

**The University of Kansas  
Kansas Law Enforcement Training Center**

**CERTIFICATION OF STUDENT ELIGIBILITY TO ATTEND BASIC TRAINING  
(replacing Pre-Training Forms – Part I, II, III & IV)**

**STUDENT and AGENCY INFORMATION:**

Name: \_\_\_\_\_ Rank: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Email Address student will use while attending KLETC: \_\_\_\_\_  
(All correspondence regarding enrollment will be sent to this email address)

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

**FIRST AID and CPR TRAINING:**

First Aid and CPR training are delivered as an optional evening class to all full-time basic training students attending the Kansas Law Enforcement Training Center (KLETC). Many students have been previously certified in First Aid and CPR. Please indicate below if you want your officer to attend the optional First Aid/CPR/AED evening classes while attending basic training at the Kansas Law Enforcement Training Center.

First Aid/CPR/AED Training Attendance Required (check applicable box)

- Our officer will attend the optional First Aid/CPR/AED evening training programs at KLETC.
- First Aid/CPR/AED Training will be provided at the Local Agency Level (see note)

NOTE: First Aid and CPR are critical components of law enforcement basic training. If an agency elects not to have their officer attend either First Aid or CPR training at KLETC, the agency assumes the responsibility for ensuring its officer is adequately trained in this area.

**AMERICANS WITH DISABILITIES ACT (ADA) AMENDMENTS ACT; VOLUNTARY SELF-IDENTIFICATION AND DISABILITY**

The University of Kansas / KLETC complies with the Americas with Disabilities Act Amendment Act. If you have a disability for which you would like to request a reasonable accommodation, contact the Associate Director of Basic Training or his/her designee.

**PHYSICAL / PSYCHOLOGICAL EXAMINATION**

I certify that the above applicant has completed both a physical and psychological examination within the twelve month period preceding the start date of the basic training academy as indicated below. The above applicant satisfies the requirement of KSA 74-5605 and is free from any physical condition which would prohibit the applicant's participation in physically strenuous training activities held at the Kansas Law Enforcement Training Center or at any certified state or local law enforcement training academy. Refer to KLETC form 205e for a description of the basic training physical requirements.

Start Date of Basic Training Academy \_\_\_\_\_

**Date of Physical Examination** \_\_\_\_\_

Name of Health Practitioner Administering Physical Examination \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number (\_\_\_\_\_) \_\_\_\_\_

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**Date of Psychological Examination** \_\_\_\_\_

Doctor or Company Administering Psychological Examination \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number (\_\_\_\_\_) \_\_\_\_\_

**AGENCY VERIFICATION:**

I certify under penalty of perjury that the information provided on this form is true and correct to the best of my knowledge, and further, I certify under penalty of perjury that the applicant has met the requirements of KSA 74-5605 and implementation of regulations.

\_\_\_\_\_  
Signature of Agency Head/Appointing Authority/Agency Designee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed/Typed Name and Title