



## LAW ENFORCEMENT OFFICER REFRESHER TRAINING

Tuition: \$900

This 120 – hour course of instruction is available to:

1. Those officers who are required to attend the refresher course to renew or transfer their certification.
2. Criminal Justice Professionals sponsored and screened (agency must attest to a background check) by a public or private institution in the criminal justice system or a closely related field.
3. Military personnel with a law enforcement MOS.

Anyone who falls into one of the above categories must obtain prior approval from the Board on Law Enforcement Officer Standards (BLEOST)

If you have any questions on qualifications for this course, please call the Board on Law Enforcement Officers Standards and Trainings (BLEOST) at (601)977-3774.

Application deadline is 30 days prior to the start of class., we must have the **entire ORIGINAL APPLICATION**, Please complete and return the original application and one copy to:

Harrison County Law Enforcement Training Academy  
1400 Leggett Dr.  
Biloxi, MS 39530

All application packets should include:

- Original** application and one copy
- Proof of medical insurance (worker's comp and major medical)
- Current First Aid/CPR card (copy of card)
- Copy of High School Diploma or College Diploma
- Copy of Criminal History/NCIC printout
- Prior Academy Form (attached in application)
- Academy Questionnaire (attached in application)

If you have any questions, need further information or assistance, please call the academy at -  
*Office:* (228)435-3165

*Email:* [academy@harrisoncountysheriff.com](mailto:academy@harrisoncountysheriff.com)

# Harrison County Law Enforcement Training Academy

## Law Enforcement Officer Refresher Training

### General Information

- Payment by check, money order, or agency purchase order is due one week prior to the beginning of class. The tuition of \$900 will be refunded in a prorated amount should an officer not complete the entire course (failure will not result in a refund).
- Payment should be made payable to: **Mississippi Gulf Coast Community College**
- Please make sure the application is completed in full; signatures are required in several places.
- Officers must wear their department-issued Class “A” uniforms for all classroom activities except for Firearms and Mechanics of Arrest Classes. Agencies that use brown uniforms may have either brown or black shoes and socks depending on agency policy. Officers who work or an agency typically not in a regulation uniform (e.g. Department of Corrections) may wear cargo-type pants and polo shirts with agency logos.
- Please respond to the Academy with the following information:
  - Caliber of sidearm (Academy will provide ammunition for firearms training)



## Contraband List:

### **NOT ALLOWED ON CAMPUS:**

- Tobacco of any form (Cigarettes/Chewing) *(It is a privilege that can be earned)*
- Alcoholic Beverages of any form

### **NEVER ALLOWED IN BARRACKS:**

- Food items is defined as - "anything that has to be chewed to be consumed".
- Firearms
- Ammo of any type
- Magazines for Firearms
- Knives
- Powdered (or) liquid food supplements
- Prescription drugs without the students name on the bottle. Student must give hand written explanation about prescription drugs to the staff which will be placed in their file.
- Cell phones (will be allowed on special occasions only), **NEVER ALLOWED DURING CLASS!**
- Radios, without ear buds
- Musical instruments
- Video games

# PRIOR ACADEMY ATTENDANCE

(To be signed by agency head)

Date \_\_\_\_\_

Please indicate if your officer has attended another academy at any time and sign below:

\_\_\_\_\_ NO      Officer HAS NOT attended another academy

\_\_\_\_\_ YES      Officer HAS attended another academy  
If yes, which academy and date attended?

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Officer's Name

\_\_\_\_\_  
Agency Name

\_\_\_\_\_  
Signature/Agency Head

Dear Applicant:

Certain information is required to process your application in order to be accepted into a basic law enforcement class.

Furthermore, please respond to the following questions:

- 1) Have you ever been arrested? If so, by whom and for what?

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- 2) Have you ever been convicted of a crime, either misdemeanor or felony?  
If so, where and for what?

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- 3) Have you ever had an alcohol or drug dependency? If so, please list:

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- 4) Do you have any food allergies or special dietary requirements due to a medical condition? If so, please list:

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- 5) Please identify the caliber of your sidearm (the Academy will provide ammunition for firearms training).

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- 6) Please list any medications you take on a regular basis, including over-the-counter and herbal remedies (all prescription medication must be in a pharmacy-issued prescription bottle with the cadet's name and prescribing information. The Academy will not allow any supplements (e.g., wheat germ, dietary supplements other than commonly available vitamins):

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## Non-Credit Registration Form

Individuals who wish to enroll in semester hour credit courses must complete an MGCCC Application for Admission.

**Directions:**

1. For accurate processing, please complete the form in its entirety.
2. Payment, if applicable, can be made at a MGCCC Business Office (full payment must be made prior to the official registration).
3. Registrants will be entitled to a 100 percent refund, provided written notification is received by the appropriate MGCCC community or workforce employee one week prior to the start of the class. If class is canceled, a full refund will be given. A registrant may designate a substitute person to attend if notification is received at least 24 hours prior to the beginning of the class or program.
4. For the complete MGCCC refund policy, please see the Community Education web page.
5. Registration and enrollment for all non-credit training programs are strictly on a first come basis.
6. The Family Educational Rights and Privacy Act provides for the publication or disclosure of certain directory information on students. If you do not want your name, photograph or other directory information included in publications, please indicate below.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_  Please check if you do NOT want your name or photo in publications

Home: (\_\_\_\_\_) \_\_\_\_\_ Business: (\_\_\_\_\_) \_\_\_\_\_ Ext.: \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_  
Area Code Area Code Area Code

MGCCC M#: \_\_\_\_\_ (Assigned by College if New Student) Date of Birth: \_\_\_\_\_  
MM/DD/YYYY

Social Security #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Emergency #: \_\_\_\_\_

**Highest Education Level Completed** (Check one)  
 Less than High School/Non-graduate (Highest Grade Completed)  
 High School Degree/GED  
 Some College (No degree)  
 Associate Degree  
 Bachelor Degree  
 Graduate/Professional Degree

**Gender**  
 Female  Male

**Race** (Check All That Apply)  
 American Indian/Alaska Native  
 Asian  
 Black/African-American  
 Hawaiian Native or other Pacific Islander  
 Hispanic or Spanish Culture (regardless of race)  
 White

**Business/Company Training Interest**  
 Community/Workforce Partner  N/A  
 Business: \_\_\_\_\_  
 Business Badge #: \_\_\_\_\_

**Employment Status**  
 Full Time  
 Part Time  
 Seasonal Employment  
 Most Recent Employment is/was Temporary  
 Retired  
 Unemployed

Course Title	PK	JD	JC	GC	WH	AMTC	KB	NB	Start Time	End Time	Start Date	End Date	Cost
Refresher Class 2017-_____													
<b>Total Cost:</b>													

Location: HCLETA

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

AGREEMENT: I am acknowledging that this electronic signature serves as my official signature with understanding that it is legally binding. MGCCC is an Equal Opportunity Employer and welcomes students and employees without regard to race, color, religion, national origin, sex, age or qualified disability. For further information, contact the Equal Opportunity Officer at a MGCCC Center, Campus, or the District Office. Compliance is coordinated by the V.P. for Administration and Finance, 601-928-5211.

Check #: \_\_\_\_\_ Bank: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ VISA \_\_\_\_\_ MC \_\_\_\_\_ P.O. \_\_\_\_\_

Card Holder Name: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ (MM/YY) Security # (on back): \_\_\_\_\_

FOR OFFICE USE ONLY.....

ID #: \_\_\_\_\_ Name: \_\_\_\_\_ Term: \_\_\_\_\_ Cost: \_\_\_\_\_

MGCCC reserves the right to substitute instructors, change class schedules, and cancel programs due to insufficient enrollment or unforeseen circumstances.



# MISSISSIPPI

## PEACE OFFICER STANDARDS & TRAINING

### REFRESHER TRAINING PACKET

Agency or Department \_\_\_\_\_

Dept.'s Address \_\_\_\_\_ Dept.'s Phone Number \_\_\_\_\_

Street or Post Office Box City Zip

Name of Applicant \_\_\_\_\_ Social Security Number \_\_\_\_\_

Last, First Middle

Date of full-time Employment \_\_\_\_\_ Place of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Street or Post Office Box City Zip

Total criminal justice experience (years) \_\_\_\_ . Criminal justice training completed \_\_\_\_ /hrs.

Does the applicant have current (check if yes): Intoxilyzer Certification? \_\_\_\_ First Aid Card? \_\_\_\_

High School Graduate \_\_\_\_ or G. E. D. \_\_\_\_

Name of School City State

College Attended \_\_\_\_\_

Degrees held or College Units (credit hours) earned \_\_\_\_\_

Military Experience \_\_\_\_\_

# of Years Rank Branch of Service

Spouse's Name \_\_\_\_\_ Child's Name(s) \_\_\_\_\_

Special Skills \_\_\_\_\_

Languages \_\_\_\_\_ Hobbies \_\_\_\_\_

Family Doctor \_\_\_\_\_ Known Allergies \_\_\_\_\_

Emergency Contact & Phone Number \_\_\_\_\_ Alternate Contact & Phone Number \_\_\_\_\_

Emergency Contact & Phone Number \_\_\_\_\_ Alternate Contact & Phone Number \_\_\_\_\_

**Attach a copy of the applicant's NCIC Report and proof of successful completion High School education (e.g. - High School Diploma or GED) to the top left corner of this page.**

**Attach the applicant's photograph below. Trim the photograph to fit.**

### **SALARY INFORMATION**

Any reimbursement of training expenses will be authorized only for those agencies and subdivisions of the state who are in compliance with all provisions of the Law Enforcement Officers Training Program (LEOTP) to include those policies and procedures established by the Board on Law Enforcement Officer Standards and Training pursuant to the LEOTP. The board staff shall review all the information available on each graduating class and determine the eligibility and amount of reimbursement to each agency.

**NOTE: As of July 1, 1998 any officer (law enforcement trainee) who is not certified within two years from his or her date of hire is not authorized to be paid a salary. Accordingly, the Board will not reimburse any salaries paid under such circumstances. However, any person, who, due to illness or other events beyond his or her control, could not attend the required school or training as scheduled, may serve with full pay and benefits in such a capacity until he or she can attend the required school or training.**

**Attach a copy of the applicant's payroll voucher in the blank space below or complete the following statement. The voucher must show the number of regular hours worked and the amount of pay for those hours.**

The person named in this application will be paid a base (circle one) hourly, weekly, biweekly or monthly salary in the amount of \$ \_\_\_\_\_ during his or her basic training.

**Attach the applicant's payroll voucher below, if needed.**



**NOTE: MCA § 97-7-10 "Fraudulent Statements and Representations" provides for severe penalties for misrepresentations or fraudulent statements to a board. This statute authorizes a fine of up to ten thousand dollars (\$10,000) and a jail sentence of up to five (5) years.**

**LAW ENFORCEMENT AGENCY'S AFFIDAVIT**

I, the undersigned, do hereby swear and affirm that on the date stated below I reviewed the results of this candidate's Medical Examination Report, to include all comments and/or abnormalities, the Application for Training and Personal Information Summary. I certify that to the best of my knowledge the applicant is physically qualified to perform the duties of a law enforcement officer and that he or she has passed a physical examination, that there are no willful misrepresentations, omissions or falsifications in the statements and answers to questions within this document, that all statements and answers are true and correct to the best of my knowledge and belief, that the fingerprints of the applicant are on file with the Department of Public Safety/Criminal Investigation Bureau and with the FBI. Further, I certify that the applicant is a law enforcement officer as defined in MCA § 45-6-3 (c) and that he or she has been recruited pursuant to Chapter 474, Sections 6 and 11 of the General Laws of the State of Mississippi and is approved, by me, for attendance at the \_\_\_\_\_ Academy and will be considered on active duty status, with my organization, during his or her training period.

\_\_\_\_\_  
Print or Type the Signee's Name

\_\_\_\_\_  
Signature of the Agency Head or Authorized Signee

\_\_\_\_\_  
Date

**APPLICANT'S AFFIDAVIT & INJURY LIABILITY WAIVER**

I, the undersigned, do hereby swear and affirm that there are no willful misrepresentations, omissions or falsifications in the statements and answers to questions within this document, and that all statements and answers are true and correct to the best of my knowledge and belief. I agree to obey the Academy regulations and understand that I am subject to dismissal from the Academy for any infraction. Should a question of my integrity or that of a fellow student arise because of some incident while attending the Academy, I will voluntarily submit to a polygraph examination upon request. I understand that any reported criminal violation will be turned over to the appropriate law enforcement agency for investigation. I understand that I will only be covered to the extent that I would be covered for any illness or injury incurred while on duty at my employing agency under personal or department medical insurance. Further, I certify that I am in good health, physically fit, and of good moral character. I hereby release the Board on Law Enforcement Officer Standards and Training (BLEOST) and any department officially associated or connected with the academy of attendance from liability in case of illness or accident.

I also understand that by gaining entrance into \_\_\_\_\_ Academy, this facility has become my academy of record. If I withdraw voluntarily, or am dismissed by the academy staff, I cannot attend any other academy unless I am released to do so by the academy director. Any previous attempts to complete the Law Enforcement Officers Training Program must be disclosed to the academy staff before admittance.

\_\_\_\_\_  
Signature of Applicant (sign in ink)

\_\_\_\_\_  
Date Signed