

SAN BERNARDINO VALLEY COLLEGE POLICE ACADEMY OFFICE – NORTH HALL-139 – (909) 384-4431

SAN BERNARDINO COUNTY SHERIFF'S DEPARTMENT REGIONAL TRAINING CENTER

MODULE I COURSE – CRIMINAL JUSTICE (CRMJUS) 059 – RESERVE LEVEL I OFFICER

(All courses are tentatively scheduled, and information is subject to change without notice.)

The Module I course is POST certified and a collaboration between San Bernardino Valley College (SBVC) and the San Bernardino County Sheriff's Department (SBCSD) held at the SBCSD Regional Training Center. The course is comprised of 440 student contact hours over 25 weeks. Upon successful completion of the course, the trainee shall receive 18.5 semester units (associate degree applicable) and a Module I POST certification. U.S. Citizenship is not required to attend the Academy; however, please keep in mind that you must be a U.S. Citizen to be hired as a California Peace Officer - California Government Code Section 1031 and 1031.5.

SCHEDULE

Tuesdays, Wednesdays, and Thursdays from 6:00 p.m. to 10:00 p.m. and Saturdays from 8:00 a.m. to 5:00 p.m.

FEES – Estimated Grand Total Approximately \$4,200

All costs are estimates and subject to change without notice. Costs are based on if a trainee does not already have all equipment/uniforms/materials.

- SBVC Registration fees are \$869.50 for tuition, Campus Center fee, student representation fee, and transportation fee. Non-California Residents fees are increased.
- SBCSD EVOC fee is \$1,000.
- Students should expect to spend approximately \$2,345 for their clearances, firearm, ammunition, uniforms, equipment, learning materials, and other Academy materials.

UNIFORMS

Class A, Class B and PT uniforms are required. Upon acceptance, a detailed uniform list will be provided.

CERTIFICATION

Upon successful completion of the course, graduates will receive their Module I POST certification. The certificate is valid for three years, and expires if an individual is not employed as a Level I Reserve Officer or a full-time peace officer for a POST agency within three years of completing the course/receiving the certificate.

MINIMUM REQUIREMENTS

Applicants must be 18 years or older and have a high school diploma or GED, a valid California Driver's License with no current restrictions, the ability to obtain Department of Justice (DOJ) clearance letter, a medical release, and a valid Level II certification. Each class shall have at least 15 trainees registered to proceed.

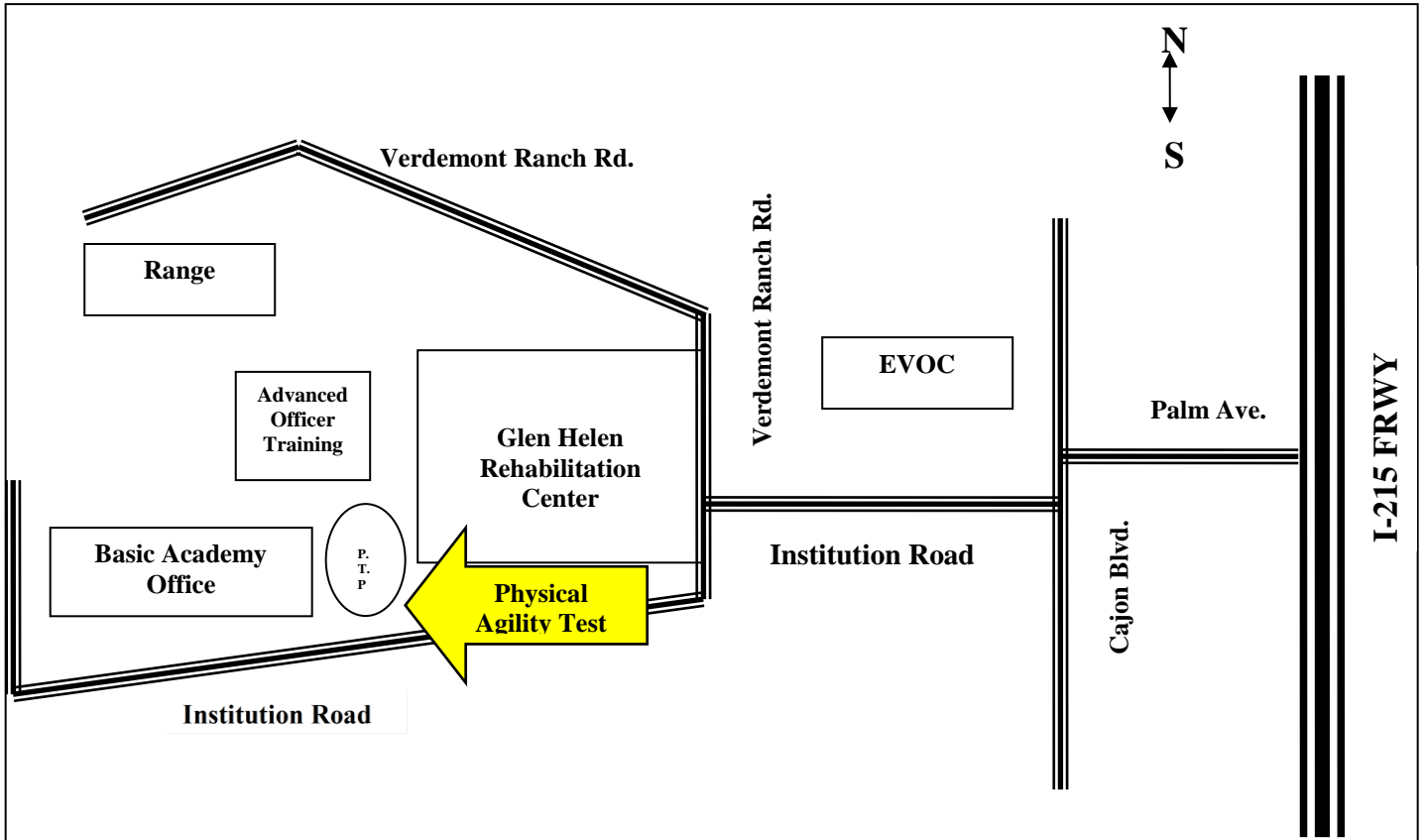
APPLICATION, ACCEPTANCE, AND REGISTRATION PROCEDURE

Upon completion of the SBVC application requirements and submission of your clearances, pertinent trainee information will be provided to the applicant.

- Apply to SBVC for the appropriate semester at www.valleycollege.edu and obtain a student identification number.
- Complete the Online Orientation in WebAdvisor and print the certificate. Submit to SBVC NH-139 by deadline.
- SBVC Accuplacer Assessment test (prerequisites English 015 and Reading 015) – everyone must complete regardless of prior education or testing. Submit to SBVC NH-139 by deadline.
- Complete a Live Scan fingerprinting (form attached). This generates a DOJ clearance letter mailed via USPS to the address provided by the applicant. Provide your information in the Employer section of the form. Allow 4 to 6 weeks for your letter to be mailed to you. Valid for 90 days. Submit to SBVC NH-139 by deadline.
- Medical Release (form attached) signed by a physician. Valid for one year. Submit to SBVC NH-139 by deadline.
- CA DMV printout reflecting that you do not have any current restrictions (exception – corrective lenses). Submit to Valid for one year. SBVC NH-139 by deadline.
- Attend the SBCSD Orientation at the Training Center.
- Register for the Module I course in WebAdvisor. Registration fees must be paid the same day as registration. To confirm a \$0 balance, verify the balance on your Registration Statement.

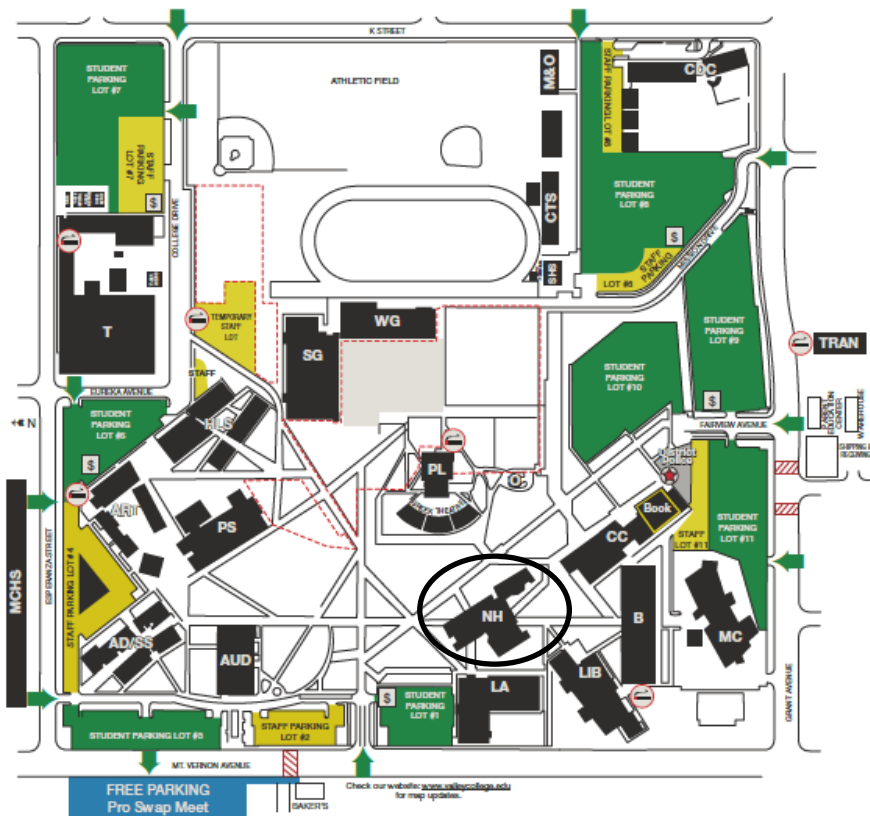
HS diploma/proficiency certificate/GED, Online Orientation, Assessment Results/Waiver, and Clearances Due Date to SBVC NH-139	SBCSD Orientation	Registration Dates	Course Start and End Dates
To Be Determined	To Be Determined	To Be Determined	To Be Determined

San Bernardino County Sheriff's Department – Training Division
18000 Institution Road, San Bernardino CA 92407 – (909) 473-2540



San Bernardino Valley College

701 South Mount Vernon • San Bernardino, CA 92410 • (909) 384-4400



SBCSD AND SBVC RESERVE MODULAR TRAINING ACADEMY PHYSICAL CONDITIONING PROGRAM MEDICAL RELEASE

Dear Physician:

The individual you are examining has been requested to obtain a Medical Clearance to participate in the Physical Conditioning Program at the San Bernardino County Sheriff's Reserve Modular Law Enforcement Academy. The Program consists of performance tests and daily physical training, minimum of one hour, maximum of two hours per day.

The physical examination will go beyond the usual guidelines for a person seeking general employment, in the respect that the individual must be determined to have a normal tolerance to CN, CS, and OC gas exposure. The training in the use of these chemical sprays is intense. The student is sprayed, touched on the skin, and exposed to areas where the air is heavy with these chemicals. It should be the opinion of the attending physician that this person can participate in this type of training, without ill-effect.

Although not required, it is highly recommended. Results of resting EKG or complete stress EKG test (treadmill) must be submitted to the attending physician for interpretation as to the ability of the student to perform the strenuous exercises we have listed below. The following Physical Performance Tests are given at the Academy:

- **1.5-Mile Run:** The individual runs the course as fast as possible, so cardio-respiratory endurance can be measured.
- **Sit-ups:** The individual performs as many bent-knee sit-ups within two minutes to measure dynamic muscular endurance.
- **Sit/Reach:** Individual sits, spreads legs, and reaches. A measurement is then taken to establish the range of motion of the lower back and abdominal girth.
- **Agility Run:** A 99-yard course is run with several directional changes and 6-inch to 3-foot obstacles. The course is run as fast as possible to measure neuromuscular coordination.
- **Bench Press & Leg Press:** Conventional weight lifting test to determine peak upper and lower body strength.
- **500-Yard Run:** Run 500 yards as fast as possible to simulate a work task of law enforcement endurance.
- **Fence Climb:** Individual runs 25 yards, climbs a wood or chain link fence; then runs five additional yards as quickly as possible to simulate a work task of law enforcement.
- **Push-Ups:** Individual performs as many push-ups as possible (no time limit) to measure their arm strength and endurance.
- **Body Drag:** Individual lifts and drags a 165-pound dummy for 32 feet to simulate a law enforcement work task.

OVERVIEW OF CONDITIONING MODULES:

OBJECTIVE	FORMAT	ACTIVITIES	DURATION
Muscular Skeletal	Floor Calisthenics	Warm-up of muscles by walk/jog and slow stretch of major muscle groups.	5-10 Min
Muscular Strength	Partner Assisted	Slow ballistic calisthenics to develop peak tension with progressive overloads applied. Push up with elevated limbs and with eccentric return from pull up.	30 Min
	Free Weights	Conventional array of free weight training exercises.	30 Min
	Universal Weights	Conventional array of universal gym weight training exercises.	30 Min
	Circuit Training	Combination of conventional calisthenics and jogging for a specified time and specific number of repetitions.	30 Min
Cardiovascular Endurance	Running	Conventional and continuous run for distance and time.	30-60 Min
	Running	Intermittent running and jogging where distance and pace are specified (i.e. run 200-yds., walk 110-yds., repeat sequence 10 times, etc.)	30 Min
Neuromuscular Coordination	Circuit Agility	Full body, high speed agility exercises, vaulting, hurdling, skipping, hopping.	10 Min
	Circuit Power	High speed striding, rope skipping, and jumping, interspersed with jogging.	10 Min

**SBCSD AND SBVC RESERVE MODULAR TRAINING ACADEMY PHYSICAL CONDITIONING PROGRAM MEDICAL
RELEASE**

Medical clearance to participate in the San Bernardino County Sheriff's Department and San Bernardino Valley College Reserve Modular Law Enforcement Academy, Physical Conditional Program for:

The applicant: _____
Print: Last Name First Name Middle

Having reviewed the above-named individual's Medical History Statement (medical office form) results and having read the descriptions provided above, the physical performance tests and physical conditioning, and having personally examined the above-named individual, it is my professional opinion that:

Please check one of the following:

☐

It is unlikely that participation in the Physical Conditioning Program or Gas Training will pose a significant medical risk to the above-named individual.

☐

The above-named individual should not participate in the Physical Conditioning Program.

☐

The above-named individual should not participate in the Gas Training.

Date: _____

Physician's Full Name (Print): _____

Address (Number and Street): _____

City, State, and Zip Code: _____

Telephone Number: _____

Physician's Signature: _____

Google: California Department of Justice
Background checks
Forms – Go to #10 Live Scan Request Form for General Use

**DIRECTIONS FOR COMPLETING THE DEPARTMENT OF JUSTICE
(DOJ) REQUEST FOR LIVE SCAN FORM**

CA 0349400

ORI (Code assigned by DOJ)

POST Training Certificate

Authorized Applicant Type

PC832 POST Training/POST Basic Law Enforcement Academy

Type of License/Certification/Permit OR Working Title

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Contributing Agency Information:

Department of Justice/Firearms Div.

Agency Authorized to Receive Criminal Record Info.

00000

Mail code

4949 Broadway

Street Address

Sacramento CA 95820

City State Zip code

916-227-3749

Contact Telephone #

.....
Applicant Information:

THIS SECTION IS ALL YOUR PERSONAL INFORMATION.

There is no Billing Number or Misc. Number – (Leave blank)

Level of Service:

☒

DOJ

☒

FBI

(Draw a box as shown)

☒

Firearms

.....
Employer (You fill this section out as the employer so that the DOJ Clearance Letter will be mailed to you.)

YOUR NAME

Employer Name

00000

Mail code

YOUR STREET ADDRESS OR P.O.BOX

YOUR CITY STATE ZIP CODE

Telephone number (optional)

**You may go to: San Bernardino Sheriff's Headquarters – Records Division
655 East Third Street, San Bernardino CA 92401
(\$85.00 Cash OR Money Order – No Personal Checks)**

or go to any Live Scan Service Agency of your choice.

REMEMBER: The fingerprint search MUST INCLUDE FIREARMS.



STATE OF CALIFORNIA
BCIA 8016
(orig. 04/2001; rev. 01/2011)

DEPARTMENT OF JUSTICE

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

CA0349400	P.O.S.T. Training Certificate
ORI (Code assigned by DOJ)	Authorized Applicant Type
PC832 P.O.S.T. Training / Level III P.O.S.T. Training	
Type of License/Certification/Permit OR Working Title (Maximum 30 characters - If assigned by DOJ, use exact title assigned)	
Contributing Agency Information:	
Department of Justice / Firearms Div.	00000
Agency Authorized to Receive Criminal Record Information	Mail Code (five-digit code assigned by DOJ)
4949 Broadway	Contact Name (mandatory for all school submissions)
Street Address or P.O. Box	
Sacramento	(916) 227-3749
City	Contact Telephone Number
CA	
State	
95820	
ZIP Code	

Applicant Information:

Last Name	First Name	Middle Initial	Suffix
Other Name (AKA or Alias) Last	First		Suffix
Date of Birth	Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Height	Weight	Eye Color	Hair Color
Place of Birth (State or Country)	Social Security Number	Driver's License Number	
Home Address	City	Billing Number	
Street Address or P.O. Box	State	(Agency Billing Number)	
	ZIP Code	Misc. Number	
		(Other Identification Number)	

Your Number: _____
OCA Number (Agency Identifying Number)

Level of Service: ☒ DOJ ☒ FBI
☒ FIREARMS

If re-submission, list original ATI number:
(Must provide proof of rejection)

Original ATI Number _____

Employer (Additional response for agencies specified by statute):

Employer Name	00000
Street Address or P.O. Box	Mail Code (five digit code assigned by DOJ)
City	Telephone Number (optional)
State	
ZIP Code	

Live Scan Transaction Completed By:

Name of Operator	Date
Transmitting Agency	ATI Number
LSID	Amount Collected/Billed

ORIGINAL - Live Scan Operator

SECOND COPY - Applicant

THIRD COPY (if needed) - Requesting Agency