



BASIC TRAINING PARTIAL WAIVER APPLICATION

Applicant's Name: _____

SSN: _____

Department: _____

Date of Hire: _____

M/D/Y

All applicants must be currently employed as a Pennsylvania Sheriff or Deputy Sheriff.

APPLICANT CATEGORY AND REQUIRED DOCUMENTATION (Check only one):

1. **Successfully completed a recognized Pennsylvania Municipal Police Officers' Education and Training Commission (MPOETC) Act 120 basic training course.**

Attach copies of the following:

- ✓ A copy of grade transcripts and certificate of completion from Act 120 Academy.
- ✓ A current nationally recognized basic first aid certification card (copy both sides).
- ✓ A current nationally recognized CPR certification card including child, infant and adult certification (copy both sides).
- ✓ A current (within one year of the date of this application) law enforcement firearms range qualification certificate with score, level of proficiency, and signature and certification number of firearms instructor who conducted your qualification.

2. **Experience as a municipal police officer in Pennsylvania.**

Attach copies of the following:

- ✓ A copy of either current or past MPOETC certification card and a letter from your current or former department verifying your employment or status upon separation.
- ✓ A current nationally recognized basic first aid certification card (copy both sides).
- ✓ A current nationally recognized CPR certification card including child, infant, and adult certification (copy both sides).
- ✓ A current (within one year of the date of this application) law enforcement firearms range qualification certificate with score, level of proficiency, and signature and certification number of firearms instructor who conducted your qualification.

3. **Current sheriff/deputy sheriff who was employed as a PA State Police Officer.**

Attach copies of the following:

- ✓ A copy of academy graduation certificate and notice of retirement.
- ✓ A current nationally recognized basic first aid certification card (copy both sides).
- ✓ A current nationally recognized CPR certification card including child infant and adult certification (copy both sides).
- ✓ A current (within one year of the date of this application) law enforcement firearms range qualification certificate with score, level of proficiency, and signature and certification number of firearms instructor who conducted your qualification.

APPLICANT'S UNDERSTANDING AND SIGNATURE:

1. I am submitting this application to determine my eligibility, under the Sheriff and Deputy Sheriff Education and Training Board Policy on Waivers of Basic Training as mandated by Act 1984-2.
2. I recognize that it is my responsibility to comply with all requirements as listed on this application and to provide the necessary documentation to support my submission, and that incomplete applications or those not accompanied by the required supporting documentation will be rejected and returned to my submitting department for completion, which will result in a delay in consideration of this application.
3. I understand that attendance and successful completion of this basic waiver-training course is required for certification.
4. I understand that disapproval of my application will require me to comply, within one year of my date of hire as a deputy sheriff or four years as an elected sheriff, with the basic training requirements of Act 1984-2 and the regulations of the Board.
5. I certify that this form and all attachments contain no misrepresentation or falsification, omissions, or concealment of material fact and that the information given is true and correct to the best of my knowledge and belief. I am signing this document with the full understanding that any false information or statement will subject me to the criminal penalties of 18 Pa.C.S.A. §4904, relating to unsworn falsification to authorities, and may result in the permanent denial or disqualification of my certification as a sheriff/deputy sheriff by the Sheriff and Deputy Sheriff Education and Training Board.

Signature of Applicant

Date

EMPLOYING SHERIFF'S CERTIFICATION:

I have read and authorized this application for waiver of the sheriff and deputy sheriff basic training mandated by Act 1984-2. I verify that the applicant is presently employed as a sheriff/deputy sheriff with my department. I am aware of the waiver training requirements, which are imposed upon the applicant and will facilitate his/her completion of these requirements. To the best of my knowledge, the information provided in this application is true and complete.

Signature of Employing Sheriff

Date