

East Texas Police Academy
 Basic Telecommunicator Admission Checklist
 CURRENTLY HIRED AND APPOINTED AS A TCOLE LICENSEE



Student Name: _____ PID: _____

Location: _____ Date of Course: _____

Sponsorship Form Completed and Notarized - - - Agency: _____

TCOLE Declaration of Licensing Course Enrollment Eligibility Form

TCOLE Law Enforcement Agency Checklist

ETPA Applicant Declaration Page

ETPA Drug Use History Declaration

ETPA Release of Information Authorization

Valid CPR Card

Arrest Disposition Records
Required for any and all arrests or charges filed against the applicant

DD214 Military Records

ETPA Personal History Statement

Entire document completed

Notarized

NOTE: Pursuant to TCOLE Rule §217.1(b)(10)(A), all applicants to this course must complete the ETPA specific PHS. We are unable to accept your agency's PHS in lieu of our own, regardless of your employment status. The PHS must be filled out in its entirety, with no questions left blank or unanswered.

FOR ACADEMY USE ONLY	INITIAL/DATE
PACKET RECEIVED BY:	
PHS VERIFIED BY:	
ARREST DISPOSITION APPROVED BY:	
DD-214 APPROVED BY:	
A-5 SEARCH COMPLETED BY:	



BASIC TELECOMMUNICATIONS SPONSORSHIP

East Texas Police Academy



Date: _____
Sponsoring Agency: _____
Agency Administrator: _____
Agency Phone Number: _____

Applicant Name (L, F, MI): _____
Applicant PID: _____
Applicant Phone Number: _____

BTOC Location: _____
BTOC Course Dates: _____

=====

I certify that the applicant listed on this sponsorship form is:

[] **Employed:** Exists when the agency hires and maintains employment of the student during the *BTOC*. The student must be employed full-time or part-time by a law enforcement agency during a monthly payroll period. This sponsorship qualifies for 100% of COG funding of tuition. If the employing agency is not a law enforcement agency, the employment situation must be discussed and written approval must be given by the respective COG Criminal Justice Coordinator or COG Executive Director in order to qualify for Employed Sponsorship status/funding.

Employment is considered to be **full-time** if the student would be eligible for benefits as provided under T.A.C. Title 28 §26.4 (14). Employment is considered to be **part-time** if the student receives financial compensation for the services they provide to the agency on a regular or irregular basis, provided that the student provides those services and is compensated for them every calendar month while they are enrolled in the course.

If a student is registered through "Employed Sponsorship" status and he/she does not complete the course, the sponsoring agency will be billed for the course. Therefore, ETCOG/ATCOG will not be responsible for tuition payment upon the student's separation.

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

DECLARATION OF LICENSING COURSE ENROLLMENT ELIGIBILITY

Texas Commission on Law Enforcement (TCOLE) Rule 217.1 requires a training provider to have on file (on or before the first day of the licensing course) documented proof that the student meets all eligibility requirements for licensure. Training providers conducting licensing courses for either their own personnel or independent students (not hired by an agency) must have all required documents on file and readily available for review. Training providers conducting licensing courses for personnel from other Law Enforcement agencies may, with the advice and consent of their Advisory Board, either maintain copies of the required documents from the employing agency **or** use this declaration document as proof of compliance with Rule 217.1.

TRAINING ACADEMY: _____ ACADEMY #: _____

EMPLOYING/APPOINTING AGENCY: _____

TRAINEE's NAME: _____ PID #: _____

The above-named person (check one): *is currently hired* as a police cadet; *is currently hired* as a jailer cadet; *is currently hired* as a telecommunicator or jailer, and 1) has a temporary license, or 2) does not have a temporary license solely due to Occupations Code 1701.310(b) *is currently licensed and hired* by this agency as a peace officer, telecommunicator or jailer and seeking an additional licensed position within this agency. Furthermore, our agency already has on file documented proof that the above-mentioned individual meets all the minimum eligibility requirements for the license being sought (must attach completed TCOLE Law Enforcement Agency Checklist).

HIRING AGENCY ADMINISTRATOR SIGNATURE SECTION (Must be completed and signed by the agency head or designee.)

As head of the agency, or his/her designated representative, I am endorsing this official government record which certifies, subject to civil and criminal penalties, it has been completely filled out with true and correct information. I also attest that the applicant has met all the requirements for enrollment and licensure as required by Commission Rule 217.1 without exception. Our agency shall provide copies of all required eligibility documents to the enrolling academy or TCOLE representatives upon request.

_____ Printed Chief Administrator's (or designee) Name & Title

_____ Signature of Administrator (or designee)

_____ Date

State of Texas

County of _____ Sworn and subscribed before me, this the ____ day of _____, 20_____

Notary public in and for the State of Texas.

My commission expires ____/____/____

_____ Notary Public's Signature

_____ Notary stamp/seal

APPLICANT SIGNATURE SECTION (This section must be completed and signed by the trainee.)

As the trainee, I am endorsing this official government record to certify, subject to civil and criminal penalties, that all its contents are true and correct. I also confirm that I currently meet all the requirements for enrollment as required by Commission Rule 217.1 without exception.

_____ Printed Applicant's Name

_____ Signature of Applicant

_____ Date

State of Texas

County of _____ Sworn and subscribed before me, this the ____ day of _____, 20_____

Notary public in and for State of Texas.

My commission expires ____/____/____

_____ Notary Public's Signature

_____ Notary stamp/seal

TEXAS COMMISSION ON LAW ENFORCEMENT

Law Enforcement Agency Audit Checklist

Employee:	PID:	
New Licensee	180 Days or Less Break in Service	More Than 180 Day Break in Service
<input type="checkbox"/> Personal History Statement (PHS) <input type="checkbox"/> F-5R (filled out, signed & dated) <input type="checkbox"/> BCF (Required for appts on or after 1/1/22) <input type="checkbox"/> L-2 (drug screen/medical exam for PO's & Jailers. Drug screen only for telecommunicators.) <input type="checkbox"/> L-3 (psychological evaluation) <input type="checkbox"/> CCH (TCIC-NCIC) <input type="checkbox"/> DPS/FBI Fingerprint Return* <input type="checkbox"/> Proof of Citizenship <input type="checkbox"/> Proof of Education <input type="checkbox"/> Military Discharge (DD-214) <input type="checkbox"/> Certified Copy of Court Disposition ** <input type="checkbox"/> Official record of annual firearms qualification within the last 12 months. (Applies to Peace Officers only) <input type="checkbox"/> L-1 / L1-T (sign & notarize pages 1 & 2. Do not submit until ALL required docs listed above are in place)	<input type="checkbox"/> Personal History Statement (PHS) <input type="checkbox"/> F-5R (filled out, signed & dated) <input type="checkbox"/> BCF (Required on or after 1/1/22) <input type="checkbox"/> CCH (TCIC-NCIC) <input type="checkbox"/> Military Discharge (DD-214) <input type="checkbox"/> Certified copy of court disposition ** <input type="checkbox"/> Official record of annual firearms qualification within the last 12 months. (Peace Officers only) <input type="checkbox"/> L-1 / L1-T (sign & notarize pages 1 & 2. Do not submit until ALL the required docs listed above are in place)	<input type="checkbox"/> Personal History Statement (PHS) <input type="checkbox"/> F-5R (filled out, signed & dated) <input type="checkbox"/> BCF (Required for appts on or after 1/1/22) <input type="checkbox"/> L-2 (drug screen for <u>all</u> licensees) <input type="checkbox"/> L-3 (psychological evaluation) <input type="checkbox"/> CCH (TCIC-NCIC) <input type="checkbox"/> DPS/FBI Fingerprint Return* <input type="checkbox"/> Military Discharge (DD-214) <input type="checkbox"/> Certified Copy of Court Disposition ** <input type="checkbox"/> Official record of annual firearms qualification within the last 12 months. (Applies to Peace Officers only) <input type="checkbox"/> L-1 / L1-T (sign & notarize pages 1 & 2. Do not submit until ALL required docs listed above are in place)

All documentation must be in place prior to submitting the L-1 form. Failure to properly complete and document all pre-appointment requirements listed above is a violation of state law punishable by fine (up to \$1,000 per day, per violation) and/or imprisonment (see TOC 1701.507 and 553).

The BCF form must be electronically submitted and approved BEFORE an L-1 form is entered in TCLEDDS. Otherwise, the L-1 form will be rejected.

*Fingerprint check requests should be submitted through F.A.S.T. for faster and more secure service, but DPS will still accept a 10-print card by mail. Use of a Live Scan fingerprinting system requires preapproval from Texas DPS. To set up a F.A.S.T. account, contact DPS at 512-424-2365, choose option 6. To validate your agency's Live Scan contact DPS at livescan@dps.texas.gov.

**A certified court disposition is required for any criminal charge listed on a CCH including class B misdemeanors and above, or any class C misdemeanor arrest, charge, indictment, or ticket stemming from a family violence incident.

ALL AUDITABLE DOCUMENTS SHOULD BE KEPT TOGETHER IN A SECURE BUT EASILY ACCESSIBLE FOLDER SEPARATE FROM PERSONNEL FILES OR OTHER UNRELATED DOCUMENTS. TCOLE FILE MUST BE RETAINED FOR A MINIMUM OF FIVE (5) YEARS AFTER TERMINATION OF APPOINTMENT. FOR MORE INFORMATION, CONTACT YOUR TCOLE FIELD AGENT.



East Texas Police Academy Applicant Declaration Page



WARNING: THE DECLARATIONS MADE ON THIS FORM ARE OFFICIAL STATEMENTS MADE ON A GOVERNMENTAL RECORD. KNOWINGLY MAKING A FALSE ENTRY OR OMISSION IS A CRIMINAL OFFENSE UNDER PENAL CODE §37.10.

Applicant Name: _____ **Course Applying For:** _____

A-5 Declaration:

INITIAL ONE OF THE BOXES BELOW:

I certify that I have **not** ever been dismissed from any other licensing course (BPOC, BCCC, BTOC) offered by any academy in the State of Texas, and that an A-5 has never been reported to TCOLE for my failure to complete a licensing course for any reason.

I certify that I have been previously dismissed from another licensing course (BPOC, BCCC, BTOC) offered by any academy in the State of Texas, namely the following course (List: Course, Academy Name, Date):

Military Service Declaration:

INITIAL ONE OF THE BOXES BELOW:

I certify that I have **not** ever served in any branch of the armed forces of the United States of America, nor any of their reserve or guard components.

I certify that I have served in a branch of the armed forces of the United States of America, or in one of their reserve or guard components (List: Branch, Dates of Service):

Prior Arrest Declaration:

For purposes of this question, an arrest is considered to have occurred if a person has been booked into any correctional facility or holding facility pursuant to any criminal charge of any grade, regardless of the duration of time spent in the facility or the final disposition of the charge alleged, or the person's age at the time the charge was filed; or if an information or an indictment was issued against a person alleging a criminal offense occurred. Note: court disposition paperwork is required for ALL arrests.

INITIAL ONE OF THE BOXES BELOW:

I certify that I have **not** ever been arrested.

I certify that I have been arrested (List: State, Arresting Agency, Charge, Disposition):

Prior ETPA Enrollment:

INITIAL ONE OF THE BOXES BELOW:

I certify that I have **never** attended a licensing course offered by ETPA (BPOC, BCCC, BTOC) at any time in the past.

I certify that I have attended a licensing course offered by ETPA (BPOC, BCCC, BTOC) at any time in the past. (List: Course Type, Course Location, Date):

I certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers to the above questions. I fully understand that any misrepresentation, omission, or falsification may deem me permanently disqualified from enrollment and may result in criminal charges being filed against me.

Print Name: _____ **Signature:** _____ **Date:** _____

Before me personally appeared _____, who stated that he/she has full knowledge of the purposes of this document and that he/she executed this document of his/her own free will and accord.

SEAL or Stamp

Signature of Notary

My Commission Expires: _____



East Texas Police Academy Drug Use Declaration Page



WARNING: THE DECLARATIONS MADE ON THIS FORM ARE OFFICIAL STATEMENTS MADE ON A GOVERNMENTAL RECORD. KNOWINGLY MAKING A FALSE ENTRY OR OMISSION IS A CRIMINAL OFFENSE UNDER PENAL CODE §37.10.

Applicant Name: _____ **Course Applying For:** _____

Past Illegal Substance Use:

For purposes of this question, illegal substances include but are not limited to: methamphetamine, cocaine, heroin, fentanyl, or any other “street drug” that is not legal in the State of Texas. It does not include Marijuana.

INITIAL ONE OF THE FOLLOWING BOXES:

I certify that I have ***not*** ever consumed, used, or experimented with any illegal substance in my entire life.

I certify that I have consumed, used, or experimented with an illegal substance: (List ALL instances of use. If used habitually, list: first time used, last time used, and approximate number of times used, and circle “YES” below)

Date:	Substance:	Circumstances:	Habitual Use?	Yes	No

Past Prescription Drug Abuse:

For purposes of this question, a “prescription drug” is a medication or drug that is only available under prescription from a licensed physician. Prescription drugs include but are not limited to: Xanax, Hydrocodone, Percocet, Valium, Adderall, Codeine, etc.

“Abuse” means to have used a prescription drug for the purposes of intoxication (“getting high”), or having taken a medication regardless of the type of medication that was prescribed to another person, not prescribed to you, or not legally obtained via a prescription from a licensed physician / pharmacy.

INITIAL ONE OF THE FOLLOWING BOXES:

I certify that I have ***not*** ever abused a prescription drug in my entire life.

I certify that I have abused a prescription drug”: (List ALL instances of use. If used habitually, list: first time used, last time used, and approximate number of times used, and circle “YES” below)

Date:	Substance:	Circumstances:	Habitual Use?	Yes	No

WARNING: THE DECLARATIONS MADE ON THIS FORM ARE OFFICIAL STATEMENTS MADE ON A GOVERNMENTAL RECORD. KNOWINGLY MAKING A FALSE ENTRY OR OMISSION IS A CRIMINAL OFFENSE UNDER PENAL CODE §37.10.

Prior Marijuana / THC Use:

For purposes of this question, "marijuana" is the cannabis sativa L. plant, and any part of that plant or any byproduct of that plant (oil, cakes, compounds, etc) that contain more than 0.3% THC by weight. This includes marijuana flower, "edibles", "vapes", or any other product or method used to consume or introduce THC into the body of a person.

INITIAL ONE OF THE FOLLOWING BOXES:

I certify that I have **not** ever consumed or used Marijuana or THC

I certify that I have consumed or used Marijuana or THC: (List ALL instances of use. If used habitually, list: first time used, last time used, and approximate number of times used, and circle "YES" below)

Date:	Substance:	Circumstances:	Habitual Use?	Yes	No

If you are unsure of what you need to declare, or how to fill this form out, call the ETPA office at 903.983.8663 and seek clarification.

I certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers to the above questions. I fully understand that any misrepresentation, omission, or falsification may deem me permanently disqualified from enrollment and may result in criminal charges being filed against me.

Print Name: _____ **Signature:** _____ **Date:** _____

Before me personally appeared _____, who stated that he/she has full knowledge of the purposes of this document and that he/she executed this document of his/her own free will and accord.

SEAL or Stamp

Signature of Notary

My Commission Expires: _____



EAST TEXAS POLICE ACADEMY

1104 Brook Drive
Kilgore, TX 75662
903-983-8663
www.kilgore.edu

Authorization to Release Information

I, the undersigned _____, hereby authorize the East Texas Police Academy (“East Texas Police Academy” includes all agents and employees of Kilgore College assigned to the East Texas Police Academy, or their lawful designees) to obtain any information from my present or former employers and their employees and representatives related to my employment and job performance. I hereby direct my present or former employers and their employees and their representatives to release such information upon request to the East Texas Police Academy, either verbally or in writing. I understand that the information released is for use by the East Texas Police Academy and may be disclosed to third parties as the East Texas Police Academy deems necessary. I hereby fully waive any rights or claims I have or may have against my present and former employers and the East Texas Police Academy and their officials, employees, representatives and agents from any and all liability claims or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me.

The intent of this authorization is to give my full consent for full and complete disclosure of the records of educational institutions; financial or credit institutions (including records of loans); employment and pre-employment records (including background reports); social networking sites; efficiency ratings; complaints or grievances filed by or against me; military records; and the records and recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either civil or criminal, in which I have, or have had an interest.

I also certify that any person(s) who may furnish information concerning me shall not be held legally accountable for providing information in any way, and I do hereby release said person(s) from any and all liability, including liability for any negligent act of any such party furnishing such information which may be incurred as a result of furnishing such information.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

APPLICANT'S
SIGNATURE _____ DATE _____

BEFORE ME, _____, A NOTARY PUBLIC, ON THIS DAY PERSONALLY APPEARED _____, KNOWN TO ME (OR PROVED UNDER OATH OF OFFICE) TO BE THE PERSON WHOSE NAME IS SUBSCRIBED TO THE FOREGOING INSTRUMENT AND ACKNOWLEDGED TO ME THAT HE/SHE EXECUTED THE SAME FOR THE PURPOSES AND CONSIDERATIONS THEREIN EXPRESSED.

GIVEN UNDER MY AND SEAL OF OFFICE THIS _____ DAY OF _____, 20____.

NOTARY PUBLIC, STATE OF TEXAS

PRINTED NAME

MY COMMISSION EXPIRES: _____