

GVSU

Police Academy

2026

- Spring Basic Police Academy
- Military Police Veteran's Academy
- Fall Basic Police Academy

Application Packet





Dear Applicant:

Thank you for your interest in Grand Valley State University's **Police Academy!**

Please read all instructions before completing the enclosed documents. Your application packet is complete when you mark which academy you are applying for and it includes all the information and materials identified in the **Instructions document**. Applications that lack any of the requested information may be rejected. It is solely your responsibility to submit a completed application packet.

COMPLETED APPLICATIONS MUST BE RECEIVED BY OR POSTMARKED NO LATER THAN 5:00pm on:

- **Spring Basic Police Academy** **January 15, 2026**
- **Military Police Veteran's Academy** **January 15, 2026**
- **Fall Basic Police Academy** **April 22, 2026**

Please submit applications to the GVSU Police Academy, Attn: Geoff Collard, 515 S. Waverly Rd. Holland, MI 49423.

NOTE: Any falsification or omission of information will result in your elimination from the academy application process or academy training session, and potential sanctions by the Michigan Commission on Law Enforcement Standards.

If you have any questions while you are completing the application process, you may contact:

Geoff Collard
Police Academy Director
(616) 331-8515

or:

Ms. Lisa Campione
Administrative Coordinator
(616) 331-7153

collardg@gvsu.edu

campionl@gvsu.edu



GVSU POLICE ACADEMY

INSTRUCTIONS FOR APPLICATION

READ THIS ENTIRE DOCUMENT BEFORE PROCEEDING WITH THE APPLICATION PROCESS.

It is the applicant's responsibility to complete the enclosed application packet. **Completed applications must be received or postmarked no later than 5:00pm on the due date.** Late applications will not be reviewed. Submit your packet to Police Academy Director:

Geoff Collard
515 S. Waverly Rd.
Holland, MI 49423

DO NOT staple or place application materials in plastic sleeves or binders.

Below are specific instructions for the completion of each form. ***ANY APPLICATION THAT IS INCOMPLETE AND/OR NOT PROPERLY COMPLETED WILL NOT BE REVIEWED.*** The enclosed "Application Coversheet" should be the first page of your completed packet (*it describes the order in which your packet should be organized upon submission*).

NOTE: Both the MCOLES Reading & Writing Test and Pre-Enrollment Physical Fitness Test must be completed and submitted with your application, by the due date. The Pre-Enrollment Physical Fitness Test must be completed within 180 days before the start date of the academy.

NOTE: There are several documents included in this packet (Medical History Statement, Physician's Statement, Declaration of Accommodations, and Livescan Fingerprint form). DO NOT TURN THESE IN WITH YOUR INITIAL APPLICATION. You will only submit these documents if you receive a "Conditional Offer of Acceptance." Please see "Instructions for Post-Application Documents."

NOTE: Type your responses.

NOTE: You SHALL report any changes in your application or eligibility status to the Director of the Police Academy (pre-acceptance, post-acceptance, and during the academy if selected to attend).

FILE PHOTOGRAPH

- Submit a 2" x 2" file photograph (head shot only - do not submit a "selfie"). Staple to the space indicated on the application coversheet.

CURRENT STATE OF MICHIGAN DRIVER'S LICENSE

- Submit a photocopy of your current State of Michigan driver's license. Your license must be valid during the academy. If you are an out-of-state applicant, you must obtain a Michigan driver's license by the start date of the academy.

MCOLES PERSONAL HISTORY STATEMENT AND AFFIDAVIT

- This form has two parts (*as noted below*).
- This form is electronic, and all responses must be typed (use Adobe for full access to the form).
- Completely read the cover sheet/instructions before completing the questionnaire.
- If a question does not apply to you put N/A. If you are not sure if it applies to you contact the Police Academy Director for a final decision.

1. MCOLES WAIVER & AUTHORIZATION FOR RELEASE OF INFORMATION

- Type directly onto the electronic form.
- Provide all requested information in sections A & B.
- "Highest Degree" – if you **do not currently possess** a college degree, list High School Diploma or GED.
- Make sure you sign your name and date the form in the Applicant Signature section.

2. MCOLES PERSONAL HISTORY STATEMENT AND AFFIDAVIT IN SUPPORT OF APPLICATION TO ENTER INTO LICENSING PROCESS

- Type your name in the space provided in the upper right corner of each page "*Affidavit of _____*".
- Misrepresentation, failure to disclose, or falsification of information on this form could result in sanctions from the Michigan Commission on Law Enforcement Standards, including making you ineligible for future law enforcement licensing.
- Use the additional pages if you need to continue or explain an answer (*please note the question and section you are referring to*).
- Special attention to the Motor Vehicle Operation section – you are required to provide information on all violations for which you were stopped by law enforcement (*including written and verbal warnings*).
- **The questions on page 15** – about "Employed Recruits and RPTE Candidates" - **do not apply to pre-service candidates, please leave this section blank.**
- ***Do not sign the notary page until you are in the presence of a Notary***

MCOLES PRE-EMPLOYMENT TEST SCORES

- **READING & WRITING EXAMINATION:** Locations and dates for testing are found under the tab titled “Reading and Writing Test” on the MCOLES website (in the “Most Requested” section) – www.michigan.gov/mcoles. This examination is taken via computer at designated testing centers and results are provided to you in approximately two weeks via mail (your results are also available via the internet 24 hours after completing the exam). Submit a copy of your test results (*letter mailed to you or printed internet results*) with your application packet. **Successful completion of this test is mandatory for admittance into the Academy.**
- **PHYSICAL FITNESS EXAMINATION:** Locations and dates for testing are found under the “Pre-Enrollment Physical Fitness Test” on the MCOLES website (in the “Most Requested” section) – www.michigan.gov/mcoles. At the time you take the test, you must present a valid proof of identification and the enclosed, completed **Pre-Enrollment Physical Fitness Examination Physician’s Health Screening Form**. You will be provided with a copy of your physical fitness test results. **Submit a copy of your test results with your application packet. This test must be taken within 180 days before the start of the academy Take care to schedule your test prior to the application deadline but within the 180-day window.** Successful completion of this test is **mandatory** for admittance into the Academy.

PRE-ENROLLMENT PHYSICAL FITNESS EXAMINATION - PHYSICIAN’S HEALTH SCREENING FORM

- The Physician’s Health Screening Form must be signed by Physician/Physician’s Assistance and be presented at the testing site for your Pre-Enrollment Physical Fitness Test.
- Once you have passed the physical fitness test, you may keep the physician’s health screening form. **It does NOT need to be included in your application.**

VERIFICATION OF EDUCATIONAL STATUS

- To be eligible for entrance into the academy, you must possess a 2- or 4-year degree from an accredited college/university. If you are a current GVSU/Baker College student, you may be eligible for entrance if you will possess a 2- or 4-year degree upon completion of the academy program.
- **Current GVSU / Baker College Students** – *if you do not already have a degree from another accredited institution (i.e. Associates or Bachelors), you must have all degree requirements completed by the start of the academy, or have completed all graduation requirements by the*

start of the academy except for the 15 credit hours (earned in the academy). Please consult with your Academic Advisor.

- If you have **completed** **your degree**, submit an official transcript that shows the degree awarded.
- If you have **not completed** **your degree** at the time of application, submit an un-official transcript.

□ **Non-GVSU / Baker College Students:**

- If you have **completed** **your degree**, submit an official transcript that shows the degree awarded.
- If you have **not completed** **your degree** at the time of application, submit an un-official transcript and a letter from your registrar's office stating your degree will be completed by the end of the academy.

□ *If you have any concerns about your educational status, please contact the Academy Director. Those not meeting these requirements cannot attend the Academy.*

PROOF OF CITIZENSHIP

□ ***You must submit proof of your United States Citizenship with your application – Include a copy of one of the following (the original may be requested for verification purposes):***

- Government issued Birth Certificate
- Certificate of Citizenship
- Certificate of Naturalization

LETTERS OF RECOMMENDATION

□ You must submit ***three*** signed letters of personal or professional recommendation with your application. If you are a GVSU student, please do not submit letters from GVSU School of Criminal Justice faculty or staff (*SCJ personnel will be contacted by the Academy Director as part of the background investigation*).

□ ***One of your three letters must be from a current or past employer.***

□ ***Submit the letters of recommendation in your application packet***, however if your reference would prefer to mail the letter please address to:
*Geoff Collard
515 S. Waverly Rd.
Holland, MI 49423*

RESUME

□ Submit a current resume.

OFFICIAL COPY OF DRIVING RECORD

- A copy of your driving record, from any state in which you have held a driver's license, must be submitted with your application. It can be obtained by contacting the Secretary of State (Michigan) or the Department of Motor Vehicles (or equivalent in other states).
- If you received any enforcement action after the record is obtained, you must inform the academy director in writing. Failure to do so may result in your removal from the academy application process.

DD214 MILITARY SERVICE FORM

- If you have served in any branch of the military (active, reserve, or national guard) and have received a discharge, you must submit a copy (long form) of your DD214 / separation form. The original may be requested for verification.

AUTOBIOGRAPHY

- You must submit an autobiography.
- This document must be hand printed, not typed.
- There are no instructions for the content or format of this document, however it should be written by you (*do not seek any assistance in completing this autobiography*).

POLICE REPORTS

- You shall follow all rules outlined on the MCOLES Personal History Statement and Affidavit, which requires you to provide "any and all police reports or documents detailing your contacts with law enforcement."*

FIRST AID, CPR, & AED CERTIFICATION

- Applicants must submit proof of ***Adult & Pediatric First Aid, CPR, & AED Certification*** before the start of the academy and it must remain valid during the academy.
- You may obtain this certification from various vendors (*American Red Cross, American Heart Association, etc.*).
- Some courses are blended/hybrid, meaning that they have both online and practical (in person) components. This type of course is acceptable, if the in-person portion includes practical testing/assessment.

NOTE: The documents listed below are NOT a part of your initial application. **They will be submitted later in the process if you receive a conditional offer of acceptance.** Specific directions for each of the forms can be found in the document titled "***Instructions for Post Application Documents.***"

1. Medical History Statement
2. Physician's Statement of Medical Condition
3. Declaration of Accommodations
4. Livescan Fingerprints

YOUR APPLICATION IS CONSIDERED COMPLETE WHEN IT INCLUDES ALL OF THE DOCUMENTS REQUESTED.

MAKE A COPY OF YOUR COMPLETED APPLICATION PACKET (PRIOR TO SUBMISSION) FOR YOUR PERSONAL RECORD.

ALL INFORMATION SUBMITTED MUST BE ACCURATE AND COMPLETE. ANY FALSIFICATION OR OMISSION OF INFORMATION WILL RESULT IN YOUR ELIMINATION FROM THE ACADEMY APPLICATION PROCESS AND POTENTIAL SANCTIONS FROM THE MICHIGAN COMMISSION ON LAW ENFORCEMENT STANDARDS.

YOUR CAREER BEGINS HERE!



GVSU

BASIC 17-WEEK POLICE ACADEMY

MILITARY POLICE VETERAN'S 8-WEEK

ACADEMY

STUDENT FEE INFORMATION

The following information should be used as a guide to estimate your expenses:

TUITION (15 Basic/6 MP Hours MP) = \$7,936 Basic/\$3,990 MP (contact registrar for exact amount)

- Tuition is based on the University catalog price at the time you enroll.
- You should also allow for other fees such as registration costs if applicable.
- Questions related to financial assistance for tuition should be addressed to the Financial Aid Office at (616) 331-3234.

STUDENT FEE = \$1,700 Basic/\$800 MP Academy

- This fee is non-refundable (check or money order).
- Due at the Orientation Meeting.
- Fee is used to purchase items not covered by tuition (books and manuals, weapons, ammunition, and other training supplies).
- Please plan now to have the student fee amount on hand if you are selected to attend the academy.

UNIFORMS = \$350.00 Basic/\$300 MP (Approximate)

- This fee will be paid to a third-party vendor.
- Specific information regarding academy uniforms will be provided at Orientation.

HOUSING = Varies by semester

- Academy students may stay on campus but are *not required to*.
- **Recruit is responsible for room/board costs during the academy.**
- Contact the GVSU Housing Office for more information and advise them that you are a police academy applicant: (616) 331-2010, view current rates at [Housing Rates - Housing - Students - Grand Valley State University \(gvsu.edu\)](#).



LICENSING STANDARDS FOR MICHIGAN LAW ENFORCEMENT OFFICERS

The chart below outlines the licensing standards published by the Michigan Commission on Law Enforcement Standards (MCOLES). Employment of law enforcement officers is subject to compliance with these standards. Agencies may set standards more stringent than these; however, the burden is upon the agency to demonstrate that a more stringent standard is related to the ability to perform the essential job functions and is otherwise in compliance with applicable law.

All preservice and agency employed recruits must be screened to all the academy enrollment standards, and all applicants of the Recognition of Prior Training and Experience (RPTE) program being considered for employment must be screened for compliance with all applicable standards.

The licensing standards are published under the authority of 1965 PA 203 as amended.

Category	Standard	Comments and Proofs
Age	Not less than 18 years.	No maximum age.
Citizenship	United States Citizenship.	Birth Certificate; Certificate of Naturalization; Valid United States Passport.
Education	High school diploma or GED is the minimum for an employed recruit. Pre-service recruits must have a minimum of an associate's degree upon completion of the basic training academy.	A college degree from an accredited institution is evidence of complying with the minimum standard.
Prohibited Criminal Adjudications of Guilt	An applicant with an "adjudication of guilt" for a violation or attempted violation of a penal law of this state or another jurisdiction that is punishable by imprisonment for more than 1 year (includes all felonies) is ineligible to be licensed. An applicant with an "adjudication of guilt" for a violation or attempted violation of certain misdemeanors (listed in the accompanying comments) is also ineligible to be licensed. An "adjudication of guilt" includes a judgment or verdict of guilty, or guilty but mentally ill, following a trial or a plea of guilty or nolo contendere (no contest), even if the conviction was subsequently expunged, set aside or dismissed by virtue of a delayed sentence or diversion program. This includes delayed sentences under MCL 771.1; adjudication in conjunction with assignment to the status of youthful trainee under the Holmes Youthful Trainee Act MCL 762.14; dismissals after probation for first-time drug offenses under MCL 333.7411; and dismissals after probation for first-time domestic violence offenders under MCL 769.4a.	Disqualifying offenses include adjudication of guilt for a violation or attempted violation of a penal law of this state or another jurisdiction that is punishable by imprisonment for more than 1 year (includes all felonies). Disqualifying offenses also include adjudications of guilt for violations or attempted violations of any of the following misdemeanors under Michigan law or substantially corresponding laws of another jurisdiction: Operating While Intoxicated, 2nd offense (MCL 257.625(1), (8), (9)(b), (25)); Possession of Controlled Substances (MCL 333.7403(2)(c) (does not include marijuana)); Use of Controlled Substances (MCL 333.7404(2)(a), (b), (c)); Domestic Violence, 2nd Offense (MCL 750.81(4)); Aggravated Assault (MCL 750.81a(1)); Aggravated Domestic Violence (MCL 750.81a(1)); and Stalking (MCL 750.411h)
Character Fitness	Character fitness, as determined by a background investigation supported by a written authorization and release executed by the individual.	Includes arrest and expunged convictions, all previous law violations, personal protection orders, traffic and civil infractions and ordinance and code violations.
Driver's License	Possess a valid operators or chauffeur's license. (all 50 states, DC, territories of the US, and Canada).	May not be in a state of suspension or revocation.

Physical Ability	Be free from any physical defects or chronic diseases which may impair the performance of a law enforcement officer or which may endanger the lives of others or the law enforcement officer.	This includes, but is not limited to, diseases such as diabetes, seizures and narcolepsy. Each case shall be investigated to determine its extent and effect on job performance. The evaluation should include the expert opinion of a licensed physician specializing in occupational medicine.
Hearing	Initial unaided testing involving pure tone air conduction thresholds for each ear, as shown on the pure tone audiogram, shall not exceed a hearing level of 25 decibels at any of the following frequencies: 500, 1000, 2000, 3000 Hertz; and 45 decibels at 4000 Hertz.	Initial testing may be performed by a certified hearing conservationist, a licensed hearing aid specialist or a licensed audiologist. See Note for individuals requiring additional unaided or aided testing requirements by a licensed audiologist. *
Psychological Fitness	Be free from mental or emotional instabilities which may impair the performance of essential job functions of a law enforcement officer or which may endanger the lives of others or the law enforcement officer.	Mental and emotional stability may be assessed by a licensed physician, or a licensed psychologist or psychiatrist. MCOLES may require the examination be conducted by a licensed psychologist or psychiatrist. **
Vision, Color	Possess normal color vision without the assistance of color enhancing lenses.	The unaided eye shall be tested using pseudoisochromatic plates. The Farnsworth Dichotomous D-15 panels shall be used for any candidate who fails the pseudoisochromatic plates.
Vision, Corrected	Possess 20/20 corrected vision in each eye.	Acuity may be corrected with glasses or contacts.
Vision, Normal Functions	Possess normal visual functions in each eye.	Includes peripheral vision, depth perception, stereopsis, etc.
Reading and Writing (Academy enrollment)	Pass the MCOLES reading and writing examination or an MCOLES approved agency equivalent examination.	Does not apply to Recognition Prior Training & Experience Program applicants.
Physical Fitness (Academy enrollment)	Pass the MCOLES physical fitness pre-enrollment examination. This does not apply to Recognition of Prior Training & Experience Program applicants.	Pre-enrollment testing is required for admittance to an approved basic training program.
Training Requirements	Successfully complete the MCOLES mandatory basic training curriculum.	This may be done by successfully completing an approved college preservice program or a basic training academy. Candidates seeking reciprocity from other states may apply for the Recognition of Prior Training and Experience Program.
Licensing Examination	Pass the MCOLES licensing examination upon the completion of mandatory basic training.	For Recognition of Prior Training and Experience (RPTE) candidates, successfully complete the RPTE Program and pass the licensing examination.
Fingerprinting	Employing agencies must fingerprint the applicant with a search of state and Federal fingerprint files to disclose criminal record, personal protection orders, mental health orders, firearms possession prohibitors, expungements and dismissals based on a diversion program. Academies require fingerprinting using the CRISS system.	
Oral Interview	Conduct an oral interview to determine the applicant's suitability for a law enforcement officer position.	
Drug Testing	Cause the applicant to be tested for the illicit use of controlled substances.	Must use a Commission certified laboratory and comply with Commission procedures.

* Agencies with an applicant who fails the initial hearing standard should contact the MCOLES Standards Compliance Section for additional unaided and aided hearing criteria as well as testing protocols.

** Agencies are encouraged to request the assistance of the Standards Compliance Section of MCOLES when their employment process reveals that a candidate may not comply with a state standard. This is particularly true with medical conditions which may involve circumstances unfamiliar to the agency and which require medical opinions. Please call (517) 636-7864 with any questions.

GVSU BASIC POLICE ACADEMY APPLICATION COVERSHEET

NAME:	<hr/> <i>(as displayed on Driver's License)</i>	
MAILING ADDRESS:	<hr/> <hr/> <hr/>	
E-MAIL ADDRESS:	<hr/> <i>(Note: we will use this address for all academy correspondence)</i>	
PHONE:	<hr/>	
GVSU STUDENT:	<input type="checkbox"/> YES	<input type="checkbox"/> NO <i>(for tracking purposes only)</i>
BAKER STUDENT:	<input type="checkbox"/> YES	<input type="checkbox"/> NO <i>(for tracking purposes only)</i>
GENDER:	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE <i>(for tracking purposes only)</i>
RACE / ETHNICITY CLASSIFICATION:	<hr/> <i>(for tracking purposes only)</i>	

Staple
2" x 2"
File Photo
(head shot)
Here

Application Packet should be arranged in the order below

(Do not write below this line)

- Application Coversheet – *Staple File Photo in upper right-hand corner of this form*
- Copy of Driver's License
- Waiver & Authorization for Release of Information
- Candidate's Personal History Statement and Affidavit
- MCOLES Testing:
 - Reading & Writing: [pass] [fail]
 - Physical Agility: [pass] [fail]
- Transcripts (proof of degree) _____ GPA: _____
- Proof of Citizenship
- Three Letters of Recommendation *(including Comm. Service Letter)*
- Resume

- Driving Record – S.O.S. _____
- Military Service Record - DD214 (*Military Veterans*)
- Autobiography
- Police Reports _____
- Proof of Adult & Pediatric First Aid, CPR, & AED certification (*has to be completed prior to the start date of the academy*)

POST APPLICATION DOCUMENTS

Submitted after receiving a Conditional Offer of Acceptance

(Do Not Submit These Documents with Initial Application)

- Conditional offer of acceptance issued:
 - [issued by] _____ [date] _____
- Physician's Statement of Applicant's Medical Condition
 - Hearing [pass] [fail] _____
 - Vision [pass] [fail] _____
- Accommodations Form
- Copy of Medical History Statement _____
- LiveScan Fingerprint Request Form

MCOLES Standards Compliance Verification

- Associate Degree or higher
- Valid Michigan Driver's License
- Passed MCOLES reading and writing test _____
- No felony / disqualifying misdemeanor conviction
- Fingerprint request form _____
- Oral board interview _____
- Background check _____
- Medical exam (vision, hearing, submitted medicalhistory) _____
- Psychological assessment (included in medical exam)
- Applicant at least 18 years old
- Passed physical agility test within 180 days prior to academy start _____
- United States Citizen



MCOLES
Michigan Commission on Law Enforcement Standards

Pre-Enrollment Physical Fitness Examination

PHYSICIAN'S HEALTH SCREENING FORM

Examinee's Name (Last, First, Middle)	Date of Birth (M/D/YYYY)	Social Security Number*
Address (Street, City, State, Zip)	Driver License Number	

Note to Examining Physician/Physician Assistant/Nurse Practitioner: *Your medical exam will attest that the examinee is physically capable of performing the following 4 exercises that are required to be performed during the MCOLES Physical Fitness Test.*

1. **Vertical Jump** The examinee performs 3 standing vertical jumps, one jump at a time, jumping as high as possible each time.
2. **Sit-Ups** The examinee must complete as many sit-ups as possible in 60 seconds. The back must be flat on the mat, knees bent 90%, feet flat on the floor, hands overlapped behind the head, without interlocking their fingers.
3. **Pushups** The examinee must complete as many pushups as possible in 60 seconds. The hands must be shoulder width apart on the floor, elbows extended, locked out; feet no more than 6 inches apart; legs, hips and torso move in the same plane.
4. **One-Half Mile Shuttle Run** The examinee runs 15 round trips between two pylons placed 88 feet apart for time.

Note to the examining physician/physician assistant/nurse practitioner: *You must sign below and provide the required information for this form to be valid. This health screening is valid for a period of 180 days from the date of the medical screening.*

My health screen of the above identified person reveals no apparent reason why this examinee cannot safely participate in the physical exercises described above.

Physician/Physician Assistant/Nurse Practitioner Name (Printed)	Phone No.	Medical License No.
Address (Street, City, State, Zip)		
Signature		Date

Examinee: You must bring this ORIGINAL form with you, signed and completely filled out by your physician/physician assistant/nurse practitioner when you arrive to take the pre-enrollment physical fitness test at an MCOLES authorized test site.

FAILURE TO FOLLOW THIS PROCEDURE AND/OR OBTAIN THE APPROPRIATE SIGNATURES WILL PREVENT YOU FROM PARTICIPATING IN THE MCOLES PHYSICAL FITNESS TESTING.

Examinee's Signature	Date
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*This information is confidential. Disclosure of confidential information is protected by the Federal Privacy Act.

Authority: PA 203 of 1965
Compliance: Voluntary
Penalty: No admission to test

Instructions for Post-Application Documents

There are several forms that must be submitted after the initial application and only if you receive a conditional offer of acceptance.

****Do Not submit any of the following forms with your initial application packet ****

LIVESCAN FINGERPRINT REQUEST

- ❑ The LiveScan Request Form already has Section I – “Authorizing Information” pre-filled-in. Complete the information in Section II – “Applicant Information,” print the form, and take it to a Law Enforcement Agency that uses a *LiveScan Fingerprint System*. You may need to schedule an appointment with the agency (advise them that your request for fingerprints is in regards to your Police Academy application). There may be a fee associated with this process.
- ❑ Point out the information in Section I to the LiveScan operator, specifically the Fingerprint Code "LEA," which must be used for MCOLES to receive the results of your prints.
- ❑ Your prints will be submitted electronically.
- ❑ After the Livescan Operator completes Section III - Livescan Information, ensure that they return the form to you, so that you may submit it with your post application documents.

MEDICAL DOCUMENTATION - Medical, vision and hearing tests must be completed no earlier than 180 days before the start of the academy (May 3, 2021). If you receive a conditional offer of acceptance, you will be able to complete the tests prior to the Post-Application Document submission dates. There is a fee associated with these tests so it is advisable to wait until you receive a conditional offer of acceptance before completing.

MEDICAL HISTORY STATEMENT FORM

- ❑ Type or print only.
- ❑ You must complete the medical history statement prior to your scheduled physical examination.
- ❑ ***Make one copy of the completed form prior to your exam (some doctors may keep the original document in their file) for submission with your application packet.***

PYHICIAN'S STATEMENT OF APPLICANT'S MEDICAL CONDITION FORM

- All sections must be completed. If mistakes are made, they must be corrected and initialed by the physician.
- For any "No" answers, the physician must provide written information in the Comments Section or provide a letter of explanation that is signed by the physician.
- The form must have the original signature of each physician. No facsimiles or signatures by other medical staff will be accepted.
- You must obtain the full name of the physician(s) addresses and medical license numbers.
- NOTE: all examination results are to be recorded on the provided form –Take the same form to all appointments if you will be seeing different providers.**

Hearing:

- Detailed Hearing Standard Instructions are included after the medical condition forms and should be read by the Hearing examiner.

Physical Examination:

- The examining physician should read the cover sheet and the Essential Job Functions of a Law Enforcement Officer form prior to completing the examination.
- Provide the physician the original Medical History Statement for review during the examination.
- The physician needs to complete Part II, Section – A, Section – D, and the Signature block at the bottom of page two.
- This form must be signed by a certified Occupational Health M.D. or D.O.

DECLARATION OF ACCOMMODATION(S) FORM

- Type or print only.
- The Accommodations Form must be completed by all candidates whether you require an accommodation or not.
- If you do not require accommodations, write "NONE" in the description box.**
- Failure to disclose an accommodation may result in your dismissal from the Academy.
- ANY accommodation such as hearing aids, glasses to correct vision, inhalers, time for taking examinations, or other accommodations related to a disability must be declared on this form.**
- Complete the information on the Training Academy line as follows: Grand Valley State University (GVSU-13).
- Do not sign this form. You are required to sign this form in the presence of the Academy Director.**

~ Medical, Hearing, And Vision Testing Location Recommendation ~

The following location is familiar with the standards required for MCOLES licensure. If you choose to use a different doctor, that doctor must be **Certified in Occupational Health**. A physical examination by a doctor who does not have that designation will not be accepted by MCOLES.

NOTE: When you schedule your appointment, identify yourself as an applicant to the GVSU Police Academy. Make sure the examiner reads and understands the criteria prior to your exams. ***Please ensure that you have all the forms when you leave the appointment or plan to pick them up if they need additional time to get the Doctor's signature. You must submit these forms (with signatures), do not let the test location mail the documents on your behalf.***

MEDICAL, HEARING, & VISION TESTS

MED-1 Leonard
1140 Monroe Ave NW
Suite 150
Grand Rapids, MI 49503
Phone: 616/459-6331
Fax: 616/459-2569

NOTE: If you have existing vision problems, please have these corrected before this appointment. This is not a corrective vision exam. This exam measures normal vision functions.

MICHIGAN COMMISSION ON LAW ENFORCEMENT STANDARDS

927 Centennial Way, PO Box 30633, Lansing MI 48909

517-636-7864

MEDICAL HISTORY STATEMENT

NOTE: After the medical examination is completed, the Medical History Statement should be retained by the examining physician or the law enforcement agency. Do not forward this form to the Michigan Commission on Law Enforcement Standards unless requested by MCOLES.

The Michigan Administrative code of 1979, as amended, requires that law enforcement officer applicants be examined by a licensed physician to ensure that the applicant is free of any physical defect or medical condition which might adversely affect job performance or endanger the life of the officer or others. Rules 28.14206(1)(c), 28.14207(f) and 28.14312(3) require that a declaration of the applicant's medical history be made available to the examining physician.

The information you provide in this statement is extremely important. It will be used by the examining physician to evaluate your medical fitness for the position of entry-level law enforcement officer. Therefore, please fill out the questionnaire completely and accurately. Please keep in mind that: (a) all statements are subject to verification, and (b) deliberate inaccuracies or incomplete statements may bar or remove you from employment.

This statement was designed to explore those areas that bear directly upon the physical demands of the position for which you are applying. A thorough and accurate evaluation of this information will contribute to sound employment decisions benefiting both you and your potential employer.

This statement is confidential. If hired, the information you provide will be a part of your medical record.

When answering "Yes" or "No" questions, place an "X" in the appropriate space. If you are unable to answer a question for any reason you will need to discuss the issue with the examining physician.

Type or print only:

Name: Last:	First:	Middle:	Suffix:
Social Security No.*:	Date of Birth:	Primary Phone No.:	Alternate Phone No.:
Residence Address (Street, City, State, Zip):			

I, the undersigned, do hereby consent to undergo a medical examination, including blood specimens, x-rays, skin tests, immunizations, and other examinations which the examiners may consider necessary to complete the medical evaluation.

Signature:	Today's Date:
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AUTHORITY: 203 PA 1965
 COMPLIANCE: Voluntary
 PENALTY: No License Activation/
 Academy Enrollment

* This information is confidential. Confidential information is protected by the Federal Privacy Act. If necessary, the Social Security Number will be used for identification purposes to ensure that proper records are obtained.

MEDICAL HISTORY STATEMENT

1. Have you been medically examined for employment with this agency before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. List all medications you regularly use, including vitamins, birth control pills, laxatives, aspirins, antihistamines, tranquilizers, and weight reducing aids.		
a. _____	b. _____	c. _____
d. _____	e. _____	f. _____
3. List any medications you have taken in the last 2 months (prescription and non-prescription).		
a. _____	b. _____	c. _____
d. _____	e. _____	f. _____
4. Name any drugs to which you may have ever had an allergic reaction.		
a. _____	b. _____	c. _____
5. List any other substances to which you are allergic, including food, insect stings, etc.		
a. _____	b. _____	c. _____
6. List your last 3 hospitalizations, beginning with the most recent (excluding routine childbirth).		
<u>Reason:</u>	<u>Hospital/City:</u>	<u>Month/Year:</u>
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____
7. List any operations you may have had which are not listed above.		
<u>Reason:</u>	<u>Hospital/City:</u>	<u>Month/Year:</u>
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____

MEDICAL HISTORY STATEMENT

8. Have you been rejected by the military for health reasons?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Were you ever in the Armed Services? If "YES", answer number 9a.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9a. Did you receive a medical discharge?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Have you ever made a claim for an occupational disease?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Have you ever made a claim for an industrial accident?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. Have you any claim now pending for any of the above?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. Do you have an educational or learning disability?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you have ever had or now have any of the following, check the appropriate box(es).		
14. Allergic rhinitis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
15. Anemia	<input type="checkbox"/> Yes	<input type="checkbox"/> No
16. Asthma	<input type="checkbox"/> Yes	<input type="checkbox"/> No
17. Bronchitis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
18. Cancer	<input type="checkbox"/> Yes	<input type="checkbox"/> No
19. Diabetes (sugar disease)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
20. Duodenal or stomach ulcer	<input type="checkbox"/> Yes	<input type="checkbox"/> No
21. Emphysema	<input type="checkbox"/> Yes	<input type="checkbox"/> No
22. Encephalitis, meningitis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
23. Gall bladder trouble	<input type="checkbox"/> Yes	<input type="checkbox"/> No
24. Glaucoma	<input type="checkbox"/> Yes	<input type="checkbox"/> No
25. Hay fever	<input type="checkbox"/> Yes	<input type="checkbox"/> No
26. Heart murmur, heart disease	<input type="checkbox"/> Yes	<input type="checkbox"/> No
27. Hiatal or diaphragmatic hernia	<input type="checkbox"/> Yes	<input type="checkbox"/> No
28. High blood pressure	<input type="checkbox"/> Yes	<input type="checkbox"/> No
29. Histoplasmosis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
30. Hyperthyroidism	<input type="checkbox"/> Yes	<input type="checkbox"/> No
31. Hypothyroidism	<input type="checkbox"/> Yes	<input type="checkbox"/> No
32. Kidney disease	<input type="checkbox"/> Yes	<input type="checkbox"/> No
33. Liver trouble or hepatitis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
34. Phlebitis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
35. Pneumonia	<input type="checkbox"/> Yes	<input type="checkbox"/> No
36. Rheumatic ever	<input type="checkbox"/> Yes	<input type="checkbox"/> No
37. Rheumatism, arthritis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
38. Scarlet fever	<input type="checkbox"/> Yes	<input type="checkbox"/> No
39. Sickle cell disease	<input type="checkbox"/> Yes	<input type="checkbox"/> No
40. Tuberculosis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
41. Typhoid fever	<input type="checkbox"/> Yes	<input type="checkbox"/> No
42. Valley fever	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(coccidioidomycosis)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
43. Varicose veins	<input type="checkbox"/> Yes	<input type="checkbox"/> No
44. Venereal disease(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(e.g. STDs, HIV, AIDS, etc.)		
45. Other (explain):		

46. Have you gained or lost more than 10 lbs. in the past 2 years without trying to do so?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
47. Have you had any changes in your appetite in the past 6 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
48. Have you noticed unusual fatigue or weakness recently?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
49. Have you been told by a doctor that you had trouble with your thyroid gland?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
50. Have you noticed changes in your hair or skin color or texture?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
51. Have you had a change in size or color of a mole (dark growth) or wart in the past year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

MEDICAL HISTORY STATEMENT

52. Do you have a skin rash, burning, itching or other skin sensitivity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
53. Have you had any skin cancers removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
54. Have you had bleeding gums in the past year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
55. Do you have frequent nosebleeds for no apparent reason?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
56. Do you frequently have sinus trouble?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
57. Do you have colds more than twice a year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
58. Have you ever coughed up blood?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
59. Have you had a chest X-ray in the past 2 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
60. Do you often cough up a large amount of mucus?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
61. Have you ever had a positive TB (tuberculosis) skin test?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
62. Do you have unusual shortness of breath?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
63. Do your ankles or feet often swell?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
64. Have you had a feeling of pressure or tightness in your chest in the past year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
65. Have you had pain in your chest in the past year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
66. Do you sometimes wake up at night short of breath?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
67. Do you get pains or cramps in the back of your legs while walking?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
68. Do you get pains or cramps in your legs at night?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
69. Do you smoke cigarettes? If "Yes", how many packs per day? _____ packs/day	<input type="checkbox"/> Yes	<input type="checkbox"/> No
70. Do you use any other forms of tobacco (e.g., cigars, pipe, snuff, etc.)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
70a. If "YES", what form? _____		
71. Do you sometimes have severe soakings sweats at night?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
72. Have you had an electrocardiogram (ECG, EKG) in the past 2 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
73. Do you suffer from indigestion?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
74. Is swallowing painful or difficult for you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
75. Do you frequently have pain in your stomach or abdomen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
76. Do you frequently take antacid medications, such as Tums or Rolaids?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
77. Have you vomited blood or coffee ground-like material?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
78. Are your bowel movements ever black or bloody?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
79. Are your bowel movements ever painful?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
80. Have you ever had hemorrhoids?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
81. Do you frequently get up at night to urinate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
82. Do you ever have difficulty stopping or starting urination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
83. Have you had pain or burning with urination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

MEDICAL HISTORY STATEMENT

84. Has your urine ever been red, black, brown, or bloody?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
85. Have you ever been told by a doctor that you had sugar or pus in your urine?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
86. Have you ever had a bladder or kidney infection?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
87. Have you ever passed a kidney stone?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
88. Have you ever had a hernia (rupture)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
89. Have you ever had a minor neck or back sprain? If "YES", answer the following questions. ____		
89a. How many times have you had an attack of this condition?	____	
89b. How many days were you unable to work because of this condition?	____	
90. Have you ever had a severe neck or back injury or an episode of severe neck or back pain? If "Yes", answer the following questions. ____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
90a. How many times have you had an attack of this condition?	____	
90b. How many days were you unable to work because of this condition?	____	
91. Have you had problems with low back pain?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
92. Have you ever experienced muscle injuries?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
92a. How many times have you had a pulled muscle?	____	
92b. How many times have you had a torn muscle?	____	
93. Have you ever had a problem with any bones or joints, including fractures, dislocations, limitations of movement, stiffness, or pain? If "YES" describe the problem below.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
94. Have you had any fainting spells?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
95. Have you had any seizures or epilepsy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
95a. If "Yes", how many times?	____	
95b. When was the last incident?	____	
96. Have you had a skull fracture or a head injury?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
96a. If "Yes", did you experience a loss of consciousness?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
97. Have you ever experienced a concussion?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
97a. If "Yes", how many times?	____	
97b. When was the last incident?	____	
98. Have you ever had an Electroencephalogram (EEG)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
99. Do you suffer from migraine headaches or other bad headaches?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
100. When you have a headache is it relieved by aspirin?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

MEDICAL HISTORY STATEMENT

101. Do you have earaches or ear infections often?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
102. Do you have ringing or buzzing noises in your ears?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
103. Do you sometimes have difficulty hearing what is said to you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
104. Have you ever been prescribed hearing aids?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
105. Have you had any serious eye infections or injury?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
106. Does your eyesight ever blur?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
107. Have you had any sudden loss in your vision?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
108. Have you ever been prescribed glasses or contact lenses?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
109. Are you currently suffering from a mental or emotional problem (e.g. depression, PTSD)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
110. Have you ever had counseling for a mental or emotional problem?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
111. Have you ever been diagnosed as having a mental or emotional or mental disorder/illness?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
112. Have you ever been hospitalized for treatment of a psychological condition?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
113. Have you ever taken a prescription drug to treat a psychological condition?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
114. Have you ever been treated or received counseling for an alcohol abuse problem?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
115. Have you ever received treatment for the use of recreational drugs and/or the abuse of prescription drugs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
116. Have you ever taken steroids or human growth hormones?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
117. If you answered "Yes" to any of the questions for numbers 109-116, please describe below.		

MEDICAL HISTORY STATEMENT

MEN ONLY

118. Have you ever been told by a doctor that you had prostate trouble?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
119. Have you ever had an infection in your prostate gland?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
120. Have you ever had a swelling or pain in your scrotum or testicles?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

WOMEN ONLY

121. Do you have monthly menstrual periods?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
121a. What was the date of your last period?		
122. Are your menstrual periods painful?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
122a. What was the date of your last pap smear?		
123. Have you ever noticed any unusual lumps in your breast?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
124. Have you ever noticed a discharge from your nipples when you were neither pregnant nor nursing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
125. How many times have you been pregnant?		
126. Have you ever had complications during pregnancy or following the delivery of a child?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
127. Are you pregnant now or believe you may be pregnant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

128. Describe anything else which you feel may be important in your medical history, including any conditions not specifically referred to in the preceding questions.

I hereby certify that all statements made in this Medical History Statement are *true and complete*, and I understand that any misstatements of material facts may subject me to dismissal from training, denial of licensing, or revocation of my law enforcement license.

Signature

Date Completed

MICHIGAN COMMISSION ON LAW ENFORCEMENT STANDARDS

927 Centennial Way, P.O. Box 30633, Lansing, MI 48909

517-636-7864

PHYSICIAN'S STATEMENT OF APPLICANT'S MEDICAL CONDITION

The State of Michigan has mandated that an applicant for law enforcement officer licensing must meet the minimum employment standards published by the Michigan Commission on Law Enforcement Standards (MCOLES). The medical standards are administrative law published in the Michigan Administrative Code of 1979, as amended. Rule 28.14204 requires that applicant must:

Possess adequate hearing, normal color vision and normal visual functions and acuity in each eye (corrected to 20/20). Be free from any physical defects, chronic diseases, organic or functional conditions, or mental or emotional instabilities⁺ which may tend to impair the efficient performance of a law enforcement officer's duties or which may endanger the lives of others or the law enforcement officer.

The administrative law requires that a law enforcement officer applicant be given a comprehensive physical examination by a licensed physician to determine both the applicant's compliance with the law and his or her fitness for performance of the job requirements of a law enforcement officer. The Essential Job Functions are listed on the following page. The law also requires the applicant to provide the physician with the applicant's declaration of medical history on the MCOLES Medical History Statement.

In order to satisfy the intent of the law, it is important that the physical examination includes the body systems to determine whether the applicant has a medical or physical condition that would tend to impair the applicant's efficient performance of a law enforcement officer's duties or which might endanger the lives of others or the law enforcement officer.

Your examination is to include:

Integumentary System
Head, Larynx, Neck, Nose, Oral Cavity, Paranasal Sinuses, and Pharynx
Chest Wall and Respiratory System
Cardiovascular System
Gastrointestinal System
Musculoskeletal System
Nervous System and Organs of Special Sense
Endocrine and Metabolic System
Hematopoietic System
Other Medical Conditions

Questions related to the Commission's medical standards or the examination process should be addressed to the Michigan Commission on Law Enforcement Standards at 517-636-7864.

⁺**NOTE TO EMPLOYING AGENCIES:** Use of a licensed psychologist, in lieu of a physician, to assess the mental and emotional stability of applicants is left to the discretion of the employing agency. If the assessment is done by a licensed psychologist, the psychologist must sign in the appropriate area of **Section D**.

Essential Job Functions of a Law Enforcement Officer

1. Affect an arrest, forcibly if necessary, using handcuffs and other restraints.
2. Climb over obstacles; climb through openings; jump down from elevated surfaces; jump over obstacles, ditches and streams; and crawl in confined areas to pursue, search, investigate and/or rescue.
3. Communicate effectively over law enforcement radio channels while initiating and responding to radio communications, often under adverse conditions such as siren usage and high-speed vehicle operation.
4. Communicate verbally and effectively by listening to people and giving information, directions, and commands.
5. Operate an emergency vehicle; during the day and night; in emergency and pursuit situations involving speeds in excess of posted limits, while exercising due care and caution; and, in congested traffic, unsafe road conditions, and environmental conditions such as fog, smoke, rain, ice and snow.
6. Load, aim, and fire handguns, shotguns, and other agency-specific firearms from a variety of body positions in situations that justify the use of deadly force while maintaining emotional control under extreme stress.
7. Conduct searches of buildings and large outdoor areas that may involve walking and/or standing for long periods of time.
8. Exercise independent judgment within legal guidelines, to determine when there is reasonable suspicion to detain, when probable cause exists to search and arrest and when force may be used and to what degree.
9. Gather information in criminal investigations by interviewing and obtaining the statements of victims, witnesses, suspects and confidential informants.
10. Identify wanted persons and vehicles; and, locate stolen property and identify potential evidence, which requires the ability to distinguish color and perceive shapes.
11. Manage interpersonal conflicts to maintain order.
12. Enter and exit vehicles quickly to perform rescue operations, pursue a suspect or answer an emergency call.
13. Perform law enforcement patrol functions while working rotating shifts and unanticipated overtime.
14. Perform tasks that require lifting, carrying, or dragging people or heavy objects while performing arrest, rescue, or general patrol functions.
15. Perform searches of persons which involve touching and feeling to detect potential weapons and contraband.
16. Prepare investigative and other reports, including sketches, using appropriate grammar, symbols and mathematical computations.
17. Pursue fleeing suspects on foot both day and night in unfamiliar terrain.
18. Read and comprehend rules, regulations, policies, procedures and the law for purposes of ensuring appropriate officer behavior/response and performing enforcement activities involving the public.
19. Subdue resisting subjects using hands and feet while employing subject control maneuvers or approved non-lethal weapons.
20. Use body force to gain entrance through barriers to search, seize, investigate and/or rescue.
21. Perform other essential tasks as identified by the employing agency and/or the Michigan Commission on Law Enforcement Standards job-task analysis.

PHYSICIAN'S STATEMENT OF APPLICANT'S MEDICAL CONDITION**PART I: APPLICANT INFORMATION**

Name: Last:	First:	Middle:	Suffix (Jr, Sr, III):
Social Security Number*:	Date of Birth: Driver's License Number:		
Agency Requesting Medical Exam:			

PART II: TO BE COMPLETED BY EXAMINING PHYSICIAN

Date Medical Exam Conducted:	Applicant's completed Medical History Statement provided to Examining Physician as required:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Instructions:	Please respond to EACH item		
<p>Each of the below criteria are to be considered as to their impairment of the ability to perform the essential job functions of a law enforcement officer, or which may endanger the lives of others or the law enforcement officer.</p> <p>If any box is checked "NO" or there are any remarks regarding a "YES" answer, the physician must attach an explanation, with his/her signature, to this form. The explanation should include the exact nature of the medical condition, any treatment currently being provided to the candidate and any other information that the examining physician believes is appropriate.</p> <p>If Sections B, C, and/or D are conducted by a medical provider other than the examining physician conducting the screening in Section A, the medical provider's information and signature should be entered in the available fields for that section.</p>			

A. Physical Condition	Comments	
Free from physical defects?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Free from chronic diseases?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Free from organic diseases?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Free from organic or functional conditions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

B. Vision		Examination date if different than above:	
Right eye uncorrected 20/20 vision or better?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If "No": Right eye corrected to 20/20 or better?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Left eye uncorrected 20/20 vision or better?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If "No": Left eye corrected to 20/20 or better?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Peripheral vision: Free from large scotomas?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Horizontal binocular field = or > 120 degrees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Total vertical field = or > 100 degrees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Stereopsis: 80 seconds of arc or better, and/or dot #6	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Color vision: Must test the unaided eye. X-Chrom lenses or colored spectacle lenses are not allowed.			
Type of pseudoisochromatic plates test administered:	Note: A minimum of 14 plates must be viewed.		
Number of plates viewed:	Number of plates correctly identified:	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Farnsworth D-15 panels: If used or applicant fails pseudoisochromatic plates, contact MCOLES at 517-636-7864.			
Examiner signature (if other than physician):		Printed name:	
Address:	Date:	Phone:	

- Continued on next page -

AUTHORITY: 203 PA 1965 COMPLIANCE: Voluntary PENALTY: No License Activation/ Academy Enrollment	* This information is confidential. Confidential information is protected by the Federal Privacy Act. If necessary, the Social Security Number will be used for identification purposes to ensure that proper records are obtained.
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Name: Last:	First:	Middle:	Social Security Number:
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C. Hearing		See full instructions on following page.	Examination date if different than above:			
Unaided Criteria I:						
Pure tone sensitivity thresholds shall not exceed a level of 25 dBHL at 500, 1000, 2000, 3000, and 45 dBHL at 4000 Hz.				<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	
Unaided Criteria II: Required only if applicant fails Unaided Criteria I						
4-frequency average pure tone sensitivity thresholds shall not exceed 25 dBHL at 500, 1000, 2000, & 3000 Hz.				<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	
No one frequency poorer than 35 dBHL:						
500 Hz	Right:	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	Left:	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
1000 Hz		<input type="checkbox"/> Pass	<input type="checkbox"/> Fail		<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
2000 Hz		<input type="checkbox"/> Pass	<input type="checkbox"/> Fail		<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
3000 Hz		<input type="checkbox"/> Pass	<input type="checkbox"/> Fail		<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Speech recognition in an audiometric sound field shall be 90% or better in both ears.	%	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	%	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Speech recognition for both ears in soundfield (with a +5 S/N ratio) will be 70% or better. Speech stimuli shall be presented at 50 dB.	%	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	%	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Aided Criteria: Required only if applicant fails Unaided Criteria I and Unaided Criteria II						
Average aided pure tone sensitivity thresholds shall not exceed 25 dBHL at 500, 1000, 2000, & 3000 Hz.				<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	
No one frequency poorer than 35 dBHL:						
500 Hz	Right:	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	Left:	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
1000 Hz		<input type="checkbox"/> Pass	<input type="checkbox"/> Fail		<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
2000 Hz		<input type="checkbox"/> Pass	<input type="checkbox"/> Fail		<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
3000 Hz		<input type="checkbox"/> Pass	<input type="checkbox"/> Fail		<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Speech recognition in an audiometric sound field shall be 90% or better in both ears.	%	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	%	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Speech recognition for both ears in soundfield (with a +5 S/N ratio) will be 70% or better. Speech stimuli shall be presented at 50 dB. In the case where only 1 ear has been fitted with an aid, the unaided ear shall not be plugged or masked.	%	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	%	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Examiner signature (if other than physician):			Printed name:			
Address:		Date:	Phone:			
<input type="checkbox"/> Audiologist (required for Unaided II or Aided)		<input type="checkbox"/> Certificate of Clinical Competence		<input type="checkbox"/> OHC	<input type="checkbox"/> NBC-HIS	

D. Mental and Emotional		Examination date if different than above:		
Note: This standard may be assessed by licensed psychologist.				
Free from mental or emotional instability?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Supervising/Licensed Psychologist (if applicable):			Professional License Number:	
I certify that I have examined this person for mental and emotional stability.				
Signature:		Printed name:		
Address:		Date:	Phone:	

Examining Physician:		Medical License Number:	
I certify that I have examined this person for compliance with the MCOLES minimum medical standards.			
Signature:		Printed name:	
Address:		Date:	Phone:

Hearing Standard Instructions

Law enforcement officer candidates shall pass Unaided Criteria I, **or** Unaided Criteria II, **or** the Aided Criteria. For Unaided Criteria I and II, all testing is to be done on each ear unaided. The Aided Criteria involves testing with one or both ears aided.

Throughout the standard, the intensity of auditory stimuli shall be expressed in decibels relative to normal hearing levels as defined by the American National Standards Institute S3.6-1989. The testing for Unaided Criteria I shall be performed by: (1) an audiologist at a hearing clinic accredited by the Professional Services Board of the American Speech-Language-Hearing Association; **or** (2) an audiologist who has a Certificate of Clinical Competence; **or** (3) an Occupational Hearing Conservationist (OHC) who is certified by the Council for Accreditation of Occupational Hearing Conservationists **or** (4) a Hearing Care Practitioner certified by the National Board for Certification in Hearing Instrument Science (NBC-HIS).

Testing for Unaided Criteria II and Aided Criteria shall **only** be performed by an audiologist who meets the aforementioned professional criteria [see (1) and (2) above].

UNAIDED CRITERIA I:

Pure tone air conduction sensitivity thresholds for each ear, as shown on the pure tone audiogram shall not exceed a hearing level of 25 decibels at any of the following frequencies: 500, 1000, 2000, 3000, and 45 decibels at 4000 Hertz.

UNAIDED CRITERIA II: (a + b + c)

- a. A four frequency average pure tone sensitivity threshold for each ear, as derived from the pure tone air conduction audiogram at 500, 1000, 2000, and 3000 Hertz shall not exceed a hearing level of 25 decibels with the hearing threshold level at no single frequency poorer than 35 decibels.
- b. Speech recognition scores measured under audiometric earphones shall be 90 percent or better in each ear at 50 decibels in quiet, using full lists of recorded phonetically balanced words, which are age appropriate.
- c. The speech recognition score for both ears measured at the same time in an audiometric sound field shall be 70 percent or better at a +5 decibel signal-to-noise ratio. For this measurement, speech stimuli and competing speech noise shall be presented through the same loudspeaker, or two loudspeakers stacked vertically, at zero degree azimuth. Speech stimuli shall be presented at 50 decibels, using a full list of recorded phonetically balanced words, which are age appropriate.

AIDED CRITERIA: (a + b + c)

- a. Average aided hearing levels, as derived from sound field measures for the frequencies 500, 1000, 2000, and 3000 Hertz in each ear, shall not exceed a hearing level of 25 decibels, with no single frequency poorer than 35 decibels. Measurements shall be made monaurally in an audiometric sound field with the unaided (nontest) ear plugged, or when necessary, effectively masked. Test signals shall consist of either frequency-specific modulated tones or narrow band noise, presented through a loudspeaker at zero degree azimuth, and results shall be expressed as aided hearing levels.
- b. Aided speech recognition scores shall be 90 percent or better in each ear. Testing shall be administered at 50 decibels in quiet, using full lists of recorded phonetically balanced words, which are age appropriate. Measurements shall be made monaurally in an audiometric sound field with the loudspeaker at zero degree azimuth and the unaided (non-test) ear plugged or, when necessary, effectively masked.
- c. The aided speech recognition score for both ears, measured at the same time in the audiometric sound field, shall be 70 percent or better at a +5 decibel signal-to-noise ratio. For this measurement, either one or both ears shall be fitted with a hearing aid, and in the case where only one ear has been fitted with a hearing aid, the unaided ear shall not be plugged or masked. For this measurement, speech stimuli and competing speech noise shall be presented through the same loudspeaker, or two loudspeakers stacked vertically at zero degree azimuth. Speech stimuli shall be presented at 50 decibels using a full list of recorded phonetically balanced words, which are age appropriate.

MICHIGAN COMMISSION ON LAW ENFORCEMENT STANDARDS DECLARATION OF ACCOMMODATION(S) FORM

Candidate's Name: _____

Social Security Number: _____

Training Academy: _____

Training Dates: Start Date: _____ Finish Date: _____

VISION

In order to meet the Commission's minimum vision standards, I am required to wear/use corrected lenses.

HEARING

In order to meet the Commission's minimum hearing standards, I am required to wear/use:

- Hearing aid in right ear
- Hearing aid in left ear
- Hearing aids in both ears

DISORDERS, DISEASES, PHYSICAL DEFECTS, ORGANIC OR FUNCTIONAL CONDITIONS

In order to meet the Commission's minimum medical standards, I am required to wear/use the following accommodation (includes medications):

Description:

I have been advised and acknowledge that I shall wear/use the above-declared accommodation(s) in all phases of training, and as a condition of meeting the Commission's minimum employment standards necessary for certification.

NONE

I declare I do not need any accommodation in order to meet the Commission's minimum medical standards, including medications.

I hereby certify that all statements made on this Declaration of Accommodation(s) Form are true and complete, and I understand that any misstatements of material facts will subject me to disqualification or dismissal from the Commission basic training program.

Signature of Candidate	Date
Signature of Training Director	Date

LIVE SCAN FINGERPRINT BACKGROUND CHECK REQUEST

Purpose: To conduct a civil fingerprint-based background check for employment, to volunteer, or for licensing purposes as authorized by law.
Instructions: See page two.

I. Authorizing Information

1. Fingerprint Reason Code LEA	2. Requestor/Agency ID 93887H	3. Agency Name MCOLES- GRAND VALLEY STATE UNIVERSITY	4. Individual ID (MNU-OA) GVSU
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II. Applicant Information: Type or clearly print answers in all fields before going to be fingerprinted.

1a. Last Name	1b. First Name	1c. Middle Initial	1d. Suffix		
2. Any Alternative Names, Last Names, or Aliases		3. Social Security Number (Optional)			
4. Place of Birth (State or Country)	5. Date of Birth	6. Phone Number	7. Driver's License / State ID Number	8. Issuing State	
9. Home Address		10. City		11. State	12. ZIP Code
13. Sex	14. Race	15. Height	16. Weight	17. Eye Color	18. Hair Color

III. Live Scan Information

1. Date Printed	2. Picture ID Type Presented	3. Transaction Control Number (TCN)	4. Live Scan Operator*
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* When an individual ID is provided, please enter the ID into the Miscellaneous Number (MNU) field on the Live Scan device. Select OA - Originating Agency Identifier and then enter the unique identifier in the Identification Code field.

IV. Privacy Act Statement

Authority: Acquisition, preservation, and exchange of fingerprints and associated information by the Federal Bureau of Investigation (FBI) is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine Uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or publicsafety.

V. Procedure to Obtain a Change, Correction, or Update of Identification Records

If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections, or updating of the alleged deficiency; he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency. (28 CFR § 16.34)

VI. Consent

I understand that my personal information and biometric data being submitted by Live Scan, will be used to search against identification records from both the Michigan State Police (MSP) and the FBI for the purpose listed above. I hereby authorize the release of my personal information for such purposes and release of any records found to the authorized requesting agency listed above.

Signature:

Date:

INSTRUCTIONS

Section I:

Authorizing Information:

This section is to be completed by the agency authorized to request civil fingerprint-based background checks.

1. Fingerprint Code:

The fingerprint code identifies the authorizing purpose in law allowing the agency to request the civil fingerprint-based background check. For example, School Employment (SE), Child Protection Volunteer (CPV), Health Care employment (HC).

2. Requesting Agency Identification (ID):

The requesting agency ID is assigned to your agency by the MSP. No request for fingerprinting can be completed without an agency ID. Please ensure the correct fingerprinting reason code and agency Identification is used. The MSP will charge for second requests due to incorrect codes.

3. Agency Name:

The agency name is the legal name of the authorized agency. For schools specifically, the agency name is the name recognized by the Michigan Department of Education.

4. Individual ID (MNU-OA)

The Individual ID is a unique identifier specific to the individual requested to submit fingerprints. An ID such as a state issued licensing number, a Personnel Identification Code (PIC) number, or other similar uniquely issued identifier/number.

Section II:

Applicant Information:

This section can be completed by the authorized agency, the individual, or as a joint effort by both. Section II specifically pertains to the demographic information needed in order to obtain the biometric data of the applicant and is a unique identifier specific to the applicant.

Section III:

Live Scan Information:

This section is required to be completed by the Live Scan vendor operator and must be completed at the time of fingerprinting. After fingerprinting, the applicant shall return this signed and completed document to the requesting agency. The Live Scan operator must return a completed copy of the form to the applicant.

Private Live Scan Vendors – Michigan:

A1 Fingerprints of Michigan, LLC

248-385-1344

www.A1fingerprints.com

BGI Associates, LLC

616-239-1040

This vendor also processes fingerprint cards for Non-Michigan residents for fingerprint reasons that are not under state contract. Visit www.bgiassociates.com for further information.

DK Security

800-535-0646

www.dksecurity.com

Fingerprint & Go

5820 North Canton Center Road

Suite 115

Canton, Michigan 48187

734-865-0300

fingerprintandgo@gmail.com

Genesee Intermediate School District

810-591-4400

<https://www.geneseeisd.org>

Identogo (formerly L-1 Enrollment, by MorphoTrust)

866-226-2952

This vendor also processes fingerprint cards for Non-Michigan residents for fingerprint reasons that are under state contract. Visit www.identogo.com for further information.

IDK Fingerprinting

810-422-7895

Rlement01@gmail.com

www.idkfingerprinting.com

Mosley's Mobile Notary and Fingerprinting

313-884-5606

www.mosleymobilenotary.com

NAIAS Security Services

248-458-1354

www.naiassecurityservices.com

Oakland Schools

2214 Mall Drive East

Waterford, MI 48328

248-209-2370

www.osfingerprint.com

Royal Printing

586-943-7037 or

586-718-8426

Royalprinting123@aol.com

This vendor also processes fingerprint cards for Non-Michigan residents for fingerprint reasons that are not under state contract. Visit www.royalfingerprinting.com for more information.

Teachout Security Solutions, Inc.

810-732-4849

www.teachoutsecurity.com

NOTE: Many law enforcement agencies also take fingerprints for licensing and employment. Please call ahead to check availability and cost – See attached GVPD flyer.



FINGERPRINTING NOW AVAILABLE!

GVPD is offering fingerprinting services to **current GVSU Students, Faculty and Staff** for employment and licensing purposes.

Services available by appointment only.

Cost: \$55

Pre-Pay with credit
card or charge
student account

For more information or to make an
appointment, please visit:
www.gvsu.edu/dps/fingerprints

Call (616) 331-6192 or email
GVPDfingerprinting@gvsu.edu
with any questions

