes, immunosuppressive medicines (e.g. prednisone, Remicade), leukemia, lymphoma, cancer of the head or neck, gastrectomy or jejeunal bypass, end-stage renal disease (on dialysis), or silicosis? | Yes | No |
| 4) Have you ever done one of the following: used crack cocaine, injected illegal drugs, worked or resided in jail or prison, worked or resided at a homeless shelter, or worked as a healthcare worker in direct contact with patients?  | Yes | No |
| 5) Have you ever been exposed to anyone with infectious tuberculosis?  | Yes | No |

## **Tuberculosis Symptom Questionnaire**

Do you currently have any of the following symptoms?

- |  |     |    |
|--|-----|----|
| 1) Unexplained cough lasting more than 3 weeks                   | Yes | No |
| 2) Unexplained fever lasting more than 3 weeks                   | Yes | No |
| 3) Night sweats (sweating that leaves bedclothes and sheets wet) | Yes | No |
| 4) Shortness of breath   | Yes | No |
| 5) Chest Pain  | Yes | No |
| 6) Unintentional weight loss                                     | Yes | No |
| 7) Unexplained fatigue (very tired for no reason)                | Yes | No |



## **ALAMANCE COMMUNITY COLLEGE**

1247 Jimmie Kerr Rd.  
Graham, NC 27253-8000  
Office: 336-506-4034  
Fax: 336-578-4342

## **BASIC LAW ENFORCEMENT TRAINING**

### **PERSONAL HISTORY STATEMENT (F3)**

It is the determination of Alamance Community College that these guidelines are necessary in order to fully and adequately evaluate applicants for Basic Law Enforcement Training. These questions are designed to ascertain whether the applicant meets the minimum standards for entrance and certification and serve no other purpose.

Print Full Name: \_\_\_\_\_

THIS IS NOT AN APPLICATION FOR EMPLOYMENT



**NORTH CAROLINA CRIMINAL JUSTICE  
EDUCATION AND TRAINING STANDARDS COMMISSION**

**PERSONAL HISTORY STATEMENT**

*It is the determination of the Commission that these questions are necessary in order to fully and adequately evaluate applicants for law enforcement and criminal justice certification. These questions are designed to ascertain whether the applicant meets the minimum standards for certification and serve no other purpose.*

**NOTE:** This form is not designed for use as an initial application for employment and must not be used for that purpose. Rather, the applicant for a CERTIFIED position should complete this form prior to beginning his/her background investigation. This form should only be completed by applicants for a Commission-certified position.



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

Agency Applied: \_\_\_\_\_

8. Was your driver's license ever suspended or revoked?  Yes  No

If yes, state which and give reasons:

9. Was your driver's license ever restored?  Yes  No

When? \_\_\_\_\_

**NOTE:** Data solicited in this box will be used for Equal Employment statistical purposes only.

10. a. Ethnicity (check one):  Hispanic or Latino  Not Hispanic or Latino

b. Race (check all that apply):

American Indian or Alaska Native

Native Hawaiian or Other Pacific Islander

Asian

White

Black or African American

Other \_\_\_\_\_

11. Sex:  Male  Female  Other \_\_\_\_\_  Prefer not to say

12. Have you previously submitted an application for employment with this agency?

Yes  No Approximate Date: \_\_\_\_\_

**EDUCATIONAL**

13. Indicate below the schools you have attended. (Include incomplete courses)

Indicate the type of High School you attended:

Traditional

Home School

Distance Learning

Did not attend high school

Other: \_\_\_\_\_

| Name<br>Address (City & State) | No. Full<br>Yrs Work<br>Completed | When<br>Attended | Graduated<br>(Yes/No) | Degree<br>Awarded | Major<br>Field |
|--------------------------------|-----------------------------------|------------------|-----------------------|-------------------|----------------|
| High Schools<br>or Equivalent  |                                   |                  |                       |                   |                |
|                                |                                   |                  |                       |                   |                |
|                                |                                   |                  |                       |                   |                |
|                                |                                   |                  |                       |                   |                |
| Universities<br>or Colleges    |                                   |                  |                       |                   |                |
|                                |                                   |                  |                       |                   |                |
|                                |                                   |                  |                       |                   |                |
|                                |                                   |                  |                       |                   |                |





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

Agency Applied: \_\_\_\_\_

20. Is any member(s) of your immediate family now in prison or on either probation or parole?  Yes  No

If yes, give name(s) and details:

**RESIDENCES**

21. List every city/county in which you have lived, with present address at top:

| From<br>Mo/Yr |  | To<br>Mo/Yr |  | Address of Residence | City County State |
|---------------|--|-------------|--|----------------------|-------------------|
|               |  |             |  |                      |                   |
|               |  |             |  |                      |                   |
|               |  |             |  |                      |                   |
|               |  |             |  |                      |                   |
|               |  |             |  |                      |                   |
|               |  |             |  |                      |                   |
|               |  |             |  |                      |                   |

**FINANCIAL**

22. What income other than salary do you have at present?

23. List all businesses you currently own or have financial interest in (**do not list any stocks and bonds**):

24. Are you now supporting all children born to you, adopted by you and stepchildren? If not, give details:

Yes  No  N/A

25. Are there persons, other than your spouse and listed children, who are presently dependent upon you for support? If yes, give name and details:  Yes  No  N/A

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

Agency Applied: \_\_\_\_\_

26. Have you ever been sued with a civil judgment being rendered against you? Please note this includes repossessions, evictions, executions, failure to pay child support, etc. (Do not include divorce)

Yes     No     Not sure (explain)    If yes, give details:

27. What is the total amount of all your debts at present? \$ \_\_\_\_\_

28. What is the average monthly total of all of your bills, payments, and current living expenses? \$ \_\_\_\_\_

29. List credit references, including creditors to which you make monthly payments:

A. \_\_\_\_\_ Amount Owing \$ \_\_\_\_\_

Name of Business

\_\_\_\_\_ City and State

Street Address

B. \_\_\_\_\_ Amount Owing \$ \_\_\_\_\_

Name of Business

\_\_\_\_\_ City and State

Street Address

C. \_\_\_\_\_ Amount Owing \$ \_\_\_\_\_

Name of Business

\_\_\_\_\_ City and State

Street Address

D. \_\_\_\_\_ Amount Owing \$ \_\_\_\_\_

Name of Business

\_\_\_\_\_ City and State

Street Address

E. \_\_\_\_\_ Amount Owing \$ \_\_\_\_\_

Name of Business

\_\_\_\_\_ City and State

Street Address

F. \_\_\_\_\_ Amount Owing \$ \_\_\_\_\_

Name of Business

\_\_\_\_\_ City and State

Street Address

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

Agency Applied: \_\_\_\_\_

**WORK HISTORY**

30. Have you ever had a conditional offer of employment rescinded for any reason from any employment where the position required certification or licensing of any sort?

Yes     No

If yes, list agency name and give details:

31. Have you ever held a position in any capacity which required certification or licensure from any Commission, Board, or Agency established to certify or license that position? (Note: List any such Commission, Board, or Agency, whether in or out of North Carolina.)     Yes     No

31a. If yes, was such certification or license ever surrendered, suspended, revoked or any sanctions taken against it by the issuing authority?     Yes     No

31b. If such certification or license was ever surrendered, suspended, revoked, or any sanctions taken against it by the issuing authority, please list the agency's name taking the action against the certification or license, date of the action, reason for the action, and the period of time for the suspension, revocation, or sanction.

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

Agency Applied: \_\_\_\_\_

32. Have you ever been discharged, requested to resign, or allowed to resign in lieu of termination, from any position because of criminal or personal misconduct or rules violations?

Yes       No

If yes, list organization name and give details:

33. Do you object to wearing a uniform?       Yes       No

34. Do you object to working nights?       Yes       No

35. Do you object to working rotating shifts?       Yes       No

36. Do you object to occasionally being away from home overnight and for other periods of time attending meetings, acquiring training and otherwise performing official duties?       Yes       No

37. List **ALL** jobs, positions or appointments you have held in the last ten years to include temporary, part-time, paid or not paid employment, active or inactive reserve, and internships. Put your present or most recent job first. List a **Reason for Leaving** for each job. Include military service in proper time sequence and temporary part-time jobs. If there are gaps in your employment please provide an explanation for each period of unemployment.

a. Title of present or last position \_\_\_\_\_

Employer Address and Phone Number: \_\_\_\_\_

Name

Phone Number

Street

City

State

Zip Code

Date Employed: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Last Salary: \_\_\_\_\_

Date Separated: \_\_\_\_\_ Name/Title of Supervisor: \_\_\_\_\_

Full Time \_\_\_\_\_ Yrs \_\_\_\_\_ Mos       Part Time \_\_\_\_\_ Yrs \_\_\_\_\_ Mos

If part time, number of hours worked per week \_\_\_\_\_ No. employees supervised by you \_\_\_\_\_

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

Agency Applied: \_\_\_\_\_

**Duties:**

**Reason for leaving:**

b. Title of present or last position \_\_\_\_\_

Employer Address and Phone Number: \_\_\_\_\_

|          | Name | Phone Number |
|----------|------|--------------|
|          |      |              |
| Street   | City | State        |
| Zip Code |      |              |

Date Employed: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Last Salary: \_\_\_\_\_

Date Separated: \_\_\_\_\_ Name/Title of Supervisor: \_\_\_\_\_

Full Time \_\_\_\_\_ Yrs \_\_\_\_\_ Mos       Part Time \_\_\_\_\_ Yrs \_\_\_\_\_ Mos

If part time, number of hours worked per week \_\_\_\_\_ No. employees supervised by you \_\_\_\_\_

**Duties:**

**Reason for leaving:**

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

Agency Applied: \_\_\_\_\_

c. Title of present or last position \_\_\_\_\_

Employer Address and Phone Number: \_\_\_\_\_

Name

Phone Number

Street

City

State

Zip Code

Date Employed: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Last Salary: \_\_\_\_\_

Date Separated: \_\_\_\_\_ Name/Title of Supervisor: \_\_\_\_\_

Full Time \_\_\_\_\_ Yrs \_\_\_\_\_ Mos       Part Time \_\_\_\_\_ Yrs \_\_\_\_\_ Mos

If part time, number of hours worked per week \_\_\_\_\_ No. employees supervised by you \_\_\_\_\_

**Duties:**

**Reason for leaving:**

d. Title of present or last position \_\_\_\_\_

Employer Address and Phone Number: \_\_\_\_\_

Name

Phone Number

Street

City

State

Zip Code

Date Employed: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Last Salary: \_\_\_\_\_

Date Separated: \_\_\_\_\_ Name/Title of Supervisor: \_\_\_\_\_

Full Time \_\_\_\_\_ Yrs \_\_\_\_\_ Mos       Part Time \_\_\_\_\_ Yrs \_\_\_\_\_ Mos

If part time, number of hours worked per week \_\_\_\_\_ No. employees supervised by you \_\_\_\_\_

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

Agency Applied: \_\_\_\_\_

**Duties:**

**Reason for leaving:**

e. Title of present or last position \_\_\_\_\_

Employer Address and Phone Number: \_\_\_\_\_

|        | Name | Phone Number |
|--------|------|--------------|
|        |      |              |
| Street | City | State        |
|        |      | Zip Code     |

Date Employed: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Last Salary: \_\_\_\_\_

Date Separated: \_\_\_\_\_ Name/Title of Supervisor: \_\_\_\_\_

Full Time \_\_\_\_\_ Yrs \_\_\_\_\_ Mos       Part Time \_\_\_\_\_ Yrs \_\_\_\_\_ Mos

If part time, number of hours worked per week \_\_\_\_\_ No. employees supervised by you \_\_\_\_\_

**Duties:**

**Reason for leaving:**



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

Agency Applied: \_\_\_\_\_

f. Title of present or last position \_\_\_\_\_

Employer Address and Phone Number: \_\_\_\_\_

Name

Phone Number

Street

City

State

Zip Code

Date Employed: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Last Salary: \_\_\_\_\_

Date Separated: \_\_\_\_\_ Name/Title of Supervisor: \_\_\_\_\_

Full Time \_\_\_\_\_ Yrs \_\_\_\_\_ Mos       Part Time \_\_\_\_\_ Yrs \_\_\_\_\_ Mos

If part time, number of hours worked per week \_\_\_\_\_ No. employees supervised by you \_\_\_\_\_

**Duties:**

**Reason for leaving:**

g. Explain periods of unemployment of three (3) months or more.

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

Agency Applied: \_\_\_\_\_

**MILITARY SERVICE**

38. Were you ever in the U.S. Military Service or any other military organization?  Yes  No

Were you ever denied entrance into the military?  Yes  No If yes, why?

39. What was the highest rank that you held? \_\_\_\_\_

40. What was the last rank that you held? \_\_\_\_\_

41. What was the date and location of your first enlistment or commission? Date: \_\_\_\_\_

42. List each tour of active duty where a DD-214 was issued:

| Branch | Unit (Company or Ship) | Location | From Mo./Yr. | To Mo./Yr. |
|--------|------------------------|----------|--------------|------------|
|        |                        |          |              |            |
|        |                        |          |              |            |
|        |                        |          |              |            |

43. List all duty stations: \_\_\_\_\_

| Branch | Unit (Company or Ship) | Location | From Mo./Yr. | To Mo./Yr. |
|--------|------------------------|----------|--------------|------------|
|        |                        |          |              |            |
|        |                        |          |              |            |
|        |                        |          |              |            |
|        |                        |          |              |            |
|        |                        |          |              |            |

44. Have you ever received any of the following types of discharge:

| Type of Discharge                     | Yes                      | No                       |
|---------------------------------------|--------------------------|--------------------------|
| Uncharacterized                       | <input type="checkbox"/> | <input type="checkbox"/> |
| Honorable                             | <input type="checkbox"/> | <input type="checkbox"/> |
| General (under honorable conditions)  | <input type="checkbox"/> | <input type="checkbox"/> |
| Under other than honorable conditions | <input type="checkbox"/> | <input type="checkbox"/> |
| Bad Conduct Charge                    | <input type="checkbox"/> | <input type="checkbox"/> |
| Dishonorable Discharge                | <input type="checkbox"/> | <input type="checkbox"/> |
| Dismissal                             | <input type="checkbox"/> | <input type="checkbox"/> |

Applicant Name: \_\_\_\_\_ Agency Applied: \_\_\_\_\_

45. Were you ever court-martialed, tried on charges, or the subject of a summary court, deck court, non-judicial punishment, captain's mast, company punishment, article 15, **and/or any other disciplinary action** while a member of the military, national guard or reserve unit?

Yes  No If yes, explain what occurred and what type of punishment you received:

46. List all medals and decorations awarded you during your military service:

47. If you are presently a member of the National Guard or any military reserve, give the unit, location, and describe your obligation:

**USE OF DRUGS**

**NOTE:** In questions 48 and 49, the word 'used' means "**one time or more, including experimentation.**" If any answer is yes, give full and complete details. (Attach extra sheets if necessary.)

48. Have you ever used, to include tasting, any drugs illegal under North Carolina or Federal law, including but not limited to, marijuana, steroids, opiates, pills, heroin, cocaine, crack, LSD, designer or synthetic drugs, etc., to include even one-time use or experimentation?

Yes  No  I don't know (explain below)

If yes, what were the circumstances, drugs used, and when did the usage last occur?

When was the last time?

49. Have you ever used prescription drugs other than under the supervision of, or as prescribed by, a physician?

Yes  No  I don't know (explain below)

If yes, what were the circumstances, drug(s) used, and when did the usage last occur?

50. Have you ever purchased, possessed, manufactured, grown, delivered or sold any amount of illegal drugs or controlled substances for which you did not have a valid prescription?

Yes

No

I don't know (explain below)

---

### **CRIMINAL OFFENSE RECORD AND DISCIPLINARY ACTIONS**

**NOTE:** Answer all of the following questions completely and accurately. Any falsifications or misstatements of fact may be sufficient to disqualify you. If any doubt exists in your mind as to whether or not you were arrested or charged with a criminal offense at some point in your life or whether an offense remains on your record, you should answer "Yes." You must list any and all criminal charges regardless of the date of offense and the disposition (to include dismissals, not guilty, nol pros, PJC, or any other disposition where you entered a plea of guilty). Juvenile charges or arrests should also be listed.

Include all offenses other than minor traffic offenses. Specifically include DWI, DUI, driving while under the influence of drugs, driving while license permanently revoked, speeding to elude arrest, or duty to stop in event of accident. **Attached to this form is an additional list of North Carolina traffic offenses which must be listed.**

**You must include any and all offenses and convictions regardless of whether or not the offenses/convictions were expunged.** If you list a charge(s), please attach certified and true copies of warrant(s) and judgment(s) for each offense, **even if documentation and charges have previously been reported to this agency.**

51. Have you ever been arrested by a law enforcement officer or otherwise charged with a criminal offense? (The term "charged" as used in this question includes being issued a criminal citation or summons).

No - Applicant's Initials \_\_\_\_\_  Yes, please list below

|   | Offense Charged | Type |        | Disposition Offense (if different from original offense) | Date of Offense | Disposition Date | County/State | Probation |    |
|---|-----------------|------|--------|--|-----------------|------------------|--------------|-----------|----|
|   |                 | Misd | Felony |  |                 |                  |              | Yes       | No |
| 1 |                 |      |        |  |                 |                  |              |           |    |
| 2 |                 |      |        |  |                 |                  |              |           |    |
| 3 |                 |      |        |  |                 |                  |              |           |    |
| 4 |                 |      |        |  |                 |                  |              |           |    |
| 5 |                 |      |        |  |                 |                  |              |           |    |

(ATTACH EXTRA SHEETS, IF NECESSARY)

51A. Have you ever had a criminal offense or criminal conviction expunged?

No - Applicant's Initials \_\_\_\_\_  Yes, please list below

|   | Offense Expunged/Sealed | Type |        | Disposition Offense (if different from original offense) | Date of Offense | Disposition Date | Date Expunged | County/State | Probation |    |
|---|-------------------------|------|--------|--|-----------------|------------------|---------------|--------------|-----------|----|
|   |                         | Misd | Felony |  |                 |                  |               |              | Yes       | No |
| 1 |                         |      |        |  |                 |                  |               |              |           |    |
| 2 |                         |      |        |  |                 |                  |               |              |           |    |
| 3 |                         |      |        |  |                 |                  |               |              |           |    |
| 4 |                         |      |        |  |                 |                  |               |              |           |    |
| 5 |                         |      |        |  |                 |                  |               |              |           |    |

(ATTACH EXTRA SHEETS, IF NECESSARY)

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

Agency Applied: \_\_\_\_\_

Under federal law you may be disqualified, on a personal or general basis, to receive or possess a firearm under certain conditions. To determine whether federal restrictions may be applicable, please answer for each of the following if you:

- (a) currently are under Indictment or Information in any court for a crime punishable by imprisonment for a term exceeding one year.
- (b) have been convicted in any court of a crime punishable by imprisonment for a term exceeding one year. If you have such a conviction, please note in your answer whether the conviction has been pardoned, expunged, or set aside, or whether you have had your civil rights restored.
- (c) are a fugitive from justice.
- (d) are an unlawful user of, or addicted to, marijuana, or any depressant, stimulant, or narcotic drug, or any other controlled substance.
- (e) have been adjudicated mentally defective or have been involuntarily committed to a mental institution.
- (f) have been discharged from the Armed Forces under dishonorable conditions.
- (g) are illegally in the United States.
- (h) have renounced your citizenship, having previously been a citizen of the United States.
- (i) are subject to a court order that restrains you from harassing, stalking, or threatening an intimate partner or child.
- (j) have been convicted in any court of a misdemeanor crime of domestic violence.

**NOTE:** If you answer positively to any of the above and have any reason why you think a federal bar would not apply, please provide the legal or factual basis in your answer. A positive answer to any of the above does not by itself mean you are disqualified to possess a firearm. If you provide a positive answer, the Commission will look carefully at the circumstances to see how the law applies.

If any of the above (a through h) apply, please note below and submit an explanation on a separate sheet of paper which accompanies this form. Your signature on the attestation found on page 17 of this document indicates you have read this section and understand each of the disqualifiers.

52. Have you ever had a Domestic Violence Protection Order issued against you?

(Include both ex-parte Domestic Violence Protective Orders and those entered subsequent to a hearing.)

Yes       No

Date of Issuance: \_\_\_\_\_

County of Issuance: \_\_\_\_\_

Name of Plaintiff: \_\_\_\_\_

Date of expiration: \_\_\_\_\_

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

Agency Applied: \_\_\_\_\_

53. Have you been convicted of a misdemeanor under federal or state law which has, as an element, the use or attempted use of physical force or threatened use of a deadly weapon?

Yes     No     I don't know (explain below)

If so, did you commit the act(s) against a current or former spouse, parent, or guardian or against a person with whom you were or are cohabiting with or a person similarly situated to a spouse, parent, or guardian of the victim (Domestic Violence Offense)?

Yes     No

Offense Charged: \_\_\_\_\_

Law Enforcement Agency \_\_\_\_\_

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

Disposition \_\_\_\_\_

**REFERENCES**

60. Give the names of four responsible persons, other than relatives or past employers, who could provide information about your character, ability, experience, personality, and other qualities.

| Name | Address | Telephone |
|------|---------|-----------|
| A.   |         |           |
| B.   |         |           |
| C.   |         |           |
| D.   |         |           |

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

Agency Applied: \_\_\_\_\_

**STATE OF:**

**NORTH CAROLINA**

**Other:** \_\_\_\_\_

**COUNTY OF** \_\_\_\_\_

I hereby certify that each and every statement made on this form is true and complete and understand that any misstatement or omission of information will subject me to disqualification or dismissal. I also acknowledge that I have a continuing duty to update all information contained in this document. I will report to the employing agency and forward to the NC Criminal Justice Education and Training Standards Commission any additional information which occurs after the signing of this document.

This the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

\_\_\_\_\_  
(Applicant Signature in Full)

\_\_\_\_\_  
(Applicant Print Name in Full)

Subscribed and sworn before me,

this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

\_\_\_\_\_  
Notary Public (Official Seal)

My Commission Expires: \_\_\_\_\_, 20 \_\_\_\_



**EXCERPT FROM CLASS B MISDEMEANOR MANUAL OF TRAFFIC OFFENSES WHICH ARE NOT MINOR**

|                   |   |                   |   |
|-------------------|---|-------------------|---|
| 20-28             | Driving while license permanently revoked (20-28(b))[(b) Repealed]  | 10/1/94 -11/12/96 | 1 |
| 20-28(d)(3)       | Driving while license permanently revoked (3 <sup>rd</sup> offense)   | 5/31/02-Present   | 1 |
| 20-30(5)          | Fictitious name or address in any application for a driver's license or learner's permit (20-35)  | 5/31/02-Present   | 2 |
| 20-37.7(e)        | Special identification card (fraud or misrepresentation in application of or use thereof)   | 01/01/06-Present  | 2 |
| 20-37.8           | Fraudulent use of a fictitious name for a special identification card (20-37.8(b))<br>[NOTE: violations of 20-37.8(b) became felonious eff. 12/1/99]  | 10/1/94-12/1/99   | 2 |
| 20-37.8           | Fraudulent use of a fictitious name for a special identification card (20-37.8(c))  | 5/31/02-Present   | 2 |
| 20-63(g)          | Registration of plates furnished by the Division, etc. (alteration, disguise, or concealment of numbers)  | 01/01/06-Present  | 2 |
| 20-71.4           | Failure to disclose damage to a vehicle   | 01/01/06-Present  | 2 |
| 20-102.1          | False report of theft or conversion of a motor vehicle  | 10/1/94-Present   | 2 |
| 20-111(5)         | Fictitious name or address in application for registration  | 10/1/94-Present   | 1 |
| 20-130.1          | Use of red or blue lights on vehicles prohibited (20-130.1(e))  | 10/1/94-Present   | 1 |
| 20-136.2          | Air bag installation  | 01/01/06-Present  | 1 |
| 20-137.2          | Operation of vehicles resembling law-enforcement vehicles (20-137.2(b))   | 10/1/94-Present   | 1 |
| 20-138.1          | Driving while impaired (punishment level 1; 20-179(g) or 2 (20-179(h))  | 10/1/94-5/31/02   | M |
| 20-138.1(d)       | Driving while impaired (punishment level 1; 20-179(g) or 2 (20-179(h))  | 5/31/02-Present   | M |
| 20-138.2          | Impaired driving in commercial vehicle (20-138.2(e))  | 10/1/94-Present   | M |
| 20-141(j)         | At least 15 mph over; trying to elude arrest<br>[NOTE: Repealed paragraph (j) eff. 12/1/97; recodified under 20-141.5(a)]   | 10/1/94-12/1/97   | 1 |
| 20-141.3(a) & (c) | Unlawful racing on streets and highways   | 11/12/96-Present  | 1 |
| 20-141.5(a)       | Speeding to elude arrest  | 11/17/99-Present  | 1 |
| 20-157(h)         | Duty to Move Over   | 01/01/06-Present  | 1 |
| 20-166(b)         | Duty to stop in event of accident or collision  | 10/1/94-Present   | 1 |
| 20-166(c)         | Duty to stop in event of accident or collision  | 10/1/94-Present   | 1 |
| 20-166(c1)        | Duty to stop in event of accident or collision  | 10/1/94-Present   | 1 |
| 20-183.8(b1)      | Inspection violation by Inspector   | 3/1/11-Present    | 3 |
| 20-279.31(b)(1)   | Other violation; penalties (gives information required in a report of a reportable accident, knowing/having reason to believe information is false)   | 01/01/06-Present  | 1 |
| 20-279.31(b)(2)   | Other violations; penalties (forges or without authority signs any evidence of proof of financial responsibility)   | 01/01/06-Present  | 1 |
| 20-279.31(b)(3)   | Other violations; penalties (forges/offers for filing any evidence of proof of financial responsibility, knowing/having reason to believe that evidence is forged/signed without authority) | 01/01/06-Present  | 1 |
| 20-313.1          | Making false certification or giving false information  | 01/01/06-Present  | 1 |
| 20-371            | Regulation of professional house moving [increased punishment from Class 3 to Class 1 misdemeanor]  | 3/1/11-Present    | 1 |

\*Note that violations of 20-138.1 Driving While Impaired (punishment levels 3, 4 & 5) are considered Class A Misdemeanor and should also be listed in response to number 49.