



LAW ENFORCEMENT OFFICER - **SKILLS REFRESHER COURSE**

**As of July 1, 2018 the Board on Law Enforcement Officers Standards and Trainings (BLEOST) has changed the Refresher training course of instruction. There are now two (2) different courses of instruction; the state determines which course of instruction the officer will take.*

Tuition: \$300 *(for full Refresher Skills Course)*

The Refresher Skills Course of instruction is available to:

1. Those officers who have had a break in service between 2-5 years:

Officers that have a break in service for a period of 2 (two) to 5 (five) years will now be required to complete Skill Tests and Law Courses. Skills courses consist of Firearms, Emergency Vehicle Driving, and Officer Safety/Mechanics of Arrest. These courses can be administered by a State Certified Instructor in the listed area of skill or through an academy. The Law Courses must be taken through an Academy ONLY.

Harrison County Law Enforcement Training Academy offers the full state required Skill Test and Law Course for the tuition listed above.

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** registration form
- ☐ Prior Academy Form (attached in application)
- ☐ Academy Questionnaire (attached in application)

General Information

- Payment by check, money order, or agency purchase order is due one week prior to the beginning of class. The tuition 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 registration form is completed in full
- Please respond to the Academy with the following information:
 - Caliber of sidearm (Academy will provide ammunition for firearms training)

If you have any questions, need further information or assistance, please call the academy at -

Office: (228)435-3165

Email: academy@harrisoncountysheriff.com

Refresher Skills Testing Registration Form

Student Information:

- First Name: _____
- Last Name: _____
- Phone Number: _____
- Email: _____
- Emergency Contact: _____
- Emergency Contact Phone: _____

Department Information:

- Department: _____
- Address: _____
- Phone Number: _____
- Point of Contact: _____

Email (or) fax the registration form to Lt. Paula Hentges:

Email - paula.hentges@harrisoncountysheriff.com

Fax - (228)435-3166

Non-Credit Registration

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



"Making a positive difference..."

Course Name: _____ Course Date: _____

Scheduled Location (check one) ☐ Advanced Manufacturing & Technology Center ☐ George County Center ☐ Jackson County Campus ☐ Jefferson Davis Campus ☐ Keesler Center ☐ Perkinston Campus ☐ Online classes ☐ West Harrison Center ☐ Other _____

Name: _____
Last Name First Name Middle Initial Previous Last Name (optional)

Social Security Number: _____ - - Date of Birth: _____ / ____ / ____
Month Day Year

Street Address: _____

City: _____ State: _____ Zip code: _____

County of residence: _____ E-mail address: _____

Home phone: _____ Work phone: _____

In case of emergency, please call: _____ Phone: _____

Race (Only check one):

- ☐ Asian
☐ Black/African American
☐ American Indian/Alaska Native
☐ Hawaiian Native or other Pacific Islander
☐ White

Ethnicity: Would you describe yourself as a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture, regardless of race?

- ☐ Yes
☐ No

Gender:

- ☐ Male
☐ Female

Employment Status (Check one):

- ☐ Employed
☐ Unemployed
☐ Employed, but received Termination of Employment Notice
☐ Not in Labor Force
☐ Not Reported

Educational Level: Please indicate which of the following best describes your level of education (Check one):

- ☐ Attained secondary school diploma
☐ Attained a secondary school equivalency
☐ The participant with a disability receives a certificate of attendance/completion as a result of successfully completing an Individualized Education Program (IEP)
☐ Completed one or more years of postsecondary education
☐ Attained a postsecondary technical or vocational certificate (non-degree)
☐ Attained an Associate's degree
☐ Attained a Bachelor's degree
☐ Attained a degree beyond a Bachelor's degree
☐ No Educational Level Completed

Employment Type: Please tell us if your current or most recent employment is/was (Check one):

- ☐ Part Time
☐ Full Time
☐ Temporary
☐ Seasonal
☐ Not Reported

Name of Employer: _____

Signature: _____ Date: _____ / ____ / ____
Month Day Year

The Family Educational Rights and Privacy Act provides for the publication or disclosure of certain directory information on students. Check below if you do not want your name, photograph or other directory information included in these publications.

- ☐ Directory Information ☐ News articles for publication in media ☐ Other, specify _____

Mississippi Gulf Coast Community College is an Equal Opportunity Employer and welcomes students and employees without regard to race, religion, color, national origin, sex, age or qualified disability in its programs and activities. For further information, contact the Equal Employment Opportunity Officer at a Mississippi Gulf Coast Community College Campus, Center or the District Office. Compliance is coordinated by the Associate Vice President of Administration, P.O. Box 609, Perkinston, Mississippi 39573, telephone number 601-928-6672, email address compliance@mgccc.edu.

SS-ADM-34 (Rev.6/18)

PRIOR ACADEMY ATTENDANCE

(To be signed by agency head)

**If Self/WIN/VA to be signed by Applicant*

Date: _____

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

_____ NO - Officer HAS NOT attended another academy (Full time (or) Reserve)

_____ YES - Officer HAS attended another academy (Full Time (or) Reserves)

If yes, which Academy and date attended?

Officer's Name

Officer's Signature

Agency Name

Agency Head Signature

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?

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

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

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

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

- 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):
