
Program Requirements for Recruits entering the NFC Public Safety Academy Law Enforcement, Corrections or Equivalency of Training programs.

Criminal Justice Basic Abilities Test (CJBAT) for Law Enforcement or Corrections.
To Schedule you Basic CJBAT, visit www.pearsonvue.com/fdle.

NOTE: There is an exemption to the Law Enforcement Basic Abilities Test (LEBAT) when applying to enter a Law Enforcement Basic Recruit Training Program. As of July 1, 2022, section 943.17(1)(g), Florida Statutes states: "... a person is not required to take the basic skills examination and assessment instrument before entering a law enforcement officer basic recruit training program if he or she is a veteran as defined ins. 1.01(14) or holds an associate degree or higher from an accredited college or university." This exemption only applies to the Law Enforcement Program and Cross-Over to Law Enforcement Programs

Requirements for Veteran Status Exemption

- A DD214 form or other military documentation indicating an honorable discharge from the armed services.
- Please note that the discharge must be honorable; no other classification will satisfy this requirement.
- A single honorable discharge from a branch of the military will satisfy this requirement, even if the candidate has a discharge from another branch of service that is not honorable.

Requirements for Education Exemption

- Copy of the degree.
- Transcripts indicating the degree was conferred.
- Please note that the candidate must have received the degree, and not just completed the number of hours required for the degree.

Send a copy of your CJBAT Score to the Public Safety Academy and you may begin your admission requirements:

TO APPLY FOR ACADEMY / COLLEGE ADMISSION (1-7) PLEASE SUBMIT:

1. **Complete the FAFSA Application (on-line) to determine PELL eligibility.** If the Program you are entering is not PELL eligible, or you do not meet the PELL eligibility requirements, funding assistance may be available through Perkins, Workforce, or other NFCC scholarships. (SEE next Page for all funding possibilities)
2. **A Completed North Florida College Application**
 - a. Answer ALL questions on the application. If you are unsure of an answer, please contact us for assistance (850) 973-1622.
 - b. The Florida residency statement requires the date of issue on your driver's license, vehicle license or voter's registration. Provide the year you obtained the license *not* the renewal year. You must have two out of the three for proof of residency.
 - c. Bring/send your completed application to the Public Safety Academy Office, Building 35.

- d. After your application has been reviewed by the Academy Staff, it must be taken to the Registrar's Office (Bldg. 3), along with a fee of **\$20.00**.

3. Copy of Birth Certificate:

4. Sealed Official Transcripts:

Must be from any school or college you attended, sealed in their original envelope and either mailed to us (Attention: Public Safety Academy, Bldg. 35) or hand carried. If you have a GED, you must provide a copy of the score sheet as well as the diploma and both must have the GED certificate number on them. To request official GED documentation, call the Florida Dept. of ED. at 850-245-0449.

5. Sponsorship

We will provide you with a sponsorship form to be completed by your city's Chief of Police or your county's Sheriff. The sponsorship letter simply means that the agency has completed a local background check on you. **It does not imply** that they will hire you or be responsible for your *fees and tuition*. Fill out the top portion of the letter and take it to your local Police Department or Sheriff's Office. Return completed form to the Public Safety Academy Office, Building 35.

6. Physical Fitness Assessment Form 75 (FORM MUST BE COMPLETED PRIOR TO CLASS START)

CROSS-OVER STUDENT ARE EXEMPT FROM PHYSICAL ASSESSMENTS AND FITNESS TRAINING

The Florida Department of Law Enforcement requires a Physical Fitness Form (75), to be completed and signed by you and your physician. The form is in your packet. Return completed form to the Public Safety Academy Office, Building 35.

7. Urinalysis

A urinalysis must be completed prior to admission to our programs. The drug screen must be completed by Tammy Williams, NPC, or authorized staff at the Down-Home Medical Office - 256 S. W. Washington Avenue, Madison, FL, (850) 973-4590. Contact Down Home Medical for cost.

This is the only approved facility for testing.

8. Fingerprints

PRIOR TO ENROLLMENT/REGISTRATION, you will obtain electronic fingerprints here on campus that is automatically submitted directly to the Florida Department of Law Enforcement. There is a **\$60.00** fee, and it must be paid in the Business Office, building 2, prior to being fingerprinted. Bring the receipt to our Public Safety Academy Office, Building 35, and then you will be fingerprinted.

8. Fees and Student Responsibilities before entering the academy.

Fees for the registration, physical fitness assessment, urinalysis and fingerprints are the recruit's responsibility. Prior to orientation recruits are required to provide a paid invoice for the remaining fees not covered by financial assistance.

This fee covers the cost of uniforms, books, vocational insurance, and activity fees. The current fee is **\$182.50**.

Recruit must submit proof of registration, tuition payment or financial aid verification prior to the start of each term.

MANDATORY ORIENTATION BEFORE REGISTRATION:

All newly admitted Basic Recruits for Law Enforcement or Correctional Officer Programs are required to attend an orientation session prior to the beginning of the first class, during which time a Coordinator will review the Basic Recruit Manual, sign class registration forms. Students must complete the registration process before classes can officially begin. Textbooks and uniforms, required, will not be provided until students can present a receipt showing payment in full of all tuition and fees for the current semester.

REGISTRATION: Students must report to the Registrar's Office, located in Bldg. 3, with their signed Class Registration form prior to reporting to the Business/Cashier's Office (Bldg. 2) for payment of tuition and fees.

FINANCIAL AID: Please contact the Financial Aid Office in Building 2 or call them at (850)973-1621 for more information on Financial Aid.

FAFSA: (Free Application for Federal Student Aid) (PELL): <https://studentaid.gov/h/apply-for-aid/fafsa> Follow the link to apply for Federal Student Aid and list NFCC as one of your colleges to attend. The NFC Financial Aid Office will receive your submitted application and will assist in applying any available funding.

Career Source North Florida may be reached at 850 973-9675.

NFC Foundation Scholarships: Contact the NFC Foundation Office at 850 973-9414 to apply for available scholarships.

Veterans Benefits

If you think you are entitled to Veteran's Benefits, visit our Admission's Office in Building 3, or call Lori Pleasant (850) 973-9469.

Tuition Payment Plan

NFC has a new and easy way for students to pay tuition – the NFC Tuition Payment Plan allows eligible students to pay tuition fees in affordable. <https://mycollegepaymentplan.com/north-florida-college/>

NOTICE: By submitting your cell phone number and email address, you authorize us (opting-in) to send you informational and marketing related texts/emails. Message/data rates may apply. You can unsubscribe at any time. To opt out, please do not include your email or cell number on this application.

Revised 04/17/2024

Admission Application

325 NW Turner Davis Drive, Madison, Florida 32340
 Phone: 850-973-1622 or 850-973-9405 | Admissions@nfc.edu | Fax: 850-973-1697

1 SOCIAL SECURITY NUMBER	2 HAVE YOU PREVIOUSLY ATTENDED NFC? <input type="checkbox"/> YES <input type="checkbox"/> NO* <small>*New Applicants MUST include \$20 Nonrefundable fee</small>
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3 LEGAL NAME <div style="display: flex; justify-content: space-between; border-top: 1px solid black; border-bottom: 1px solid black;"> (LAST) (FIRST) (MIDDLE) </div>
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4 PRIOR NAMES USED (Maiden)	5 PHONE / EMAIL Cell # _____ Email _____ Home # _____ <small>By submitting your cell phone number and email address, you authorize us (opting-in) to send you info. and marketing related texts/emails. Message/data rates may apply. You can unsubscribe at any time.</small>
6 MAILING ADDRESS _____ (Street) _____ (APT #) _____ (City) _____ (County) _____ (State / Zip Code)	

7 EMERGENCY CONTACT INFORMATION Name: _____ Relationship: _____ Phone: _____
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THE FOLLOWING INFORMATION IS REQUIRED BY THE U.S. DEPARTMENT OF EDUCATION UNDER TITLE VI OF THE CIVIL RIGHTS ACT OF 1964 AND THE TITLE IX OF THE EDUCATIONAL ADMNDMENTS OF 1972 TO BE USED FOR REPORTING PURPOSES AND IS NOT USED IN DETERMINING ADMISSIONS TO NORTH FLORIDA COLLEGE.

8 SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	9 DATE OF BIRTH ____/____/____ <small>(Month/Day/Year)</small>	10 CITIZENSHIP <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident Alien <input type="checkbox"/> Other, Non-citizen VISA type _____ Country of Citizenship if not U.S.: _____ <small>VISA, ALIEN CARD, AND/OR PASSPORT REQUIRED AT ADMISSION</small>	11 RACE <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White	12 WHAT IS YOUR PRIMARY LANGUAGE? <small>(THE LANGUAGE YOU USE MORE THAN 50% OF THE TIME)</small> <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____
13 ENTERING TERM 20 ✓ TERM <input type="checkbox"/> FALL (August) <input type="checkbox"/> SPRING (January) <input type="checkbox"/> SUMMER (May)	14 BIRTHPLACE _____ City State _____ Nation, if not U.S.	15 ETHNICITY Are you Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No		

16 DEGREE OBJECTIVE <input type="checkbox"/> ASSOCIATE IN ARTS _____ <input type="checkbox"/> ASSOCIATE IN SCIENCE (list the program) _____ <input type="checkbox"/> CREDIT CERTIFICATE (list the program) _____ <input type="checkbox"/> VOCATIONAL CERTIFICATE (list the program) _____	<input type="checkbox"/> BACHELOR OF SCIENCE IN NURSING (must have AS RN degree to apply); \$30 application fee <input type="checkbox"/> TRANSIENT STUDENT home institution name: _____ <input type="checkbox"/> NON-DEGREE SEEKING <input type="checkbox"/> SENIOR CITIZEN (must be 65 or older & DOB must be verified)
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17 EDUCATION BACKGROUND (APPLICANTS WITH SPECIAL DIPLOMAS MUST OBTAIN A GED DIPLOMA BEFORE APPLYING)		
	DATE RECEIVED/ANTICIPATED	High School Name / State / Country
HOME SCHOOLED (NOTARIZED AFFIDAVIT REQUIRED)	____/____/____	_____
GED DIPLOMA	____/____/____	_____
STANDARD HIGH SCHOOL DIPLOMA	____/____/____	_____

All college credit and certificate applicants must have a Standard or College-ready high school diploma or GED. Please have an official transcript sent from the high school to NFC Admissions. For GED completers, have your official GED transcript with test scores sent to NFC Admissions.

List the full names of the colleges and universities previously attended. **DO NOT USE ABBREVIATIONS.** Failure to list all institutions could result in your application being denied or your admission being rescinded. Use separate sheet if necessary and attach it to the application.

NOTE: An official transcript from each postsecondary school, college or university you have attended must be sent to Admissions.

NAME OF COLLEGE/UNIVERSITY (DO NOT USE ABBREVIATIONS)	CITY & STATE	DATES ATTENDED	HRS EARNED	DEGREE EARNED	ELIGIBLE TO RETURN?

Have you ever been charged with a violation of the law, misdemeanor and/or felony (even if adjudication was withheld) which resulted in, or if still pending, could result in probation, community service, restitution, a jail sentence or the revocation or suspension of your driver's license? **Failure to disclose this information may result in revoking your application or immediate suspension from NFC.** (You are not required to include traffic violations which only resulted in a fine.)

Yes No

If your answer is YES, you *may* be required to schedule an interview with the Dean of Enrollment and Student Services (or designee) and submit a full statement of relevant facts explaining the final disposition of proceedings. You will only be allowed to register in classes after your background had been reviewed and cleared for registration. **Please allow up to 14 days for the review.**

19 **STUDENT NOTIFICATIONS** Read the following important notices.

Confidentiality of Student Records: *The Family Rights and Privacy Act of 1974 provides that "Directory Information" may be released to the general public upon request unless the student has specially requested in writing that some or all of the information not be released. A form is available upon request from the office of the Registrar.*

Student Disabilities: *Any student with a disability who wants to request accommodations, assistance, or information should contact Student Disability Services at (850) 973-1611 (TTY).*

Collection of Student Social Security Numbers: *In compliance with Florida Statute (F.S.) 119.071(5)(a), North Florida College (NFC) issues this notification regarding the purpose for the collection and use of your Social Security Number (SSN). In addition, 119.071(2)(a)(II), F.S., authorizes NFC to collect and use your SSN to perform the College's duties and responsibilities for the following purposes: student record management; identification and verification; tracking (also authorized by 1008.386, F.S.); VA benefits (also mandated by 38 USC 3471); and reporting to authorized agencies of the state and federal government (also authorized by 26 USC 60505). To protect your identity, NFC will maintain the privacy of your SSN and never release it to unauthorized parties. The College assigns you a unique student identification number which is used for educational purposes at NFC, including access of your college records.*

Excess Hours Advisory Statement: *Section 1009.286, Florida Statutes, establishes an "excess hour" surcharge for a student seeking a baccalaureate degree at a state university. It is critical that students, including those entering Florida colleges, are aware of the potential for additional course fees. "Excess hours" are defined as hours that go beyond 120% of the hours required for a baccalaureate degree program. For example, if the length of the program is 120 credit hours, the student may be subject to an excess hour surcharge for any credits attempted beyond 144 credit hours (120% x 120).*

All students whose educational plan may include earning a baccalaureate degree should make every effort to enroll in and successfully complete those courses that are required for their intended major on their first attempt. Florida college students intending to transfer to a state university should identify a major or "transfer program" early and be advised of admission requirements for that program, including the approved common prerequisites. Course withdrawals and/or repeats, as well as enrollment in courses nonessential to the intended major, may contribute to a potential excess hours surcharge.

20 **STUDENT AGREEMENT** Read the following statement and sign below.

I certify that the information given in this application is complete and accurate, and I understand that to make false or fraudulent statements within this application or residency statement may result in disciplinary action, denial of admission, and invalidation of credits or degrees earned pursuant to 837.06, Florida Statutes. I certify that I will abide by all the regulations of North Florida College (NFC) and the laws of the State of Florida. I agree that as a condition of my admission, I will not engage in the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance or alcohol during enrollment at NFC. I further certify that if it becomes necessary for NFC to engage the services of a collection agency or to initiate legal action to collect fees for tuition or any other services provided by NFC, I will be responsible for all costs of collection, including but not limited to reasonable attorneys' fees.

I understand that this application is for admission to the program identified on page 1 and is valid only for the academic year in which I apply. A new application may be required if I wish to change my educational goal.

I also understand and agree that I will be bound by the college's regulations concerning application deadlines and admission requirements. I further agree to the release of any transcript, student record, and test scores to the college (including my ACT Inc., Florida College Entry-Level Placement Test, or SAT-I score reports that the college may request from the College Board, ACT Inc., or another Florida public college or university.) I understand and agree that I will be bound by the College's regulations as published in the college catalog and the student handbook.

I hereby authorize NFC to release or request electronically my transcript and placement scores to or from a Florida college or university. I also authorize NFC to electronically request transcripts on my behalf. Should any of the information I have given change prior to or during my enrollment at NFC, I shall immediately notify the Office of the Registrar in writing. I understand that the \$20 payment I submit with this application is a **nonrefundable fee**.

Signature of Applicant

_____/_____/_____
Date

FLORIDA RESIDENCY DECLARATION FOR TUITION PURPOSES

A Florida "resident for tuition purposes" is a person who has, or a dependent person whose parent or legal guardian has, established and maintained legal residency in Florida for at least twelve (12) consecutive months preceding the first day of classes of the term for which Florida residency is sought.

- Residence in Florida must be a bona fide domicile rather than for the purpose of maintaining a residence incident to enrollment at an institution of higher education.
- To qualify as a Florida resident for tuition purposes, you must be a U.S. citizen, a foreign national in a nonimmigrant visa classification that grants you the legal ability to establish a bona fide domicile in the United States, a permanent resident alien, parolee, asylee, Cuban-Haitian entrant, legal alien granted indefinite stay by the U.S. Citizenship and Immigration Services, or other qualified alien as defined under federal law. Other persons not meeting the twelve-month legal residence requirements may be classified as Florida residents for tuition purposes only if they fall within one of the limited special categories authorized by the Florida Legislature pursuant to section 1009.21, Florida Statutes (see "Qualification by Exception" below). All other persons are ineligible for classification as a Florida "resident for tuition purposes."
- Living in or attending school in Florida will not, in itself, establish legal residence. Students who depend upon out-of-state parents for support are presumed to be legal residents of the same state as their parents.
- Residency for tuition purposes requires the establishment of legal ties to the state of Florida. A student must verify that the student has broken ties to other states if the student or, in the case of a dependent student, his or her parent has moved from another state.

Please print if submitting hard copy.

Name of Student: _____ Date of Birth: _____

Student is a: U.S. Citizen Non-U.S. Citizen Permanent Resident Other

Alien Registration Number: _____ Issue Date: _____

Visa Category _____

All non-U.S. citizen students seeking classification as a Florida resident for tuition purposes are required to submit documentation of their legal status in the United States as issued by the United States Citizenship and Immigration Services office.

NON-FLORIDA RESIDENT

I do not qualify as a Florida resident for tuition purposes for the term for which this application is submitted. I understand that should I qualify for a future term, it will be necessary for me to submit an updated Residency Declaration while providing prescribed, supporting documentation to substantiate as "reclassification" of my status. I understand being classified as a non-Florida resident will not exclude me from the possibility of receiving a waiver to cover part or all of the out-of-state fee as defined in s. 1009.26, Florida Statutes. Submission of an updated Residency Declaration must occur prior to the beginning of the term for which residency is sought. I do not have to complete any further portion of this form, with the exception of signing below.

Student Name: _____

Signature of Student: _____ Date: _____

TO BE COMPLETED BY THE STUDENT SEEKING FLORIDA RESIDENCY FOR TUITION PURPOSES:

I qualify as a resident for tuition purposes, as defined by s. 1009.21, Florida Statutes, for the term for which this application is submitted. I understand that it will be necessary for me to present evidence of residency for tuition purposes, supporting my claim as a Florida resident for tuition purposes. I have read the residency information on qualifying as a dependent or independent student, and declare that: (select one of the options below):

I am a dependent student, as defined by s. 1009.21(1)(a), Florida Statutes, in that I am eligible to be claimed as a dependent under the federal income tax code by the claimant below. The claimant is my "parent" as defined by s. 1009.21(1)(f), Florida Statutes, (i.e., either or both parents of the student, any guardian of a student, or any person in a parental relationship to the student). My parent has maintained legal residence in Florida for at least the past 12 consecutive months. As defined by section 1009.21(1)(d), Florida Statutes, "legal resident" or "resident" means a person who has maintained his or her residence in this state for the preceding year, has purchased a home which is occupied by him or her as his or her residence, or has established a domicile in this state pursuant to s. 222.17." A copy of your parent's tax return may be requested to establish dependence.

I am an independent person who has maintained legal residence in Florida for at least the past 12 consecutive months. I provide more than 50% of my own support. An independent student generally includes a person who is at least 24 years old, married, a graduate or professional student, a veteran, a member of the armed forces, a ward of the court, or someone with legal dependents other than a spouse, pursuant to the United States Department of Education for the purposes of federal financial aid eligibility. There may be limited cases where a person under the age of 24 years old may qualify as an independent student. Such students will be required to verify independence (including financial independence.) A copy of your tax return may be requested to establish independence.

I meet residency requirements through one of the Qualifications by Exception below (check appropriate exception):

TERM OF APPLICATION: (check one): FALL SPRING SUMMER YEAR: 20

QUALIFICATION BY EXCEPTION (to be completed by the student.)

As provided in s. 1009.21, Florida Statutes, I qualify for residency based on the following permitted exception (documentation required):

I am a qualified beneficiary under the terms of the Florida Prepaid College Program (s. 1009.98, Florida Statutes.) (Required: Copy of Florida Prepaid Recipient card.)

I am married to a person who has maintained legal residence in Florida for at least the past 12 consecutive months. I now have established legal residence and intend to make Florida my permanent home. (Required: copy of marriage certificate and/or other documents required to establish residency.)

I was previously enrolled at a Florida state postsecondary institution and classified as a Florida resident for tuition purposes. I am transferring to another Florida state postsecondary institution within 12 months of the previous enrollment. (Required: Evidence of previous enrollment as a FL resident)

I was previously enrolled at a Florida state postsecondary institution and classified as a Florida resident for tuition purposes. I abandoned my Florida domicile less than 12 months ago and am now re-establishing Florida legal residence.

Active duty members of the Armed Services of the United States residing in this state and their spouses and dependent children, and active drilling members of the Florida National Guard. (Required: Copy of military orders or DD2058 showing home of record.)

Active duty members of the Armed Services of the United States and their spouses and dependents attending a Florida College System institution or state university within 50 miles of the military establishment

where they are stationed, if such military establishment is within a county contiguous to Florida. (Required: Copy of military orders.)

United States citizens living on the Isthmus of Panama, who have completed 12 consecutive months of college work at the Florida State University Panama Canal Branch, and their spouses and dependent children. (Required: Copy of marriage certificate or proof of dependency.)

Full-time instructional and administrative personnel employed by state public schools and institutions of higher education and their spouses and dependent children. (Required: Employment Verification)

Students from Latin America and the Caribbean who receive scholarships from the federal or state government. Any student classified pursuant to this paragraph shall attend, on a full-time basis, a Florida institution of higher education. (Required: proof of scholarship and Latin America or Caribbean residency.)

Southern Regional Education Board's Academic Common Market graduate students attending Florida's state universities. (Required: Certification letter from State Academic Common Market Coordinator.)

Full-time employees of state agencies or political subdivisions of the state when the student fees are paid by the state agency or political subdivision for the purpose of job-related law enforcement or corrections training. (Required: Employment verification/payment agreement).

McKnight Doctoral Fellows and Finalists who are United States citizens. (Required: Verification from graduate studies.)

United States citizens living outside the United States who are teaching at a Department of Defense Dependent School or in an American International School and who enroll in a graduate level education program which leads to a Florida teaching certificate. (Required: Proof of enrollment in graduate program for FL teaching certificate.)

Active duty members of the Canadian military residing or stationed in this state under the North American Air Defense (NORAD) agreement, and their spouses and dependent children, attending a Florida College System institution or state university within 50 miles of the military establishment where they are stationed. (Required: Proof of active duty membership for specified purpose.)

Active duty members of a foreign nation's military who are serving as liaison officers and are residing or stationed in this state, and their spouses and dependent children, attending a Florida College System institution or state university within 50 miles of the military establishment where the foreign liaison officer is stationed. (Required: Proof of active duty membership for specified purpose.)

TO BE COMPLETED BY THE CLAIMANT/PERSON CLAIMING FL RESIDENCY:

Note: If the student is a dependent, the parent is the claimant and will complete this section and provide evidence of residency supporting the claim. If the student is independent, the student is the claimant and will complete this section and provide evidence of residency supporting the claim. **No single document shall be conclusive in establishing residency. Additional documentation, other than what is prescribed, may be requested in some cases. All documentation provided is subject to verification. Evidence of ties to another state may result in denial of Florida residency for tuition purposes.**

Claimant/Name of Person Claiming FL Residency: _____

Claimant's Relationship to Student: _____

Claimant's Address: _____

Telephone Number: _____

Date Claimant began establishing legal FL residence (if upon birth, enter birthdate): _____

PROVISION OF DOCUMENTS TO SUPPORT CLAIM OF FLORIDA RESIDENCY

Per s. 1009.21(3)(c), Florida Statutes, the residency determination must be documented by the submission of written or electronic verification that includes two or more of the documents identified below. No single piece of evidence shall be conclusive.

A. ***Claimant must provide at least one of the following of his/her personal documentation:***

Florida Voter's registration card Number;

Issue Date: ____/____/____

Florida Driver's license. Number: _____

Original Issue Date: ____/____/____

Current Issue Date: ____ / ____ / ____
 Florida State identification card. Number: _____ Original Issue Date: ____ / ____ / ____
 Current Issue Date: ____ / ____ / ____
 Florida Vehicle registration. Number: _____ Original Issue Date: ____ / ____ / ____
 Current Issue Date: ____ / ____ / ____

- Proof of permanent home in Florida occupied as primary residence for 12 consecutive months prior to the student's enrollment. (Required: document such as a deed or other evidence of title to property used as primary residence, a homeowner's policy, a title insurance policy, evidence of a property tax payment on the primary residence, multiple leases reflecting a Florida address, or a lease of multiple years' duration.)
- Proof of a homestead exemption in Florida. (Required: document from the county tax collector demonstrating the application of a homestead exemption to the claimant's primary residence.)
- Official transcripts from a Florida high school for multiple years (2 or more years), if the Florida high school diploma or GED® was earned within the last 12 months.
(Dates of Attendance: _____ Graduation Date: ____ / ____ / ____). (Required: transcript)
- Proof of permanent full-time employment in Florida for at least 30 hours per week for a 12-month period. (Required: pay stubs or W-2 form for past 12 consecutive months and/or verification from employers, and/or an IRS 1099 with verification of employment for the past 12 consecutive months from an employer.)

B. Claimant may provide one or more documents from the following categories to demonstrate residency in Florida (to be used in conjunction with one document from above):

- Declaration of domicile in Florida in accordance with s. 222.17, Florida Statutes.
- Florida professional or occupational license.
- Florida incorporation.
- Document evidencing family ties in Florida
- Proof of membership in a Florida-based charitable or professional organization.
- Any other documentation that supports your request for resident status, including, but not limited to, utility bills and proof of 12 consecutive months of payments; a lease agreement and proof of 12 consecutive months of payments; or an official state, federal, or court document evidencing legal ties to Florida.

RESIDENCY DECLARATION:

I, the undersigned, hereby declare that I have read the foregoing document and that the facts stated in it are true and further affirm the authenticity of the information provided on all pages of this Residency Declaration. I understand that any false or misleading information on this Residency Declaration, or provided in support of this Residency Declaration, will subject me to penalties pursuant to section 837.06, Florida Statutes, for making a false statement. I give permission for the institution to review or examine any and all documents and records, including those accessible electronically, which may assist in support of my claim as a Florida resident for tuition purposes.

Student Name (Please Print): _____

Claimant Name (if not the Student): _____

Signature of Claimant (Electronic or ink): _____ Date: _____

**NORTH FLORIDA COLLEGE
PUBLIC SAFETY
REQUEST FOR SPONSORSHIP**

I _____ am requesting a background inquiry to include a local records check to meet the requirements for entry into the Public Safety Academy at North Florida College. I am interested in basic recruit training. I respectfully request that you submit this letter of sponsorship to North Florida College based upon your background check.

I understand that if my sponsorship is withdrawn for any reason, I will be dropped from the program.

I ALSO UNDERSTAND THAT THIS SPONSORSHIP IS NOT A PROMISE FOR PRESENT OR FUTURE EMPLOYMENT WITH THE SPONSORING AGENCY, NOR WILL THE SPONSORING AGENCY ASSUME LIABILITY, FEES, OR TUITION COST FOR THE TRAINING.

NAME _____
Last (Maiden) MI First

ADDRESS _____

CITY _____ STATE _____ ZIP _____

SS# _____ RACE _____ SEX _____

DOB _____ DL# _____

I, the applicant, understand that the agency sponsorship is not an offer of employment.

Applicant Signature _____ Date _____

AGENCY INFORMATION

AGENCY NAME _____

AGENCY ADDRESS _____
City State Zip

THIS AGENCY HAS COMPLETED AN FCIC/NCIC AND LOCAL CRIMINAL BACKGROUND CHECK FOR THE LISTED APPLICANT. THIS AGENCY WILL SPONSOR THE APPLICANT FOR THE BASIC RECRUIT TRAINING AT NORTH FLORIDA COLLEGE.

ALL FEES / TUITION OR OTHER COSTS FOR TRAINING IS THE RESPONSIBILITY OF THE APPLICANT.

SPONSORING AGENCY RESPONSE / COMMENTS

SHERIFF / CHIEF NAME – PRINT

SHERIFF / CHIEF SIGNATURE

Please return the completed form to: **Public Safety Academy
North Florida College
325 N.W. Turner Davis Drive
Madison, Florida 32340**



Florida Department of Law Enforcement

PHYSICIAN'S ASSESSMENT

Incorporated by Reference in Rules 11B-27.002(1)(d) and 11B-35.001(11)(c)14., F.A.C.



1. Applicant's Name: _____
Last First MI

2. Last Four Digits of the Applicant's Social Security Number: _____

3. Hiring Agency: _____

4. Training School: _____

5. The Applicant Is Requesting Employment and/or Admission Into a Basic Recruit Training Program in One of the Following Disciplines:

Law Enforcement Correctional Correctional Probation

Note: For employment, a position description that describes the job duties the applicant will perform must be provided. For training, the physical fitness conditioning program developed by the training center must be provided.

6. Student Participation in Basic Recruit Training Program. A student enrolled in a basic recruit training program (B RTP) is required to participate in the following activities:

A. Defensive tactics and firearms high-liability training is a component of the curriculum mandated by the Criminal Justice Standards and Training Commission. Firearms training requires firing a handgun and long gun creating exposure to lead. Defensive tactics training requires sustained physical exertion and chemical agent contamination to the chemicals oleo-resin capsicum (OC) and/or orthochlorobenzalmalononitrile (CS).

B. Physical Fitness Conditioning and Physical Fitness Testing: A B RTP student shall participate in physical fitness conditioning and a fitness test and includes the following measures:

- Vertical Jump • One Minute Sit Ups • 300 Meter Run • Maximum Push Ups • 1.5 Mile Run/Walk

C. The training center director has attached the training school's physical fitness conditioning program: Yes No

*****TO BE COMPLETED BY THE STUDENT*****

7. Medical Conditions Regarding OC/CS Contamination. A B RTP student should be aware of the following personal considerations that may restrict participation in the chemical agent contamination of the B RTP and could possibly be aggravated to a severe degree during the contamination: Recent eye surgery, heart problems, panic disorder or stress, respiratory disorder, emphysema (loss of elasticity/thinning of lung tissues), bronchial asthma, x-ray evidence of pneumoconiosis (black lung), evidence of reduced pulmonary (lung) function, chronic obstructive pulmonary disease, coronary (heart) artery disease, cerebral (brain) blood vessel disease, severe or progressive hypertension (high blood pressure), epilepsy, generalized seizures, pernicious anemia (severe reduction in red blood cells), diabetes (any form), pnueumomediastinum gap (air in the sac surrounding lungs), history of skin allergies, or any condition for which the student is presently taking medication.

8. B RTP Student Certification. I certify that I have reviewed the above information and I do or do not have any medical restrictions that would prevent me from participating in the basic recruit training program activities outlined in item numbers 6A and 6B above.

9. Student's Printed Name: _____

10. Student's Signature: _____ Date _____

11. To the Examining Physician:

The examination of this applicant is for employment or training as an officer, and shall include a complete physical examination at a level of specificity sufficient to determine whether there is any medical or physiological reason that would prevent the applicant from performing the essential functions for employment or training as an officer for the discipline indicated in number 5 above. Disabilities, impairment, or limitations identified by the examination, which would prevent the applicant from performing the essential functions for the officer position, should be reported to the employing agency.

12. Physician's Attestation:

I hereby attest that I have examined the above named applicant and find him/her CAPABLE of participating in basic recruit training and/or performing the essential functions of the law enforcement, correctional, or correctional probation officer job for which the applicant is seeking employment and/or training reflected in number 3 and/or 4 above.

I hereby attest that I have examined the above named applicant and find him/her NOT CAPABLE of participating in basic recruit training and/or performing the essential functions of the law enforcement, correctional, or correctional probation officer job for which the applicant is seeking employment and/or training reflected in number 3 and/or 4 above.

13. Pre-existing Conditions: Sections 112.18 and 943.13, F.S., require agency knowledge of the following three pre-existing conditions. However, these outcomes do not statutorily disqualify the applicant from employment.

Please respond to the following "in my professional opinion, this examination":

13a. Did or did not reveal evidence of tuberculosis.

13b. Did or did not reveal evidence of heart disease.

13c. Did or did not reveal evidence of hypertension.

14. _____
Physician, Certified Advanced Registered Nurse Practitioner, or Physician Assistant's Signature Printed Name Examination Date

15. _____
Physician, Certified Advanced Registered Nurse Practitioner, or Physician Assistant's License Number Licensing State

16. _____
Physician, Certified Advanced Registered Nurse Practitioner, or Physician Assistant's Professional Address

INSTRUCTIONS FOR COMPLETING FORM CJSTC-75

Use this form to document and verify the applicant's compliance with the employment requirements of Section 943.13, F.S., and Rule 11B-27.002(1)(d), F.A.C., and/or with the Basic Recruit Training Program entrance requirements of Rule 11B-35.001(14)(b), F.A.C.

GENERAL INSTRUCTIONS

- The physical examination must be performed by a physician licensed under Chapters 458 or 459, F.S., a certified advanced registered nurse practitioner, or a physician assistant.
- This form or an equivalent form, indicating that the officer is capable of performing the essential functions of the law enforcement, correctional, or correctional probation officer duties for which the applicant is seeking employment, **is required** for each new employment or appointment of an officer and may ~~shall~~ be used in conjunction with the Patient Information form CJSTC-75A or an equivalent form, to assist the physician, certified advanced registered nurse practitioner, or physician assistant, by providing testing guidelines to examine the applicant. The physical examination shall not be completed more than one year prior to the officer's date of employment or appointment and a CJSTC-75 form completed for one employing agency may not be used by any other employing agency. If the examination is for employment only, sections 6 – 10 are not required.
- This form, indicating that an applicant is capable of participating in a Basic Recruit Training Program (B RTP), **is required if the applicant is entering a B RTP** and must be completed prior to entrance into a B RTP. The completed form must be maintained in the B RTP course file.
- If an applicant is entering a Basic Recruit Training Program and gaining employment with a criminal justice agency at the same time, a single CJSTC-75 form may be completed for the employing agency and for the training center. The original CJSTC-75 form should reside at the employing agency with a copy being provided to the training center.

INSTRUCTIONS ON HOW TO COMPLETE THIS FORM

1. **Applicant's Name:** Enter the applicant's full legal name.
2. **Last Four Digits of the Social Security Number:** Enter the last four digits of the applicant's social security number.
3. **Hiring Agency:** Enter the hiring agency's name (if applicable).
4. **Training Center:** Enter the training center's name (if applicable).
5. **Request for Employment and/or Training as an officer:** Place a check mark in the box for the discipline in which the applicant is being employed or completing training.
6. **Student Participation in Basic Recruit Training Program Activities. Defensive Tactics (includes chemical agent contamination), Firearms, and Physical Fitness Conditioning and Physical Fitness Testing:** High-liability training in defensive tactics, firearms, and chemical agent contamination is a component of the curriculum mandated by the Criminal Justice Standards and Training Commission and participation in the activities is a requirement for successfully completing a B RTP. **There is no pass or fail at this time.** The test results for each of the five required tests will be recorded on the Academy Physical Fitness Standards Report, form CJSTC-67A as "I" if the student did not perform the test component or "D" if the student was dismissed from the basic recruit training program.
 - A. **Defensive Tactics and Firearms Training.** Firearms training requires firing a handgun and long gun creating exposure to lead. Defensive tactics training requires sustained physical exertion and chemical agent contamination to the chemicals oleo-resin capsicum (OC) and/or orthochlorobenzalmalononitrile (CS).
 - B. **Physical Fitness Conditioning and Physical Fitness Testing.** The Physical Fitness Test includes the following measures and are defined as follows:
 - **Vertical Jump.** This measures leg power by measuring how high a person jumps.
 - **One Minute Sit Ups.** This measures abdominal, or trunk, muscular endurance. While lying on his or her back, the student will be given one minute to do as many bent-leg sit ups as possible.
 - **300 Meter Run.** This measures anaerobic power, or the ability to make an intense burst of effort for a short time period or distance. This component consists of sprinting 300 meters as fast as possible.
 - **Maximum Push Ups.** This measures the muscular endurance of the upper body. This component consists of doing as many push-ups as possible until muscular failure. Males are required to perform the standard push-up and females have the option to perform the standard or modified push-up.
 - **1.5 Mile Run/Walk.** This measures aerobic power or cardiovascular endurance (stamina over time). To complete this component, the student runs or walks a distance of 1.5 miles as fast as possible.
 - C. **A physical fitness conditioning program developed by the training school shall be attached to form CJSTC-75 prior to the student's examination by a physician, certified advanced registered nurse practitioner, or the physician assistant.**
7. **Medical Conditions Regarding Chemical Agent Contamination.** The student shall review the listed medical conditions and list other conditions that may restrict him or her from participating in Chemical Agent Contamination to the chemicals oleo-resin capsicum (OC) and/or orthochlorobenzalmalononitrile (CS).
8. **Basic Recruit Training Program Activities Certification.** The student shall check the appropriate box to indicate if he or she **does or does not** have a medical condition that would restrict participation in the B RTP activities indicated in item numbers 6A and 6B of this form.

9. **Student's Printed Name.** The student shall print his or her first name, last name, and middle initial.
10. **Student's Signature and Date.** The student shall provide a signature and date to verify the information provided by the student is true and correct.
11. **Examining Physician:** The examining physician shall examine the applicant for any medical or physiological reasons that would prevent the applicant from entry into a BRTP or as an officer for employment purposes, pursuant to the attached job duties and/or physical conditioning program.
12. **Physician's Attestation:** The physician, certified advanced registered nurse practitioner, or physician assistant shall mark the appropriate box attesting that the applicant is capable or not capable of participating in basic recruit training and/or performing the essential functions of the law enforcement, correctional, or correctional probation officer discipline for which the officer/applicant is seeking training and/or employment.
13. **Pre-existing Conditions:** The physician, certified advanced registered nurse practitioner, or physician assistant shall mark the appropriate box for each pre-existing condition attesting that the examination of the applicant **Did or Did Not** reveal evidence of the pre-existing conditions listed. These outcomes are not disqualifying for employment.
14. **Signature:** The physician, certified advanced registered nurse, or physician assistant shall sign and print his or her name and enter the examination date.
15. **License Number:** Enter the physician, certified advanced registered nurse practitioner, or physician assistant's license number and licensing state.
16. **Professional Address:** Enter the physician, certified advanced registered nurse, or physician assistant's professional address.



Release of Information

I, _____, hereby permit North Florida College to release the following information from my educational records (check all that apply):

- Registration PIN number
- Class Schedule for Current Term
- Gender
- Registration History
- Race/Ethnicity
- Academic Standing
- Payment Information/History
- Financial Aid Information
- Grades
- Veterans' Information
- Cumulative Credit Hours
- Photo's/Video of Training Exercises
- Other (specify): _____

The above information may be released by phone, in-person or in writing to the following individuals, *once s/he has confirmed my NFC identification number and date of birth.*

Law Enforcement Agency Sponsor Command Staff
Potential Law Enforcement (Agency) conducting Employment Background Investigation
NFC Personnel for Program Advertising/Promotion.

I understand that the above information is considered private information under the federal FERPA (Family Educational Rights and Privacy Act) guidelines. By completing and signing this form, I realize that this information will be released to the party (ies) indicated and that **this Release will remain in effect until I notify NFC in writing that I no longer require it.** This release does NOT authorize others to drop classes or request transcripts on my behalf without my signature.

_____ Student Name (printed)	_____ NFCC ID Number
_____ Student Signature	_____ Date
_____ Student E-mail Address	_____ Student Phone Number

This form must be submitted in person, with picture identification, to Enrollment Services.



**NORTH FLORIDA
COLLEGE
PUBLIC SAFETY ACADEMY
325 N.W. Turner Davis Drive
Madison, FL 32340
850-973-9492 – Office
850-973-2342 - Fax**

Law Enforcement Program Invoice

Payment is for Uniforms, Books, Vocational Insurance and Activity Fees

Programs: Law Enforcement

Student Name: _____ G-Number: _____

Cost: \$182.50

Please submit this invoice to the office of Administrative Services located in Building 2 for payment and signature.

A copy of the paid invoice (Must) be received by Public Safety Academy Staff Prior to the Start of Training.

Director or Designee

Date

Administrative Services

Date



NORTH FLORIDA
COLLEGE
PUBLIC SAFETY ACADEMY
325 N.W. Turner Davis Drive
Madison, FL 32340
850-973-9492 – Office
850-973-2342 - Fax

Corrections Cross-Over to Law Enforcement Invoice

Payment is for Uniforms, Books, Vocational Insurance and Activity Fees

Programs: Corrections Cross-Over Cross-Over to Law Enforcement

Student Name: _____ G-Number: _____

Cost: \$65.00

Please submit this invoice to the office of Administrative Services located in Building 2 for payment and signature.

A copy of the paid invoice (Must) be received by Public Safety Academy Staff Prior to the Start of Training.

Director or Designee

Date

Administrative Services

Date