

# ***STATE OF ALABAMA***

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## ***PEACE OFFICERS' STANDARDS AND TRAINING COMMISSION***



CHIEF R. ALAN BENEFIELD  
EXECUTIVE SECRETARY

### **MEMORANDUM**

**TO: Chiefs, Sheriffs and Law Enforcement Department Heads**

**FROM: Chief R. Alan Benefield  
Executive Secretary**

**DATE: December 14, 2020**

**RE: Lateral Entry Equivalency Training/Certified Law Enforcement  
Officer Refresher Course**

APOSTC is unable to pre-screen or pre-certify applicants for admission to any APOSTC certification course, including applicants for the Lateral/Refresher Course. Individuals must first be employed as a law enforcement officer by a law enforcement agency before submission of an application. Once an application is received, APOSTC will review and determine if an applicant is eligible to attend the academy.

The requirements for a *REFRESHER APPLICANT* are listed in the APOSTC Administrative Code, which may be viewed at [www.apostc.alabama.gov](http://www.apostc.alabama.gov), with specific reference to Chapter 2 (Required Standards for Applicants) and Chapter 12 (Continuing Education), specifically 650-X-12-.02.

For a *LATERAL APPLICANT* you should refer to Chapter 2 (Required Standards for Applicants) and Chapter 4 (Waiver for Lateral Entry Equivalency Training), specifically 650-X-4-.03. The employing agency may use this information to assist in determining the eligibility of an applicant for a waiver, however, only APOSTC has the authority to grant a waiver. In addition, it is the agency's decision, not the applicant's, to request a waiver. A sample letter requesting a Waiver for Lateral Entry Equivalency Training is attached.

All applicants for the Lateral/Refresher Course must submit proof of current CPR certification with the application packet.

If you have any questions, please feel free to call APOSTC.

# AGENCY LETTERHEAD

(Date)

Chief R. Alan Benefield  
Executive Secretary  
Alabama Peace Officers' Standards & Training Commission  
P. O. Box 300075  
Montgomery, AL 36130

SUBJECT: Request for a Waiver for Lateral Entry Equivalency Training

Chief Benefield,

(Officer Name) was hired as a full time law enforcement officer on (mm/dd/year), by the (Agency Name). Officer (name) graduated from the (Police Academy) in City/State on (mm/dd/year) where [he/she] received \_\_\_\_\_ hours of basic law enforcement training and issued certification/license number \_\_\_\_\_. Officer (name) subsequently served as a certified law enforcement officer with the (Former Police Agency) for \_\_\_\_\_ years. Officer (name)'s last date of employment as a full time certified law enforcement officer with the (Previous Agency) in (City/State/County) was (mm/dd/year).

This letter is being submitted as an official request for a waiver for lateral entry equivalency training for Officer (name) to attend the lateral/refresher course on (Date of Academy) at the (Lateral Academy Requested).

Respectfully,

(Chief Law Enforcement Officer)  
(Department)



EMPLOYMENT

CHECK APPLICABLE STATUS

[ ] I AM GAINFULLY EMPLOYED AS A FULL-TIME LAW ENFORCEMENT OFFICER BY THE \_\_\_\_\_ DEPARTMENT, \_\_\_\_\_, ALABAMA. DATE EMPLOYED: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SALARY: \$ \_\_\_\_\_ PER: \_\_\_\_\_

[ ] I AM GAINFULLY EMPLOYED AS A PART-TIME LAW ENFORCEMENT OFFICER BY THE \_\_\_\_\_ DEPARTMENT, \_\_\_\_\_, ALABAMA. DATE EMPLOYED: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SALARY: \$ \_\_\_\_\_ PER: \_\_\_\_\_

I WORK \_\_\_\_\_ HOURS PER WEEK AS A PART-TIME LAW ENFORCEMENT OFFICER.

[ ] I AM RESERVE/VOLUNTEER OFFICER FOR THE \_\_\_\_\_ DEPARTMENT, \_\_\_\_\_, ALABAMA. START DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Affidavit / Release of Liability

I HEREBY ATTEST THAT I AM IN GOOD HEALTH, PHYSICALLY FIT, AND OF GOOD MORAL CHARACTER. I HAVE NEVER BEEN CONVICTED OF A FELONY OR ANY MISDEMEANOR WHICH PROHIBITS ME FROM OWNING OR POSSESSING A FIREARM. I FUTHER ATTEST I DO NOT HAVE ANY CRIMINAL CHARGES WHICH ARE PENDING ADJUDICATION, THAT I AM NOT SUBJECT TO ANY COURT ORDERED PROBATION, AND I AM NOT THE SUBJECT OF ANY PROTECTION ORDER ISSUED BY A COURT OF COMPETENT JURISDICTION. I RELEASE THE ALABAMA PEACE OFFICERS' STANDARDS AND TRAINING COMMISSION, THE LAW ENFORCEMENT ACADEMY, AND ANY DEPARTMENT OFFICIALLY ASSOCIATED WITH THE LAW ENFORCEMENT ACADEMY FROM ANY LIABILITY IN CASE OF ACCIDENT OR ILLNESS. I UNDERSTAND THAT FALSIFICATION OF THIS APPLICATION WILL RENDER ME INELIGIBLE TO ATTEND ANY LAW ENFORCEMENT ACADEMY IN THE STATE OF ALABAMA AND WILL RENDER ME INELIGIBLE FOR CERTIFICATION AS A LAW ENFORCEMENT OFFICER BY THE ALABAMA PEACE OFFICERS' STANDARDS AND TRAINING COMMISSION. UNDER PENALTY OF PERJURY, I SWEAR / AFFIRM THAT ALL INFORMATION CONTAINED IN THIS APPLICATION IS TRUTHFUL.

SIGNED: \_\_\_\_\_

SWORN TO AND SUBSCRIBED BEFORE ME THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_ 20 \_\_\_\_\_

SEAL

NOTARY PUBLIC

**STATE OF ALABAMA  
PEACE OFFICERS' STANDARDS AND TRAINING COMMISSION  
LAW ENFORCEMENT ACADEMY APPLICATION**

**AFFIDAVIT**

I hereby certify, **under penalty of perjury**, that I \_\_\_\_\_ have met all requirements for a law enforcement officer under the provisions of Title 36-21-46, Code of Alabama (1975). I have never been convicted of a felony or any misdemeanor which prohibits me from owning or possessing a firearm. I further attest that I do not have any criminal charges which are pending adjudication, that I am not subject to any court ordered probation, and that I am not the subject of any protection order issued by a court of competent jurisdiction. If I have an arrest history, I have listed all arrests, including the case disposition for each arrest, on my Academy Application.

\_\_\_\_\_  
Signature of Applicant

Sworn to and subscribed before me this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

SEAL

\_\_\_\_\_  
NOTARY PUBLIC

- I hereby certify, **under penalty of perjury and the penalties as described in Title 36-21-50, Code of Alabama (1975)**, that the applicant has met all requirements to be trained and certified as a law enforcement officer under the provisions of Title 36-21-46 Code of Alabama (1975).
- I further certify that a complete background investigation, including the applicant's criminal, driver, financial, and employment history was completed on \_\_\_\_\_ by \_\_\_\_\_, and the investigation report is on file with the \_\_\_\_\_.  
(Date) (Name)  
(Name of Agency)
- I certify that the applicant is employed as a law enforcement officer at a salary of \$ \_\_\_\_\_ per \_\_\_\_\_.

**NOTE:** All three signatures are required. If the applicant is employed as a Deputy Sheriff, the Sheriff signs as both the Chief Law Enforcement Officer and Appointing Authority. If the applicant is a Reserve and is not employed, write RESERVE in the salary blank.

\_\_\_\_\_  
Chief Law Enforcement Officer / Agency Head

\_\_\_\_\_  
Financial Officer (the person responsible for issuing employees paycheck)

\_\_\_\_\_  
Appointing Authority (Mayor, Sheriff, College President, etc.)

Sworn to and subscribed before me this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

SEAL

\_\_\_\_\_  
NOTARY PUBLIC

**STATE OF ALABAMA**  
**PEACE OFFICERS' STANDARDS AND TRAINING COMMISSION**  
PHYSICAL EXAMINATION

APPLICANT'S NAME: \_\_\_\_\_ SEX: [ ] MALE [ ] FEMALE

APPLICANT'S ADDRESS: \_\_\_\_\_  
STREET CITY COUNTY ZIP

PHYSICIAN'S NAME: \_\_\_\_\_  
PLEASE PRINT OR TYPE

PHYSICIAN'S ADDRESS: \_\_\_\_\_  
STREET CITY COUNTY ZIP

PHYSICIAN'S TELEPHONE NUMBER: ( \_\_\_\_\_ ) \_\_\_\_\_

**TO EXAMINING PHYSICIAN:** This physical examination is to determine the above-named applicant's ability to FULLY PARTICIPATE in all of the rigorous physical activities of law enforcement training. These activities include but are not limited to: push-ups, sit-ups, distance running, close order self-defense training, and tactical firearms training (which may be anywhere from 2 to 8 hours per day). The amount of physical training may vary from day to day in difficulty. The applicant MUST be able to participate EVERY DAY at all prescribed levels.

Height \_\_\_\_\_ (Without shoes)      Weight \_\_\_\_\_ lbs. (Stripped)      Frame: Light \_\_\_\_\_ Medium \_\_\_\_\_ Heavy \_\_\_\_\_

NORMAL	ABNORMAL	
		EYES: VISION      RIGHT 20 / _____ LEFT 20 / _____ WITHOUT GLASSES – COLOR PERCEPTION RIGHT 20 / _____ LEFT 20 / _____ WITH GLASSES
		EARS: HEARING      RIGHT _____ / 15 LEFT _____ / 15 EXTERNAL EAR DRUM _____
		NOSE & SINUSES      DEFORMITY; OBSTRUCTION; CHRONIC INFECTION
		THROAT      ENLARGED TONSILS; CHRONIC INFECTION
		THORAX      INADEQUATE EXPANSION; DEFORMITY
		HEART      ENLARGEMENT; ARRHYTHMIA; DEFORMITY BLOOD PRESSURE: SYSTOLIC _____ DIASTOLIC _____
		LUNGS      RALES; DULLNESS; CHRONIC INFECTION
		ABDOMEN      ORGAN ENLARGEMENT; HERNIA: VENTRAL _____ INGUINAL _____
		GENITALIA      PHIMOSIA; HYDROCELE; VARICOCELE
		RECTUM & ANUS      HEMORRHOIDS; FISSURE; FISTULA; PILONIDAL DISEASE
		EXTREMITIES      DEFORMITY; LOSS OF PARTS; LIMITATION OF MOTION; CHRONIC INFECTION; VARICOSE VEINS
		SKIN      DISFIGURING DEFECTS OR SCARS; INFECTION
		NERVOUS & MENTAL      VASOMOTOR INSTABILITY; MENTAL OR NEUROLOGIC DEFECT
		URINALYSIS      SUGAR _____ ALBUMIN _____

Comments on Abnormalities: \_\_\_\_\_

EKG Results: \_\_\_\_\_

The above-named applicant is physically qualified and capable of performing all of the above-described physical tasks pertaining to law enforcement training.

\_\_\_\_\_  
EXAMINING PHYSICIAN      M.D. / D.O. / C.R.N.P.      \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YR

**STATE OF ALABAMA**  
**PEACE OFFICERS' STANDARDS AND TRAINING COMMISSION**  
**PSYCHOLOGICAL EVALUATION**

APPLICANT'S NAME: \_\_\_\_\_ SEX: \_\_\_\_\_ DOB: \_\_\_\_\_  
PLEASE PRINT OR TYPE

APPLICANT'S ADDRESS: \_\_\_\_\_  
STREET CITY COUNTY Zip

**EMPLOYING LAW ENFORCEMENT AGENCY INFORMATION**

AGENCY NAME: \_\_\_\_\_ ORI: \_\_\_\_\_  
PLEASE PRINT OR TYPE

AGENCY ADDRESS: \_\_\_\_\_  
STREET CITY ZIP

PHONE NUMBER \_\_\_\_\_ Agency contact email address: \_\_\_\_\_

**NOTE:** Both the psychological assessment report and APOSTC Form 3B, must to be submitted with the APOSTC Application.

**EXAMINING PROFESSIONAL'S INFORMATION**

NAME: \_\_\_\_\_ STATE LICENSE # \_\_\_\_\_  
PLEASE PRINT OR TYPE

BUSINESS ADDRESS: \_\_\_\_\_  
STREET CITY COUNTY ZIP

PHONE NUMBER \_\_\_\_\_ email address: \_\_\_\_\_

**TO THE EXAMINING PROFESSIONAL:** This psychological assessment is to help determine the above-named applicant's mental and emotional health suitability to perform the duties of a law enforcement officer. In addition to your testing and assessment of the applicant, this Form, POST NO. 3B, is required to be submitted along with your complete evaluation report.

**RECOMMENDATION:** This recommendation is designed to be part of an overall applicant assessment. Recommendation is based upon opinions of potential risk factors using past research results as a guide. They are intended to be used as additional input to a comprehensive selection program involving other independent components. This report is prepared solely for purposes of instant evaluation and the oral assessment. Based solely on the Written Psychological Evaluation and the Oral Assessment, which follows, the overall evaluation for employment as a law enforcement officer is:

\_\_\_\_ 1. **RECOMMEND FOR EMPLOYMENT**

\_\_\_\_ 2. **RECOMMEND WITH CAUTION** (List concerns and recommendations on additional page)

**NOTE: RULE 650-X-2-.04 (2), requires the employing agency to certify it has addressed with the applicant the concerns and recommendations listed by the examining professional and is satisfied the applicant is psychologically fit for appointment as a law enforcement officer. This certification should be submitted by memo on departmental letterhead to the Commission's Executive Secretary by the Agency's Chief Law Enforcement Officer.**

\_\_\_\_ 3. **NOT RECOMMENDED FOR EMPLOYMENT**

\_\_\_\_\_  
SIGNED: EXAMINING PROFESSIONAL / DATE OF EVALUATION / DATE REPORT ISSUED

STATE OF ALABAMA  
PEACE OFFICERS' STANDARDS AND TRAINING COMMISSION

AUTHORIZATION TO RELEASE RECORDS

TO WHOM IT MAY CONCERN:

I hereby release to the Alabama Peace Officers' Standards and Training Commission and its designated officers, agents, or employees, any and all information (including criminal records, physical/medical information, and psychological examinations) required by law or regulations to process my application to attend a law enforcement academy to obtain certification as a law enforcement officer.

\_\_\_\_\_  
NAME (PRINTED)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
MM                                  DD                                  YR

Sworn to and subscribed before me this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

SEAL

\_\_\_\_\_  
NOTARY PUBLIC

**STATE OF ALABAMA**  
**PEACE OFFICERS' STANDARDS AND TRAINING COMMISSION**

**Academy Application Checklist**

\*All APOSTC forms submitted must be Original Documents. Photocopies will not be processed.

- \_\_\_\_\_ \* Completed Post Form 1/Page 1 with passport sized photo attached to the front.
  
- \_\_\_\_\_ \* Employment Post Form 1/Page 3 completed and Notarized.
  
- \_\_\_\_\_ \* Affidavit Post-2 Form 2/Page 4 completed and Notarized at top section and bottom section.
  
- \_\_\_\_\_ \* Physical Examination Post Form-3A/Page 5. Must be signed by a licensed M.D., D.O., P.A., or C.R.N.P.
  
- \_\_\_\_\_ \* Psychological Evaluation Post-3B form completed and Full Psychological Evaluation report.
  
- \_\_\_\_\_ \* Release Post Form 4/Page 6 signed and notarized.
  
- \_\_\_\_\_ Copy of a valid driver's license.
  
- \_\_\_\_\_ Copy of a valid High School Diploma and/or High School Transcripts (Diploma was awarded) or GED.
  
- \_\_\_\_\_ Basic Abilities Test (BAT)/ACT Work Keys results or College Diploma and/or College Transcripts.  
(Degree was awarded)
  
- \_\_\_\_\_ Two blue applicant fingerprint cards. (Contact APOSTC if cards are needed.)
  
- \_\_\_\_\_ Original Certified Copy of Birth Certificate. Photocopies not accepted.
  
- \_\_\_\_\_ Copy of DD-214 (Member-4 or Service-2 form)
  
- \_\_\_\_\_ Disposition of traffic charges and proof of payment within the last (3)three years.
  
- \_\_\_\_\_ Offense Affidavit for any arrests. Must include Case Action Summary and Final Disposition to indicate the case is closed.
  
- \_\_\_\_\_ CPR Certification for Refreshers and Laterals

\* All APOSTC forms submitted must be Originals (wet ink)

All forms submitted must be single side