



Detention Officer Certification Course

Letter of Sponsorship

Please admit the individual named below in Mitchell Community College's DOCC school under sponsorship of the below named enforcement agency.

By requesting the admission of this individual, I am attesting to the fact I know of nothing in the background, character, or reputation that would prohibit this individual from being employed by a law enforcement agency, or which would bring discredit upon my agency, law enforcement, or Mitchell Community College.

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

I further attest the below named individual is at least 21 years of age.

The below named individual and I are aware of the supply fee and book cost for the DOCC school. Supply fee and books will be paid by _____
(Individual or agency)

(Printed Name and Rank of Departmental Representative)

(Signature of Departmental Representative)

(Date)

(Department Name)

(Signature of Student)

(Please Print Name of Student)

Check class student is applying for:

- _____ Spring
- _____ Fall
- _____ Fall



Continuing Education Registration Form

Register me for:

Course Title	Start Date	End Date	Time	Location	Course ID (Mitchell Use Only)

Have you taken a class at Mitchell before?

- No, provide complete Social Security # _____
- Yes, provide the last four digits of your Social Security # _____ OR Datalat Student ID # _____

Name Last _____
Last First Middle Maiden

Mailing Address _____

City _____ State _____ Zip _____

Home Phone _____ Cellphone _____

Business Phone _____ Fax _____

Personal Email _____ Work Email _____

Date of Birth _____ Gender Male Female

Ethnicity White Black Amer. Indian Hispanic Asian Other

Employment Status Full-time Part-time Unemployed Retired

Employer _____ Occupation _____

Highest Education Level Completed

- 0 1 2 3 4 5 6 7 8 9 10 11 12 High School Equivalency or GED Diploma
- One-year College/Vocational Training Associate Degree Bachelor's Degree Master's Degree Doctorate Degree

Please check any or all that may apply:

- Paid Fireman Volunteer Fireman Law Enforcement Paid Rescue Volunteer Rescue Other _____
- No Affiliation Department of Affiliation _____

"My signature attests that I am actively affiliated with the public safety agency listed and I hold the job classification indicated."

I agree disagree to let the Mitchell Community College use photos of me taken in the classroom or on campus for marketing purposes.

REQUIRED: Student Signature _____ **Date** _____

Registration is taken M-Th, 9 a.m. to 4 p.m. Please register at least three days prior to the course starting date.

Registration is not complete until payment is received. Call (704) 878-3290 to provide credit card information.

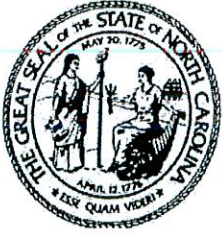
MITCHELL USE ONLY			
Waiver Code _____	Registration \$ _____	Tax _____	Total _____
Payment Rec. By _____	Date _____	Amt. Paid _____	Receipt # _____
<input type="checkbox"/> Cash <input type="checkbox"/> Check _____		Bill to _____	

Mail, fax or deliver to:

Mitchell Community College, Attn: Registration Desk
 701 West Front Street, Statesville, NC 28677
 (704) 878-3220 Statesville
 (704) 663-1923 Mooresville
(704) 878-4271 fax

Mitchell Community College Cancellation and Refund Policy

- The College reserves the right to cancel a class due to lack of enrollment. In this case, preregistered/prepaid students will receive a full refund.
- Preregistered/prepaid students who officially withdraw from a course prior to its beginning will receive a full refund.
- Participants who officially withdraw from a course prior to the 10% point will receive a 75% refund.
- Participants who withdraw from a course after the 10% point are ineligible for a refund.



Josh Stein
Attorney General

NORTH CAROLINA SHERIFFS' EDUCATION AND TRAINING STANDARDS COMMISSION
NORTH CAROLINA DEPARTMENT OF JUSTICE
Sheriffs' Standards Division
POST OFFICE BOX 629, RALEIGH, N. C. 27602 TELEPHONE: 919-779-8213 FAX: 919-662-4515
MEDICAL HISTORY STATEMENT



Diane Konopka
Director

(Rev. 01/2017)

FORM F-1

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

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

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

CURRENT MEDICATIONS

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

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

ALLERGIES

Drug Allergies: (Include your reaction to the medication) _____

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

PAST MEDICAL HISTORY

List ALL hospitalizations and operations since childhood:

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

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

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

MALES ONLY:

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

FEMALES ONLY:

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

IMMUNIZATIONS

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

OCCUPATIONAL HISTORY

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

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

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

PENALTY:

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

CERTIFICATION:

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

RELEASE OF INFORMATION

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

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

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

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

Signature of Applicant (Use Ink) _____ Date signed _____

Signature of Physician or Licensed Independent Practitioner (Use Ink)

_____ Date signed _____
(Signature)

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

NORTH CAROLINA SHERIFFS' EDUCATION AND TRAINING STANDARDS COMMISSION



Josh Stein
Attorney General

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Diane Konopka
Director

MEDICAL EXAMINATION REPORT

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Form F-2
(Rev. 01/17)

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

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

Height: _____ Weight: _____

VISION

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

Without glasses: R - 20 / _____ L - 20 / _____ Both - 20 / _____

With glasses: R - 20 / _____ L - 20 / _____ Both - 20 / _____

Color Perception: - Normal - Abnormal: _____

Peripheral Vision: - Normal - Abnormal: _____

HEARING

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

Right ear: - Normal - Abnormal: _____

Left ear: - Normal - Abnormal: _____

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

CARDIOVASCULAR

Blood Pressure: _____ Resting Pulse: _____

Cardiac Examination: - Normal - Abnormal: _____

Peripheral Circulation: - Normal - Abnormal: _____

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

Physical Examination: - Normal - Abnormal

ABNORMAL FINDINGS: _____

URINALYSIS - Normal - Abnormal: _____

TB SKIN TEST Millimeters of Indurations _____

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

- No - Yes _____

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

Law Enforcement/Deputy - No - Yes: _____

Detention Officer - No - Yes: _____

Telecommunicator - No - Yes: _____

Other - No - Yes: _____

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

Signature of Physician or Licensed Independent Practitioner

Date

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



Detention Officer Certification Course

Waiver of Liability

Student Warning

Participation in detention officer training involves risk of personal injury and property damage. The Basic Detention Officer Certification Training program at Mitchell Community College has been developed in accordance with the standards set forth by the North Carolina Sheriffs' Training and Standards Commission. As outlined in the Course Orientation lesson plan "Injuries in Detention Officer Certification Course Training are not uncommon but they are usually limited to sore muscles and joints due to lack of exercise. However, prudent participants will want to ensure that they have coverage for major injuries, which are very rare but possible." Prior to participating in each training activity participants will be instructed in the proper use of any equipment and/or facility. Participants shall be responsible for following correct procedures and safety precautions. Participants will also be responsible for reporting any safety concerns to the proper college personnel. Students may be exposed to the following situations: physical fitness training, outdoor environmental climate extremes, dynamic confrontational exercises, chemical agents, simulated direct physical aggression and physical and mental fatigue. This list is intended to give the student an idea of the rigors of Detention Officer Training. However, the list is not intended to be an all-inclusive list of stressors a participant in Detention Officer Training might encounter.

Assumption of Risk and Release

In consideration for the opportunity to participate in Detention Officer Training at Mitchell Community College the undersigned agrees to comply with all rules, regulations, procedures and safety precautions established by Mitchell Community College in connection with the Detention Officer Training Program and the use of the equipment and facilities associated with it. Furthermore, I acknowledge the existence of the risk associated with this program, and agree to assume such risk and accept responsibility for any injuries, illness, death and/or property damage sustained by me in the course of participation in this program. I hereby agree for myself, my heirs, executors and administrators to release and consent not to sue Mitchell Community College, its employees, whether full or part-time, paid or unpaid, its administrators, directors, and agents, and hold them harmless for any losses or injuries that may result from participation in this training program.

In signing this document, I acknowledge that I have been notified orally and given notice in writing of the rules and regulations pertaining to DCCC and the risks involved in participating in DCCC.

Print Name _____

DOB _____

Student Signature _____

Date _____

OLN _____ State of Issue _____



Detention Officer Certification Course

Request for Accommodation

I. Accommodation Policy

It is the policy of _____ (hereinafter the "school") and the North Carolina Criminal Justice Education and Training Standards Commission and the Sheriffs' Education and Training Standards Commission to provide students with disabilities every reasonable opportunity to participate in Commission sanctioned courses and to meet course requirements. In accordance with guidelines established by the Commission, requests for accommodation in meeting Commission- mandated course requirements will be reviewed by the Commission staff, which will assist the school in determining whether the proposed accommodation will reasonably allow the student to achieve credit from the Commission for course completion. The recommendation of the Commission staff will be based upon the student's demonstrated ability to fulfill the essential job functions of a law enforcement officer.

Evaluations and opinions rendered by the Commission staff are for the purpose of determining whether an applicant for certification as a law enforcement officer should receive credit for the Commission-mandated courses undertaken at the school. The school will similarly need the information requested to make a determination of whether the requested accommodation will allow the student to safely and fully comply with the course requirements.

II. Instructions

If you believe you will require an accommodation by the school to assist you in meeting any Commission-mandated course requirements or essential job functions, please complete this form, including as much information as you think will be helpful to the school and the Commission staff in making a determination, and submit it to your course instructor. The school will forward this form and any additional suggestions for accommodations of your disability to the Commission staff to solicit their interpretation.

Because of the high risk of harm to the public and the officer, the essential job functions must be accomplished without deviating from the minimum standards. However, all requests for accommodation will be considered and evaluated to determine if the proposed accommodation is reasonable and, with the accommodation, you can perform the essential job functions of a law enforcement officer.

NOTE: An advisory opinion that your proposed accommodation is not reasonable will not result in your automatic exclusion from the program offered by the school.

AGENCY/COLLEGE _____

SCHOOL DIRECTOR _____

1. Please describe your disability and how you think it may limit your course participation: (Unless the disability is obvious, (e.g. missing limb), the student shall submit certification from a physician or other qualified professional confirming the nature and scope of the disability)

2. Please provide the information requested below for each course requirement for which you believe you will require an accommodation. You should consult with your school director if you have any questions about course requirements or schedule testing dates. Course objectives will be provided to the student by the school director upon request. (If necessary, use additional pages.)

COURSE REQUIREMENTS

PROPOSED ACCOMMODATION

ACKNOWLEDGMENT AND CONSENT: I understand and acknowledge that the determination of whether these proposed accommodations meet the minimum standards of this course, as illustrated by the essential job functions, will be made after the Commission reviews the materials I submit. In order to assist the school and Commission staff in making its determination, I hereby consent to the release of information to the school and Commission staff all information contained on this form and any other information I have provided to the school concerning my disability.

DATE: _____ STUDENT: _____

NOTICE TO STUDENTS: THE COMMISSIONS' GUIDELINES STATE THAT REQUEST FOR REVIEW OF PROPOSED ACCOMMODATIONS MUST BE SUBMITTED TO THE COMMISSION NO LATER THAN THE SECOND DAY AFTER THE COURSE ORIENTATION BLOCK OF INSTRUCTION. THEREFORE, YOU SHOULD MAKE SURE THAT THIS FORM IS COMPLETED AND SUBMITTED TO THE SCHOOL DIRECTOR AS SOON AS POSSIBLE, SO THAT THE SCHOOL DIRECTOR CAN FORWARD IT TO THE COMMISSION STAFF IN A TIMELY MANNER.
(Edition 9/93)



Detention Officer Certification Course

Title IX Acknowledgement

Policy Statement:

I _____ (please print First/Last Name),
a(n) student/employee of Mitchell Community College, hereby certify that I have received a copy of the Mitchell Community College Title IX Policy and have been provided the opportunity to view the current documents (<http://www.mitchellcc.edu/title-ix-information>) on the College website pertaining to procedures and student rights.

I understand I may contact the Title IX Coordinator or Deputy Title IX Coordinator for further information or to report an incident.

Signature

Date



Detention Officer Certification Course

Program Costs

Textbook:

Contact NC Department of Justice Academy to order book:

Phone: 910.525.4158 ext. 310

Email: ncjabookstore@ncdoj.gov

Book Title: Detention Officer Certification Course Student Edition Manual

Costs: \$71.65

Paid directly to NC Department of Justice Academy.

NOTE: You MUST have this book the first day of class

MCC Costs: \$65.00 which includes Physical Training shirts, insurance and CPR card

(Paid at time of Registration)