

Council on Law Enforcement Education and Training



Basic Reserve Officer Training **Student Enrollment Packet**

Applicant's Full Name: _____
Commissioning Agency: _____
Reserve Academy Number: _____

DO NOT LEAVE ANY BLANK SPACES

CLEET BASIC RESERVE APPLICATION PROCEDURE

The procedure for enrolling in a CLEET Basic Reserve Academy is as follows:

1. Initial issue of enrollment booklet will be made by the Reserve Academy Coordinator to the applicant's commissioning agency. (Title 70, O.S., Section 3311 requires the commissioning agency to submit an Notice of Employment within ten (10) days of "hire." For the purpose of this training, it is understood that the applicant is a sworn and commissioned peace officer of the sponsoring agency, subject to limitations that the agency may establish.)
2. A **properly completed** CLEET Reserve Academy Student Enrollment Packet **must be submitted prior to admission to an academy. Applicant will not be allowed to attend academy unless the application has been received by the CLEET Field Representative and is 100% complete.**
3. This packet includes:
 1. Cover Sheet
 2. Application Procedure
 3. A completed Notice of Employment
 4. Application to Attend
 5. Acknowledgment of Conditions To Attend
 6. Affidavit Verifying Lawful Presence In The United States of America
 7. Department of Mental Health and Substance Abuse Services consent form
 8. Weapon Selection
 9. First Aid/Adult / Child and Infant CPR Card (copy of front & back)
 10. Copy of Front & Back of Cross-Deputization Commission Card (Tribal Law Enforcement Only)
 11. Medical and Fitness Information
 12. Medical and Fitness Information cont.
 13. Physician's Release
 14. Reading, Writing, and Comprehension Examination
 15. Authority to Release Information and Participant Notification
4. Applicants are required to be twenty-one (21) years of age to attend an academy. Applicants must be a United States citizen or provide proof of resident alien status, pursuant to an employment eligibility verification form from the United States Immigration and naturalization Service.
5. **The Academy Coordinator will be responsible for the completeness of this application and will submit it to the Field Representative no later than the date of opening. The applicant must understand that any variance from the requirements of this application will place the student's continued attendance in jeopardy.**
6. Applicants may be rejected for:
 - A. Failure to complete the Enrollment Package, failure to successfully pass the reading, writing, and comprehension examination, or failure to provide any requested documents.
 - B. Failure to meet mandated training and certification standards.
 - C. Intentional omission or falsification of any question or form is a felony punishable by imprisonment in the Oklahoma Department of Corrections for a term of not less than neither two (2) years nor more than five (5) years, or by a fine not exceeding Two Thousand Dollars (\$2,000.00), or by both such fine and imprisonment.
7. In addition to requirements of Title 70 O.S., Section 3311, Municipal reserve officers are subject to provisions of Title 11 O.S., 34-101 and County reserve officers are subject to Title 19 O.S., Section 547. Reserve Game Wardens are subject to provisions of Title 74 O.S., 1991, Section 360.17(C) and 11 O.S., 1991, Section 34-101(B).

NOTIFICATION OF EMPLOYMENT/TERMINATION

Council on Law Enforcement Education and Training
2401 Egypt Road, Ada, Oklahoma 74820-0669

Phone: 405-239-5100 Fax: 405-239-5190

DUE WITHIN 10 DAYS OF EMPLOYMENT/TERMINATION

COMPLETE ALL REQUIRED FIELDS - COMPLETE EITHER FULL-TIME OR RESERVE

Form section for selecting employment type (Full-time Officer or Reserve Officer) and certification status (Not Certified, Certified in Oklahoma, etc.).

AGENCY DATA section for providing agency name, address, city, state, zip, county, department head, and contact information.

EMPLOYEE DATA section for providing employee last name, first name, MI, sex, DOB, SSN, race, home phone, and home address.

EMPLOYEE ATTESTATION section for employee to certify appointment date, position, and provide a signature and date.

AGENCY ADMINISTRATOR ATTESTATION section for agency administrator to certify background and psychological evaluations, and provide a signature and date.

70 O.S. §3311 section for reporting termination or resignation, including date of termination and reasons (Resigned, Discharged, Retired, Deceased, etc.).

Sworn and subscribed before me this ___ day of ___, 20__

Notary Public My Commission # ___ Expires: ___/___/___ (Seal) Revised 01262015

INSTRUCTIONS FOR APPLICANT: The information you provide in this Reserve Academy Application Packet will be used to determine whether or not you fulfill the requirements as defined in 70 O.S. Section 3311 of the Oklahoma State Statutes for acceptance in the Basic Reserve Academy. This form must be printed clearly in black ink. All statements in this form are subject to verification. You will be required, prior to acceptance for the Reserve Basic Academy, to answer all questions and forms completely, accurately, and to provide a copy of all required documents herein. *This application must be completed and turned in before attending the academy.*

APPLICATION TO ATTEND

APPLICANT INFORMATION

E-mail Address: _____ Occupation: _____

SSN: _____ Last Name: _____ First: _____ MI: _____

DOB: _____ Place of Birth: _____ Sex: _____ Race: _____

Home/Daytime Telephone: () _____ Cell phone () _____

Home Address: _____
Street City State Zip

Education: (If no college, check here)

College # Hours: _____ Degree: _____ University/College Attended: _____

O.S. Title 70, Section 3311 states in part "No person shall be certified as a police or peace officer ... unless the OSBI and FBI have reported that such person has no record of a conviction of a felony, a crime involving moral turpitude, or a crime of domestic violence..."

Have you ever been convicted of a felony, a crime involving moral turpitude, or a crime of domestic violence in any state or federal court? Yes No

Are you currently participating in a deferred sentence for a felony, a crime involving moral turpitude or a domestic violence offense? Yes No

Are you the recipient / defendant of a valid permanent victim's protection order? Yes No

Effective November 1, 2001 CLEET is required to make inquiry to determine that any applicant for peace officer certification is not currently undergoing treatment for a mental illness, condition or disorder and that the applicant has never been involuntarily committed to an Oklahoma state mental institution.

Are you currently undergoing treatment for a mental illness, condition or disorder? Yes No

Have you ever been involuntarily committed to an Oklahoma state mental institution? Yes No

AGENCY INFORMATION

Agency: _____ Phone: _____ Fax: _____

Address: _____
Street City Zip

Agency Head: _____
Name Title

ACKNOWLEDGMENT OF CONDITIONS TO ATTEND (RESERVE ACADEMY)

I _____, of the _____,
(Name of Agency Head / Administrator) (Agency Name)
acknowledges _____ and I
(Applicant's Name)

attest and certify as follows:

- The aforesaid applicant is a commissioned, reserve peace officer with my agency, and that I have read the conditions of the applicant's acceptance and participation.
- I am authorized by my governing entity to appoint this applicant as a commissioned reserve peace officer.
- I have conducted a background investigation and the applicant has no disqualifying criminal convictions / adjudications.
- The applicant meets the minimum mandated requirements for peace officer training and certification
- I have made a reasonable inquiry and found that the applicant is not currently undergoing treatment for a mental illness, condition, or disorder. For purposes of 70-3311, subsection E, "currently undergoing treatment for mental illness, condition, or disorder" means the person has been diagnosed by a licensed physician or psychologist as being afflicted with a substantial disorder of thought, mood, perception, psychological orientation, or memory that significantly impairs judgment, behavior, capacity to recognize reality, or ability to meet the ordinary demands of life and such condition continues to exist.
- The applicant is covered under the OK Workers Compensation Act by my agency and governing body. I understand that in the event of illness or injury to applicant, the full medical expense pertaining thereto will be borne by applicant or this employing agency.

I have read and reviewed the completed information contained in this packet and certify that it is correct. I understand that submitting any false or fraudulent information is a felony punishable by imprisonment in the Department of Corrections for a term of not less than two (2) years nor more than five (5) years, or by a fine not exceeding Two Thousand Dollars (\$2,000.00), or by both such fine and imprisonment.

Original Signature of Chief, Sheriff or Agency Head

Date: _____

Subscribed and sworn before me this _____ day of _____, 2_____.

Signature Notary Public: _____

Commission # _____ My Commission expires: _____

AFFIDAVIT VERIFYING LAWFUL PRESENCE IN THE UNITED STATES OF AMERICA

Council on Law Enforcement Education and Training
2401 Egypt Road, Ada, OK 74820

AFFIDAVIT VERIFYING LAWFUL PRESENCE IN THE UNITED STATES OF AMERICA

Instructions: Effective 11/1/2007, all natural persons fourteen (14) years of age or older and present in the United States, applying for a license (new or renewal) or certification with CLEET are required, by the provisions of 56 O.S. Supp. 2007 Section 71, to provide CLEET with verification of lawful presence in the United States by executing an Affidavit before a notary. Please complete the following affidavit. Select one of the options below by placing your initials on the line in front of the appropriate option, have the form notarized and return to the address on the top of this form.

Affidavit of: Last Name: _____ First Name: _____ Initial: _____
[Print or type Applicant's Full Name]

STATE OF OKLAHOMA)
COUNTY OF _____) ss:

I, _____, of lawful age, being first duly sworn, upon oath states, under penalty of perjury, as
(Applicant's name)

follows: (**Initial One Option** below)

_____ **Option 1 - Verification of Citizenship:** I am a United States Citizen.

_____ **Option 2 - Affidavit Verifying Qualified Alien Status:** I am a qualified alien under the federal Immigration and Naturalization Act, and I am lawfully present in the United States. For verification purposes, the U.S. Citizenship and Immigration services require the I-94 Number and Alien Number. Please list your number(s) below.

I-94 Number: _____

Alien Number: _____

(Signature of Applicant)

Subscribed and sworn before me this _____ day of _____, 2_____.

by _____:
(Print Applicant's Name)

Signature Notary Public: _____

Commission # _____ My Commission expires: _____

(Seal)

Notice: Any person who knowingly and willfully makes a false, fictitious or fraudulent statement of representation in this affidavit shall be subject to criminal penalties provided in 56 O.S. Supp. 2007 Section 71.

DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES CONSENT FORM

DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

I, _____, SSN: _____ - _____ - _____ SEX: _____ DOB: _____ / _____ / _____,
(Print full name including middle initial)
residing at _____, in the city of _____,
County of _____, OK.

Authorize the Department of Mental Health and Substance Abuse Services to release to the Council on Law Enforcement Education and Training (CLEET) information concerning whether I have ever been involuntarily committed to an Oklahoma state mental institution. This authorization is given as part of my CLEET application for: **Reserve Peace Officer Certification.**

This consent shall expire upon notification from CLEET that I am accepted to attend or denied attendance in the CLEET reserve basic peace officer academy. I hereby acknowledge that this consent for the release of information is given freely and voluntarily. I understand that I may revoke this consent (in writing) at any time unless action has already been taken based upon it, and that in any event this consent expires in ninety (90) days from the date of signing or upon the condition(s) described above, unless a longer period has been specified above.

THE INFORMATION AUTHORIZED FOR RELEASE MAY INCLUDE RECORDS WHICH MAY INDICATE THE PRESENCE OF A COMMUNICABLE OR VENEREAL DISEASE WHICH MAY INCLUDE, BUT ARE NOT LIMITED TO DISEASES SUCH AS HEPATITIS, SYPHILIS, GONORRHEA, AND THE HUMAN IMMUNODEFICIENCY VIRUS, ALSO KNOWN AS ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS). [63 O. S. § 1-1502.2] (B)

Notice to individuals or entities releasing alcohol and drug abuse treatment records:

There shall be a statement in bold face, stamped upon each page of the information released stating, "This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient."

Signature of CLEET Applicant

Date

WEAPON SELECTION

A weapon choice of Revolver **or** Semi-Automatic Pistol is offered for training in the Firearms Portion of the Basic Reserve Academy. The following guidelines must be followed when making a weapon selection:

1. Each student must successfully complete the Basic Reserve Academy Firearms training block using the same, or a like weapon, throughout. Specifically, if a student begins the class with a Smith & Wesson, double-action only, semi-automatic pistol, they must complete the class with that pistol or a second double-action only, semi-auto pistol. Further, after the training has begun, if a student is committed to shooting a semi-auto pistol, they may not switch to a revolver. (A revolver may not be switched to a semi-auto pistol).
2. Changes in weapon choice will not be permitted due to the advanced planning that is necessary to obtain ammunition, armorers, and instructors for the various weapons.

**WEAPON SELECTION: CHECK TYPE OF WEAPON, AND MODEL FOR REVOLVER.
IF SEMI-AUTO PISTOL, CHECK MANUFACTURER AND CALIBER.**

- _____ **REVOLVER** (Check model below)
- _____ .38 Cal. Smith and Wesson Revolver
- _____ .38 Cal. Ruger Revolver
- _____ .38 Cal. Colt Revolver
- _____ .357 Cal. Revolver

- _____ **SEMI-AUTO PISTOL** (Check model and caliber below)
- | MODEL | CALIBER |
|--|-----------------|
| _____ Smith and Wesson | _____ 9 mm |
| _____ Colt - Single Action Only | _____ 10 mm |
| _____ Ruger | _____ .40 cal. |
| _____ Glock | _____ .45 cal. |
| _____ Sig Sauer | _____ .357 cal. |
| _____ Beretta | |
| _____ H & K - Model U.S.P. Only | |
| _____ Kimber | |
| _____ Springfield | |

OTHER EQUIPMENT TO BE FURNISHED BY EMPLOYING AGENCY OR STUDENT:

1. Eye protection (safety glasses) and ear protection.
2. **If carrying Revolver:** Three (3) speed loaders with a pouch for your belt.
3. **If carrying Semi-Automatic:** A minimum of four (4) single stack magazines, or three (3) double stack magazines and a pouch for your belt.
4. **Duty Holster.** Holster must have weapon retaining device (thumb break), and covered trigger guard.
5. Cleaning kits for handgun/shotgun.

FIRST AID/CPR CARD OR CERTIFICATE

(ATTACH A COPY OF APPLICANT'S FIRST AID and ADULT/CHILD/INFANT CARD HERE)

FRONT AND BACK OF CARD

TRIBAL LAW ENFORCEMENT ONLY

In order to attend reserve peace officer training a tribal officer must be cross-deputized with an Oklahoma law enforcement agency granting cross-deputization. Must provide copy of commission card from law enforcement agency, pursuant to a valid intergovernmental cooperative agreement executed in accordance with the provisions of 74 O.S. Section 1221 (C) or (D) as required by 70 O. S. Section 3311 (N).

Oklahoma Law Enforcement Agency _____ NCIC # _____

Administrator _____ Telephone (____) _____ - _____

Address _____ City _____ State _____ Zip _____

(Attach Copy of Cross-Deputization Commission Card Here)
(Front and Back of Card)

MEDICAL AND FITNESS INFORMATION

Medical Questionnaire

This medical information is correct as of _____

Name:		Sex: M / F	
Address:			
Phone(s)	Home:	Work:	
Social Security #:		Birth Date:	
Primary Care Physician:		Phone:	
Current Specialty Physician (if necessary):		Phone:	
Emergency Contact:		Relation:	
Address: (Complete address needed)		Phone:	
Bleeding Problems? Y / N	If Yes, Please Explain:		
Pacemaker? Y / N Model #:	Heart Valve? Y / N Name/Type:	Implants? Y / N Name/Type:	
Purpose of Medication	Prescription Name	Dose	How Often?
Location Medications are kept while at Basic Reserve Academy:			
ALLERGIES: Medication/Food to Be Avoided:		Symptoms Expected if Consumed:	
Are there any physical and/or medical conditions that might limit your active participation in a self-defense and moderately strenuous physical conditioning program? YES _____ NO _____ If YES, please explain:			

I CERTIFY THAT I HAVE READ THE ABOVE STATED INFORMATION PROVIDED BY _____ BASED ON MY PHYSICAL EXAMINATION OF THE PATIENT, AND PRESUMING NO PREVIOUS INJURIES OR MEDICAL CONDITIONS HAVE BEEN OMITTED, I AM IN AGREEMENT WITH THE INFORMATION PROVIDED ON THE MEDICAL QUESTIONNAIRE.

Printed Name of Treating Physician

Signature of Treating Physician

Date

Physician Contact Phone

YES	NO	LEVEL OF PHYSICAL ACTIVITY (check Yes or No)
		Are you currently involved in a regular exercise program such as walking, swimming, cycling, or jogging?
		Do you regularly walk or run one or more miles continuously?
		Do you practice weight lifting or calisthenics?
		Do you perform stretching exercises on a regular basis?
		Do you currently smoke cigarettes?
		If YES, how many cigarettes per day? _____ If you smoked in the past, when did you quit? _____
		Is there a family history of heart disease, hypertension, stroke, diabetes, lung disease or epilepsy?
		If YES, please provide information regarding who the relative is, the medical problem, and the age at onset or death.

RELATIVE(S)	MEDICAL CONDITION	APPROXIMATE AGE AT ONSET OR DEATH

PLEASE LIST ANY SURGERY (even minor) YOU HAVE EVER HAD:

DATE	TYPE	HOSPITAL/MEDICAL FACILITY

HAVE YOU EVER BEEN DIAGNOSED OR TREATED FOR ANY OF THE FOLLOWING?

YES	NO	CONDITION	DATE	PHYSICIAN/HOSPITAL
		High Blood Pressure		
		Any Cardiac Problem (including surgery/pacemaker)		
		Arthritis		
		Convulsions		
		Diabetes		
		Any Head or Neck Injury		
		Any Back Problems		
		Any Hip Problems		
		Any Ligament Damage (elbow, wrist, knee, joint)		
		Knee/Joint Problems		
		Any Rupture or Hernia		
		Asthma or Respiratory Condition		
		AIDS		
		Any Vision Problems (except those corrected by glasses or contact lenses)		
		Other Problems (please list):		

I CERTIFY THAT I HAVE READ THE ABOVE STATED INFORMATION PROVIDED BY _____, BASED ON MY PHYSICAL EXAMINATION OF THE PATIENT, AND PRESUMING NO PREVIOUS INJURIES OR MEDICAL CONDITIONS HAVE BEEN OMITTED, I AM IN AGREEMENT WITH THE INFORMATION PROVIDED ON THE MEDICAL QUESTIONNAIRE.

Printed Name of Treating Physician

Signature of Treating Physician

Date

Physician Contact Phone

Physician Release

Patient's Name: _____

Applicants/Cadets attending the Council on Law Enforcement Education and Training Basic Reserve Academy are required to perform a variety of essential physically demanding tasks including the following:

- Running
- Step and Slide Exercises (To the Left and Right)
- Diagonal and Rear Shuffle (To the Left and Right)
- Crawling on Stomach
- Bear Crawl
- Obstacle Dodge (Running in a Zig-Zag Manner around Obstacles)
- Weight Drag (Dragging a 95 lb weight 20 feet)
- Drive emergency vehicles
- Practice handcuffing
- Engage in baton and weapon retention techniques
- Qualify with both a handgun and shotgun
- Run, jump, wrestle and be thrown to the ground
- Participate in practicum activities
- Role-play in a number of job related scenarios which require strength, agility and endurance

Specifically, while learning Defensive Tactics and Custody and Control, the cadet must have leg strength and endurance necessary for instilling, through repetition, the balanced, dynamic footwork necessary for successful defense.

- Falls and Recoveries: The student will be taught to safely impact the ground from any direction and tactically recover to a standing fighting stance. This is necessary to safeguard the student not only from attacks on the street, but to allow for the practice training of throws and take downs that are taught later as a necessary officer skill when arrest requires physical force to be exerted.
- Active Countermeasures: The student will be required to deliver a variety of full speed, full power strikes and kicks, sometimes with accentuated joint angles. The student will also be required to receive and endure such strikes, from a training partner, while holding impact bags.
- Throws and Take Downs: The student must receive and deliver full power dynamic throws resulting in full impact with the ground. The student must endure and deliver continuous applications to instill muscle memory and he or she must continue to recover in a tactical manner.
- Stabilizations: As a prerequisite to combat cuffing, the student must endure and apply repeated locks, pins and applications of body weight while learning forced ground stabilizations.
- Joint Locks: The student must endure and deliver repeated applications of maximum threshold joint locks to all parts of the body, including the neck, shoulder, elbow, wrist, fingers, hips, knees, ankles and toes.
- Handcuffing: Using various positions, locks and holds, the student will endure and deliver repeated applications of steel handcuffs to the wrists.
- Batons: The student must deliver full speed, full power baton strikes and receive same while holding impact bags. Using the rigid baton, the student will also endure and apply locks, leverage and pressures to sensitive body areas.
- Weapon Retention and Disarming: The student must have sufficient grip strength to maintain a secure grip of holstered or unholstered weapons. The student must be capable of balanced dynamic movement and delivery of full power strikes. The student will also be required to move evasively from a variety of positions while maintaining a balanced structure and control of an adversary's weapon.

I CERTIFY THAT I HAVE READ THE ABOVE STATED DESCRIPTION OF THE ACTIVITIES FOR WHICH THE PATIENT WILL BE INVOLVED. I UNDERSTAND THAT HE/SHE WILL BE ENGAGED IN THE HIGHLY STRESSFUL AND RIGOROUS ACTIVITIES OF LAW ENFORCEMENT TRAINING.

BASED ON MY KNOWLEDGE AND EVALUATION OF _____, I CERTIFY THAT:

_____ **There are no contraindications** to the individual being capable of performing essential physical tasks. The applicant named above **is** physically qualified and capable of performing all of the above-described physical tasks pertaining to law enforcement training.

_____ **There are contraindications** to the individual and it is not recommended that the individual participate. The applicant named above **is not** physically qualified and capable of performing all of the above-described physical tasks pertaining to law enforcement training.

Printed Name of Treating Physician

Signature of Treating Physician

Date

Physician Contact Phone

READING, WRITING AND COMPREHENSION TEST

In accordance with Title 70 O.S. §3311.11, any person who is employed as a reserve peace officer within the State of Oklahoma and who is scheduled to attend the basic reserve law enforcement academy conducted by CLEET shall, within ninety (90) days of hire and prior to CLEET admission to a basic reserve academy, be required to score a minimum of seventy percent (70%) on a reading, writing, and comprehension examination approved by CLEET.

The purpose of this test is to assure the applicant can read and write on a level necessary to perform the requirements of the basic academy.

You may use the following link to the Career Tech website to locate the location nearest you to schedule the Police Officers Selection and Screening Exam (POSSE) Test.

<http://www.okcareertech.org/about/state-agency/divisions/testing/health-certification-program-hcp/oklahoma-posse>

(Attach Proof of Passing POSSE Test on This Page)

AUTHORITY TO RELEASE INFORMATION & PARTICIPANT NOTIFICATION (RESERVE ACADEMY)

I hereby authorize any individual or any agency, governmental, private or otherwise, to release any information regarding my present and past employment; medical information regarding diagnosis and treatment of medical conditions which may affect my performance in the reserve basic academy; any information relating to my criminal history; any education records, or any other information which is deemed confidential, to any authorized representative of the Council on Law Enforcement Education and Training. I further authorize the Council or its authorized representative to release to any law enforcement agency, or other governmental agency, any information contained in this application or my permanent training file, including, but not limited to, psychological reports, mental health reports, medical reports, academic records, and disciplinary reports.

This completed and signed application serves to notify the applicant that some phases of training offered herein may be physically demanding and rigorous in nature. Applicants should be in reasonably good physical condition to successfully complete the required training.

1. All applicants must be commissioned, reserve peace officers as prescribed by statutes, and must be enrolled and approved prior to attendance.
2. Falsification of any document, form, or instrument, cheating on any test, regardless of manner, violation of any federal or state law or local ordinance, or any CLEET policy will result in immediate dismissal.
3. Students shall be under direct control of CLEET personnel and or the Reserve Academy Coordinator and staff, in all training, testing, lodging, meals, or other applicable areas, regardless of the hours. Disrespect to any training personnel, student, or citizen, and any action that may bring disrespect to the Council on Law Enforcement Education and Training, or to his or her individual agency will not be tolerated.
4. Additional rules for individual academy will be provided at the beginning of each academy. Any violation of the rules will result in a letter of explanation, outlining the violation and the disposition taken, being sent to the respective officer's department head.
5. Effective November 1, 2001, Title 70 3311(D)(2)(e), requires CLEET to make inquiry to determine that any applicant for peace officer certification is not currently undergoing treatment for a mental illness, condition or disorder and that the applicant has never been involuntarily committed to an Oklahoma state mental institution.

- I certify that I am not currently undergoing treatment for a mental illness, condition or disorder nor have I ever been involuntarily committed to an Oklahoma state mental institution. I understand that in compliance with Oklahoma statutes CLEET will make inquiry of the Oklahoma Department of Mental Health and Substance Abuse Services to determine any involuntary commitment to an Oklahoma state mental institution. I understand that CLEET is also required, by statute, to immediately inform my employing agency of any involuntary commitment.
- I certify that I have not ever been convicted of any felony, a misdemeanor crime of moral turpitude or domestic violence nor, am I currently participating in a deferred sentence, nor have I been adjudicated as a delinquent child in the last ten (10) years.
- I certify that I meet the mandated educational qualifications as prescribed in OK Statutes.
- I certify that I am either a U.S. Citizen or legal resident alien as prescribed in OK Statutes.
- I accept personal responsibility for any injury that I might incur during training and relieve CLEET and or the sponsoring reserve academies agency ,staff and personnel of any financial or other liability
- I certify that the statements made by me in this application are true and that I understand that any misrepresentation or omission of a material fact, is sufficient cause for dismissal from the offered training and is a felony punishable by imprisonment in the Department of Corrections for a term of not less than two (2) years nor more than five (5) years, or by a fine not exceeding Two Thousand Dollars (\$2,000.00), or by both such fine and imprisonment.

(Original Signature of Applicant) Date: _____

Subscribed and sworn before me this _____ day of _____, 2_____.

Signature Notary Public: _____

Commission # _____ My Commission expires: _____