



East Texas Police Academy  
Basic County Corrections Admission Checklist  
NOT CURRENTLY LICENSED OR HIRED BY AGENCY

Student Name: \_\_\_\_\_ PID: \_\_\_\_\_

Location: \_\_\_\_\_ Date of Academy: \_\_\_\_\_

**Sponsorship Form Completed and Notarized** --- Agency: \_\_\_\_\_

**FAST Fingerprints with Return**

**L-2 Medical Filled Out as Required**

Valid Texas Medical/Nursing License

**L-2 Notice of Duties signed by Examiner**

**L-2 Drug Screen Filled Out as Required**

Drug Screen Conducted by DOT Approved Laboratory Testing Service (Must provide proof of DOT Approval)

Valid Texas Medical/Nursing License

**L-3 Psychological**

Valid Texas License to Practice

**L-3 Notice of Duties signed by Examiner**

**Birth Certificate or Proof of Citizenship if Naturalized Citizen**

Copies made by ETPA Staff from original

Copies made by agency from original

Other Certified Copy

**High School Graduate or GED**

Copies made by ETPA Staff from original

Copies made by agency from original

Other Certified Copy

**DD214 Military Records**

**TCOLE C-1 Form Completed**

**Bacterial Meningitis Vaccine (Under the age of 22)**

**Personal History Statement**

Entire document completed

Notarized



# Basic County Corrections Sponsorship Form

Date: \_\_\_\_\_

Sponsoring Agency: \_\_\_\_\_

Agency Administrator : \_\_\_\_\_

Agency Phone Number: \_\_\_\_\_

Applicant Name (L, F, MI): \_\_\_\_\_

Applicant SSN: \_\_\_\_\_

Applicant PID: \_\_\_\_\_

Applicant Phone Number: \_\_\_\_\_

BCCC Location: \_\_\_\_\_

BCCC Course Dates: \_\_\_\_\_

=====

I certify that the listed student is:

[ ] **Guaranteed Commission:** Sponsorship exists when the agency **guarantees** to commission the student as a peace officer upon successful completion of all TCOLE licensing requirements. This sponsorship qualifies for 50% COG funding of tuition.

[ ] **Non-Employed:** Sponsorship exists when the agency assumes no obligation to employ or commission the student as a peace officer. This sponsorship qualifies for **no** COG funding of tuition.

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\_\_\_\_\_  
Signature of Sponsoring Official

\_\_\_\_\_  
Date

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

Notary Public in and for the State of Texas

\_\_\_\_\_  
Printed name of Notary Public

My commission expires:

\_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public

Seal or Stamp

Applicant's Name: \_\_\_\_\_

Yes No

- Does the applicant have a temporary jailer's license issued by the Commission on Law Enforcement? ***If YES, skip the rest of these questions and go to the certification section at the bottom of the page.***
- Is applicant a **United States citizen**? *If no, applicant is not eligible to enroll in a BCCC or to be licensed as jailer in the State of Texas.*
- Is applicant's **drug screen** on file with agency (TCOLE form L-2)?
- Is applicant's **physical examination report** on file with agency (TCOLE form L-2)?
- Is applicant's **psychological exam report** on file with agency (TCOLE form L-3)?
- Is applicant at least **18 years of age**? *If no, applicant is not eligible to enroll in a BCCC or to be licensed as a jailer.*
- Has the applicant been fingerprinted and subjected to a search of local, state, and U.S. national records and fingerprint files to disclose any criminal records via the F.A.S.T. system? *ETPA must have a copy of a cleared F.A.S.T. report prior to enrollment.*
- Does the applicant have a **high school diploma** or a **G.E.D.**? *If no, applicant is not eligible to enroll in a BCCC or to be licensed as a jailer.*
- Has the applicant **ever** been convicted of a **felony** or **class "A" misdemeanor**, including probation, community service, or deferred probation? *If yes applicant is not eligible to enroll in a BCCC or to be licensed as a jailer.*
- Has the applicant been convicted of a **class "B" misdemeanor** within the past **10 years**, including probation, community service, or deferred probation? *If yes, applicant is not eligible to enroll in a BCCC or to be licensed as a jailer.*
- Has the applicant **ever** been convicted of a **family violence offense**, including class "C" misdemeanor family violence? *If yes, applicant is not eligible to enroll in a BCCC or to be licensed as a jailer.*
- Is the applicant **currently charged** with any criminal offense for which conviction would be a **bar to licensure**? *If yes, applicant is not eligible to enroll in a BCCC or to be licensed as a jailer.*
- Has the applicant ever received a **dishonorable or other discharge based on misconduct which bars future military service**? *If yes, applicant is not eligible to enroll in a BCCC or to be licensed as a jailer.*
- Has the applicant ever had a TCOLE license **denied by final order** or **revoked**? *If yes, applicant is not eligible to enroll in a BCCC or to be licensed as a jailer.*
- Is the applicant currently on **TCOLE suspension** / has a **surrender of license** currently in effect? *If yes, applicant is not eligible to enroll in a BCCC or to be licensed as a jailer.*

I certify under penalty of perjury that the above-listed student meets all the requirements for enrollment in a Basic County Corrections Course as outlined in TCOLE rules §217.1, *Minimum Standards for Enrollment and Initial Licensure*. I understand that the documents relating to these standards for this student are to be kept on file with the sponsoring agency and are available for inspection by East Texas Police Academy faculty or staff upon written notice. I am aware that this document constitutes a governmental record and knowingly making a false entry in, or false alteration of, a governmental record is a violation of §37.10 of the Texas Penal Code, *Tampering with Governmental Record*.

\_\_\_\_\_  
Signature of Sponsoring Official

\_\_\_\_\_  
Date

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

Notary Public in and for the State of Texas  
My commission expires:

\_\_\_\_\_  
Printed name of Notary Public

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public

*Kilgore College is an Equal Opportunity / Affirmative Action Institution.*

Seal or Stamp

*If you are a person with a disability and need assistance, please call 903-983-8672.*

**TEXAS COMMISSION ON LAW ENFORCEMENT**  
**6330 E. Highway 290, STE. 200, Austin, Texas 78723-1035**  
**Phone: (512) 936-7700**  
<http://www.tcole.texas.gov>

**LICENSEE MEDICAL CONDITION DECLARATION (L-2) Commission Rule §217.1, 217.7**  
**INDIVIDUAL INFORMATION**

1. TCOLE PID	2. Last Name	3. First Name	4. M.I.	5. Suffix (Jr., etc.)
6. Home Mailing Address		7. City	8. State	9. Zip Code

**APPOINTMENT (Do not check if student is in an academy)**

10. <input type="checkbox"/> Initial Appointment, Never Licensed <input type="checkbox"/> License holder with more than a 180 day break in service	
11. <input type="checkbox"/> Peace Officer <input type="checkbox"/> Reserve Officer <input type="checkbox"/> County Jailer <input type="checkbox"/> Telecommunicator	

**DEPARTMENT / ACADEMY INFORMATION**

An agency hiring a person for whom a license is sought shall select the examining physician. The hiring agency shall maintain a copy of the report on file in a format readily accessible to the commission.

12. TCOLE Number	13. Appointing Agency or Academy
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**Attention Examining Professional:** The above information must be completed by the requesting agency prior to the examining professional completing and signing the L-2 form.

INITIAL APPOINTMENTS: Peace Officer (both exams), County Jailer (both exams), Telecommunicator (drug screen only).

MORE THAN 180 day break in service: Peace Officer, County Jailer, and Telecommunicator: Drug Screen ONLY.

I certify that I have completed my examination of the examinee, on this date and determine the examinee is found:	
<input type="checkbox"/> <b>MEDICAL EXAM</b> - To be physically sound and free from any defect which may adversely affect the performance of duty appropriate to the type of license sought.	
<input type="checkbox"/> Physician <input type="checkbox"/> Physician's Assistant <input type="checkbox"/> Nurse Practitioner (State License # not required)	

14. Name (type or print)		15. License No	
16. Street Address			
17. City	18. State	19. Zip Code	20. Phone Number
21. Date of Examination	22. Signature		23. Date

I certify that I have completed my examination of the examinee, on this date and determine the examinee is found:			
<input type="checkbox"/> <b>DRUG SCREEN</b> - To show no trace of drug dependency or illegal drug use after a physical examination, blood test or other medical test.			
<input type="checkbox"/> Physician <input type="checkbox"/> Physician's Assistant <input type="checkbox"/> Nurse Practitioner (State License # not required) <input type="checkbox"/> DoT Provider			

24. Name (type or print)		25. License No	
26. Street Address			
27. City	28. State	29. Zip Code	30. Phone Number
31. Date of Examination	32. Signature		33. Date

**THIS DECLARATION IS NOT PUBLIC INFORMATION PER TEXAS OCCUPATIONS CODE 1701.306. VALID FOR 180 DAYS FROM GRADUATION DATE OF ACADEMY, IF ACCEPTED BY APPOINTING AGENCY OR VALID FOR 180 DAYS FROM DATE SIGNED UNLESS WITHDRAWN OR INVALIDATED. MUST BE SIGNED BY A LICENSED PHYSICIAN, NURSE PRACTITIONER, or PHYSICIANS ASSISTANT WITH A VALID PHYSICIANS ID, or in the case of a DoT drug screen only, authorized DoT personnel.**



# East Texas Police Academy Notice of Duties for Medical Exam (L-2) Basic County Corrections Course



Name of Applicant Being Examined: \_\_\_\_\_

This medical examination is being conducted pursuant to Texas Commission on Law Enforcement Rule §217.1(b)(11), which states that an applicant is:

“[E]xamined by a physician, selected by the appointing or employing agency, who is licensed by the Texas Medical Board. The physician must be familiar with the duties appropriate to the type of license sought and appointment to be made. The appointee must be declared by that professional, on a form prescribed by the commission, within 180 days before the date of appointment by the agency to be:

- (A) physically sound and free from any defect which may adversely affect the performance of duty appropriate to the type of license sought;
- (B) show no trace of drug dependency or illegal drug use after a blood test or other medical test; and
- (C) for the purpose of meeting the requirements for initial licensure, an individual's satisfactory medical exam that is conducted as a requirement of a basic licensing course may remain valid for 180 days from the individual's date of graduation from that academy, if accepted by the appointing agency”

The duties of a jailer typically include, but are not limited to:

Keep a running log of all shift activities; keep a telephone log; Process incoming inmates into the jail management system, fill out forms, place personal property and valuables in a locked place; allow prisoners to make a telephone call, place the inmate in a cell or the detoxification area, and file the inmates' information in the proper place. Check cells regularly for condition of inmates and inmate activities as required by state standards. Release and return inmates who participate in a work release program; release and return inmates to a cell that work inside the jail. Ability to process outgoing inmates in the jail management system, which includes filling out forms, returning personal property, writing bonds, taking money, and writing receipts as required. Ability to transport prisoners to a hospital, dentist or court as required. Ability to perform guard duty at a hospital as required. Ability to monitor the two-way radio system used by other deputy jailers; monitor the visual and audio monitors throughout the jail. Maintain order of possibly belligerent and/or intoxicated subjects, which may require physically fighting one or more subjects.

I certify that I have reviewed the TCOLE Rule regulating this exam, and that I have reviewed the duties of a jailer:

Signature of Medical Professional Conducting Exam: \_\_\_\_\_

Printed Name of Medical Professional Conducting Exam: \_\_\_\_\_

**TEXAS COMMISSION ON LAW ENFORCEMENT**

6330 E. Highway 290, STE 200, Austin, Texas 78723-1035

Phone: (512) 936-7700

<http://www.tcole.texas.gov>

**LICENSEE PSYCHOLOGICAL AND EMOTIONAL HEALTH DECLARATION (L-3)**  
**Commission Rule 217.01, 217.1, 217.7, 221.35**

**INDIVIDUAL INFORMATION**

1. TCOLE PID	2. Last Name	3. First Name	4. M.I.	5. Suffix (Jr., etc.)
6. Home Mailing Address		7. City	8. State	9. Zip Code

Is this exam for a student enrolling in an academy?  Yes  No.

If yes, check one  Peace Officer  County Corrections  Telecommunicators  School Marshal

**Attention Requesting Agency:** State Law and Commission Rule require that this psychological examination be performed by a **licensed psychologist** or a **psychiatrist** except in an exceptional circumstance when, upon prior approval by the Commission, it may be performed by a qualified licensed physician. The Chief Administrator of the requesting agency must request prior approval in writing and must receive specific written approval before an examination under exceptional circumstances is acceptable.

**APPOINTMENT (Do not check if student)**

10. <input type="checkbox"/> Peace Officer <input type="checkbox"/> Reserve Officer <input type="checkbox"/> County Jailer <input type="checkbox"/> Telecommunicator <input type="checkbox"/> School Marshal <input type="checkbox"/> Juvenile Probation Officer <input type="checkbox"/> Public Security Off.
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**ACADEMY / DEPARTMENT INFORMATION**

11. TCOLE Number	12. Agency/Academy Name	13. Mailing Address		
14. City	15. County	16. Zip Code	17. Phone Number	

**Attention Examining Professional:** State Law and Commission Rule require that this psychological examination be performed by a **licensed psychologist** or a **psychiatrist** except in an exceptional circumstance when, upon prior approval by the Commission, it may be performed by a qualified licensed physician. The agency must request prior approval in writing and must receive specific written approval before an examination under exceptional circumstances is acceptable.

**STATEMENT OF EXAMINER: (Please check the appropriate box and provide the requested information)**

I am a  **Licensed Psychologist**,  **Psychiatrist**, and I certify that I have completed a psychological examination of the above named individual pursuant to professionally recognized standards and methods. I have concluded that, on this date, the individual IS in satisfactory psychological and emotional health to perform the duties, accept the responsibilities and meet the qualifications established by the appointing agency.

Examiner: \_\_\_\_\_  
Name (type or print) State License Number

Mailing Address: \_\_\_\_\_  
Street City State Zip

Phone Number: \_\_\_\_\_ Date of Examination(s) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

THIS DECLARATION IS NOT PUBLIC INFORMATION AND IS VALID UNLESS WITHDRAWN OR INVALIDATED, AND IS VALID ONLY IF SIGNED BY A LICENSED PSYCHOLOGIST OR PHYSICIAN.



## East Texas Police Academy Notice of Duties for Psychological Exam (L-3) Basic County Corrections Course



Name of Applicant Being Examined: \_\_\_\_\_

This medical examination is being conducted pursuant to Texas Commission on Law Enforcement Rule §217.1(b)(12), which states that an applicant is:

“[E]xamined by a psychologist, selected by the appointing, employing agency, or the academy, who is licensed by the Texas State Board of Examiners of Psychologists. This examination may also be conducted by a psychiatrist licensed by the Texas Medical Board. The psychologist or psychiatrist must be familiar with the duties appropriate to the type of license sought. The individual must be declared by that professional, on a form prescribed by the commission, to be in satisfactory psychological and emotional health to serve as the type of officer for which the license is sought. The examination must be conducted pursuant to professionally recognized standards and methods. The examination process must consist of a review of a job description for the position sought; review of any personal history statements; review of any background documents; at least two instruments, one which measures personality traits and one which measures psychopathology; and a face to face interview conducted after the instruments have been scored. The appointee must be declared by that professional, on a form prescribed by the commission, within 180 days before the date of the appointment by the agency;

(A) the commission may allow for exceptional circumstances where a licensed physician performs the evaluation of psychological and emotional health. This requires the appointing agency to request in writing and receive approval from the commission, prior to the evaluation being completed; or

(B) the examination may be conducted by qualified persons identified by Texas Occupations Code § 501.004. This requires the appointing agency to request in writing and receive approval from the commission, prior to the evaluation being completed; and

(C) for the purpose of meeting the requirements for initial licensure, an individual's satisfactory psychological exam that is conducted as a requirement of a basic licensing course may remain valid for 180 days from the individual's date of graduation from that academy, if accepted by the appointing agency”

The duties of a jailer typically include, but are not limited to:

Keep a running log of all shift activities; keep a telephone log; Process incoming inmates into the jail management system, fill out forms, place personal property and valuables in a locked place; allow prisoners to make a telephone call, place the inmate in a cell or the detoxification area, and file the inmates' information in the proper place. Check cells regularly for condition of inmates and inmate activities as required by state standards. Release and return inmates who participate in a work release program; release and return inmates to a cell that work inside the jail. Ability to process outgoing inmates in the jail management system, which includes filling out forms, returning personal property, writing bonds, taking money, and writing receipts as required. Ability to transport prisoners to a hospital, dentist or court as required. Ability to perform guard duty at a hospital as required. Ability to monitor the two-way radio system used by other deputy jailers; monitor the visual and audio monitors throughout the jail. Maintain order of possibly belligerent and/or intoxicated subjects, which may require physically fighting one or more subjects.

I certify that I have reviewed the TCOLE Rule regulating this exam, and that I have reviewed the duties of a jailer.

Signature of Licensed Professional Conducting Exam: \_\_\_\_\_

Printed Name Licensed Professional Conducting Exam: \_\_\_\_\_



**PID ASSIGNMENT (C-1)**  
**Completion of all fields required.**

**INDIVIDUAL INFORMATION**

1. Social Security Number	2. First Name	3. M.I.	4. Last Name	5. Suffix (Jr., etc.)
6. Race / Ethnicity <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Multicultural <input type="checkbox"/> White			7. Date of Birth /    /	8. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
10. Home Mailing Address		11. City		9. Driver's License State: Num.:
12. State		13. Zip Code		
14. Height	15. Weight	16. Hair Color	17. Eye Color	
18. U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	19. Phone Number (include area code)		20. Email	

This form is to be submitted only for the express purpose of having a personal identification number (PID) assigned by TCOLE to the above named individual therein creating a TCOLE record and allowing training to be reported for that individual.

**Agency administrator or training coordinator check appropriate box for their student or employee.**

- Applying for entry into a basic licensing course.
- Applicant has read and received a copy of §217.1 Minimum Standards for Initial Licensure.

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

- Future appointment as a Telecommunicator, Temporary or Licensed
- Future appointment as a County or Contract Jailer, Temporary or Licensed
- Future Appointment as a Probation Officer, Juvenile or Adult
- Ability to track training hours

TCOLE agency / training provider number \_\_\_\_\_ and Name \_\_\_\_\_

\_\_\_\_\_  
Agency Administrator or Training Coordinator (Type or Print) Signature Date

**Individuals not associated with a training provider or agency check below.**

- Applying for instructors certificate
- Applying for Retired Federal Firearms ID
- Applying for consideration of prior out-of-state, federal, military, special forces or TDCJ training.

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