

DOCC Application Packet

Please print off this packet and return all forms (with required signatures) to the School Director NO LATER THAN 1 week before your course.

Any student needing accommodations must submit all required paperwork (both ACC's and NC Sheriff's Standards) to the School Director AT LEAST 3 WEEKS prior to the first day of class.

For questions, please call Steve Foust at 336-506-4324.

Complete packets can be mailed to:

Steve Foust, Director
Detention Officer Certification Course
Alamance Community College
P.O. Box 8000
Graham, NC 27253

DOCC Student Checklist

Please be sure to include the following with your application packet:

- Student Release Form
- FERPA form
- HIPPA form
- Physician's Medical Release Form
- TEAR GAS, MACE & PEPPER SPRAY Release Form
- F-1, Medical History (Sheriff's Standards)
- F-2, Medical Examination Report (Sheriff's Standards)

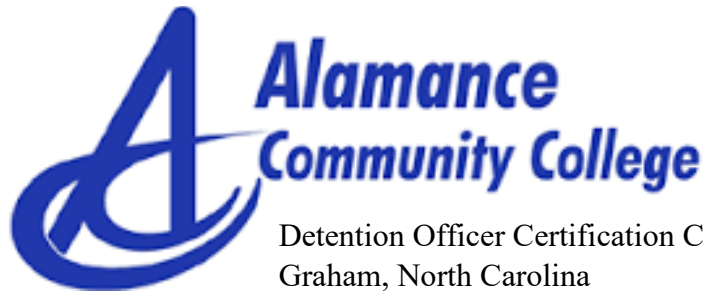
Detention Officer Certification Course

- **Age Requirement:** Students must be 21 years of age by the first day of class.
- **Employment:** Students must be employed less than one year with their department. Any student needing an extension must have a letter of Approval from NC Sheriff's Standards
- **Accommodations:** Any student needing accommodations must submit all required paperwork (both ACC's and NC Sheriff's Standards) to the School Director at least three weeks prior to the first day of class.
- **Required Paperwork:** Students must provide all required paperwork to the School Director at least 1 week in advance of the class. This must include the Physician's Medical release Form and the Medical History Forms (F-1 & F-2).
- **Limited Enrollees:** Limited Enrollee students must have the letter of Approval for NC Sheriff's Standards.
- **PT Assessment:** Students that are attending the DOCC class should start working out now
- **Dress Code:**
 - BDU's with Uniform shirt or knit shirt and Work footwear
 - Solid Color PT Gear (nothing "Themed"),
 - Department Logo or Brand Logo (Under Armor, Nike, etc) are ok.
- **Textbook:** Students must have the latest copy of the DOCC manual on the first day of class. Students/ departments can purchase the manual at NC Justice Academy.
 - <https://ncdoj.gov/ncja/bookstore/> or call 910-926-6099. Item # 295.
 - Cost is currently \$71.65 per book.
- **CPR Cards:** Students should bring \$7 to the First Aid/ CPR class for the cost of the CPR card and mask.
- **Location:** All classes will be held at ACC's Main Campus, Room 387, unless told otherwise by the DOCC School Director.
 - 1247 Jimmie Kerr Rd, Graham, NC
- **Class Time:** Class start time is 0745 Hours.
 - This will not add to the total hours students will be attending
- **Scheduling:** Some Saturdays may be required for makeup work. Students should keep all Saturdays during the course of the class free in case makeup days need to be scheduled.
- **Appointments during scheduled class time:**
 - Students should not make any personal appointments during the duration of the class.
 - Departments should not schedule anything that will take students out of class during the appointed class time. Court dates or other appointments should be continued until the class is completed. Missed time from class has to be made up, often on Saturdays.

Respectfully,

Steve Foust
DOCC School Director
Alamance Community College
Office 336-506-4324
Cell 336-516-2035

Rev. 3/19/2021



Detention Officer Certification Course
Graham, North Carolina

STUDENT RELEASE AGREEMENT

DATE: _____

For and in consideration of my being permitted to participate in the physical education courses/ activities conducted by Alamance Community College for the Detention Officer Certification Course (DOCC), in which I am a student.

I hereby affirm that I am in good physical condition and that I have no limitations that will prevent my engaging in active exercise or that will be detrimental to my health, safety, comfort, or physical condition. I acknowledge that it is my responsibility to inform Alamance Community College of any changes in my health state that may affect my ability in any fitness class or activity. I am aware that injuries may occur in any physical activity,-including exercise/aerobic classes. The utmost care will be given to provide instruction in safe exercise.

I understand that during training in this class I will be exposed to tear gas, mace, and pepper mace/ spray. I understand that individuals with respiratory difficulties including asthma must not participate in this training and/or in employment, that uses these products. I certify that I have no respiratory difficulties and am physically able to engage in training exercises using tear gas, mace, and pepper mace/spray.

I do by these presents, for myself, my heirs, assigns and representatives, forever release, give up, surrender and quitclaim any and all rights which I might have against the institution (Alamance Community College) including all of its instructors, volunteers, trainees, other training personnel and the sponsoring agency _____ to recover, from the institution, individuals, or agency, money, damages, or any other thing of value as a result of any accident, incident, or happening growing out of or in any way connected with said activities.

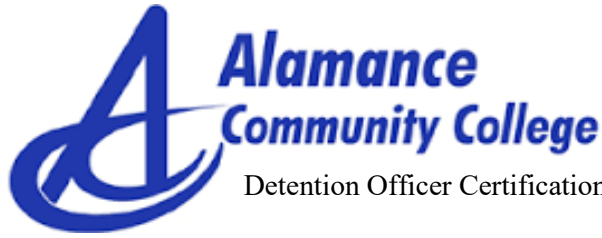
Witness my hand and seal listed below.

_____ (SEAL)
Student's Signature

I, _____ do hereby certify that _____
personally appeared before me, a Notary Public on this the _____ of _____, 20____.

Notary Public

My Commission expires: ____/ ____/ ____



Detention Officer Certification Course

Student Name: _____

SSN or College ID #: _____

FERPA RELEASE FORM

I, the undersigned, hereby authorize Alamance Community College to release the following educational records and information (identify records or types of records below):

Any and all records generated or kept as a result of my participation in Detention Officer Certification Course (DOCC) including, but not limited to, academic performances, attendance, discipline, physical testing/ performance, evaluations, any deficiencies, personnel issues or any other issue associated with my participation in DOCC.

These records should be released to the following person/ agency (identify name and address of person. Agency to receive information):

Agency Head (or designee): Specify names here _____

Agency Address _____

These records are being released for the following purpose:

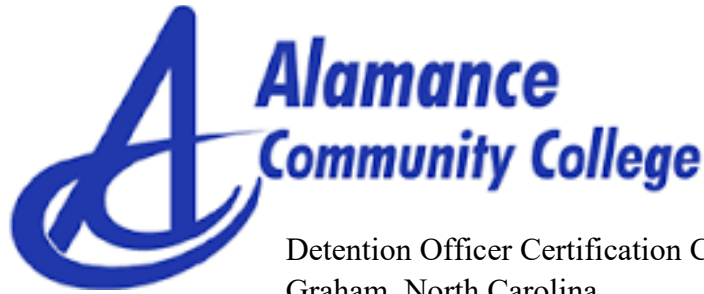
Solely to keep agency heads (who have sponsored currently enrolled students) regularly informed of their student' status and progress as a cadet in DOCC. Upon completion of the course, I authorize the release of these records to any Agency Head, Agency Representative and/or Agency in which I apply for employment.

I understand further that: (1) I have the right not to consent to the release of my educational records. (2) I have the right to receive a copy of such records upon request. (3) This consent shall remain in effect until revoked by me, in writing, and delivered to Alamance Community College's office of Student Development, but that any such revocation shall not affect disclosures previously made by ACC prior to the receipt of such written revocation.

Student Signature: _____ Date: _____

Notary Signature and Seal: _____ Date: _____

THIS INFORMATION IS RELEASED SUBJECT TO THE CONFIDENTIALITY PROVISIONS OF APPROPRIATE STATE AND FEDERAL LAWS AND REGULATIONS WHICH PROHIBIT ANY FURTHER DISCLOSURE OF THIS INFORMATION WITHOUT THE SPECIFIC WRITTEN CONSENT OF THE PERSON TO WHOM IT PERTAINS, OR AS OTHERWISE PERMITTED BY SUCH REGULATIONS.



HEALTH/ MEDICAL INFORMATION PRIVACY ACT
AUTHORIZATION TO HAVE AND RETAIN HEALTH/MEDICAL
INFORMATION

I authorize Alamance Community College to possess and retain information pertaining to my health in the form of Medical History and Physical Examination forms for the Basic Law Enforcement Training and/or Detention Officer Certification Course training as required by the North Carolina Criminal Justice Standards Division and the North Carolina Sheriffs' Standards Division. I also authorize Alamance Community College to possess and/or retain any health information pertaining to any accommodation for any health reasons that might be required for approval of that accommodation. I further authorize any transfer of health record information to the North Carolina Criminal Justice Standards Division and/or the North Carolina Sheriffs' Standards Division as required by those agencies that is relative to these courses. I also authorize Alamance Community College to retain and/or possess any health information in the form of a request from medical personnel to limit or suspend any form of exercise or training.

I understand that this information will remain on file indefinitely as a part of my training record at Alamance Community College. I further understand that copies of this information cannot be transferred to anyone except the North Carolina Criminal Justice Standards Division and/or the North Carolina Sheriffs' Standards Division or to myself on request.

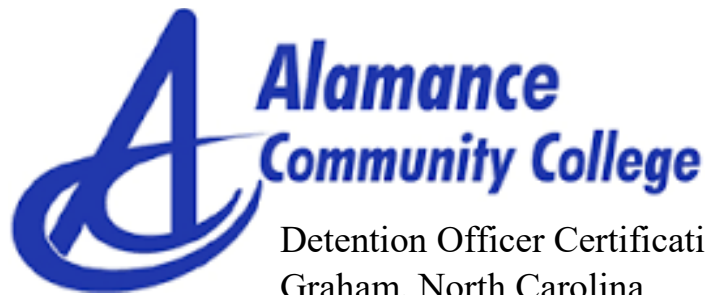
By my signature, I authorize the above conditions.

Student Name (print): _____

Student Signature (sign): _____

Date of Authorization: _____

Witness: _____



PHYSICIAN'S MEDICAL RELEASE

To the licensed health care professional:

_____ is an applicant for the Detention Officer Certification Course (DOCC) program at Alamance Community College. This curriculum is designed to train the student in competencies as they relate to an inexperienced law enforcement officer. Such training includes physical fitness training, self-defense training, firearms instruction, exposure to chemicals, and law enforcement driver training, as well as other classroom: and practical exercises.

Physical Fitness Training- The student will be tested at a sub-maximal level. Following a physical assessment conducted by a certified physical fitness training instructor, this student will engage in physical exercise approximately three times a week. A qualified physical fitness trainer will supervise these exercises. Listed below are activities that may be included in the training:

Aerobic Activities: Designed to increase energy level, decrease stress, stabilize appetite, decrease body fat, and condition the heart and lungs. Activities may include, but are not limited to, jogging up to three miles, step aerobics, and sprints.

Flexibility Exercises: Designed to increase a participant's range of motion

Absolute Strength Programs: Involves the use of weight equipment. Participants are pre-tested to determine his/her maximum strength levels per one exercise at each station on the universal equipment. Exercises are designed to use 40-60% of maximum strength.

Dynamic Strength Programs: Involves floor exercise and calisthenics-type activity. Activities may include, but are not limited to, sit-ups, push-ups, knee bends, leg raises and jumping jacks.

Obstacle Course: Designed to stimulate obstacles that may be encountered in a police duty situation. Obstacles may include, but are not limited to, crawl through a darkened 40-ft culvert; pushing open a weighted metal door; dragging a 150 lb person 50 feet; negotiating a set of stairs; performing 40 push-ups and 40 sit-ups (divided into 2 sets); and running approximately 550 yards.

Subject Control/Arrest Technique- Students are required to demonstrate the correct procedure for application of handcuffs in the kneeling, prone and standing position. A student is partnered up with another student and is expected to not only apply the handcuffs, but have them applied to them as well. Students must learn and demonstrate baton techniques to include striking to non-lethal areas. They must

demonstrate application of pressure points, and stunning and distraction techniques. They must also demonstrate subject takedowns and ground defense. Students demonstrate handgun take-aways and weapon retention techniques. Students both apply these techniques and have these techniques applied to them by a partner or instructor.

Firearms- Firearms training includes range exercises, including structured courses of fire as well as simulated combat situations. Participants fire handguns and shotguns; and are often exposed to inclement weather.

Crowd Management- Crowd control training may involve exposure, both protected and unprotected, to irritant agents (CS) and Oleoresin (OC) Chemicals.:

Law Enforcement Driver Training- Participants demonstrate the ability to use acceptable vehicle control methods, including, but not limited to, vehicle control methods to be used when: conducting an emergency response and vehicular pursuit. Students experience physical and mental stresses that are a part of emergency and pursuit driving. Participants are often exposed to inclement weather, and are required to stand for extended lengths of time.

Do you have any reservations about this student fully participating in Detention Officer Certification Course?

No Yes

Comments (Please specify any limitations)

Please direct any questions or comments to:

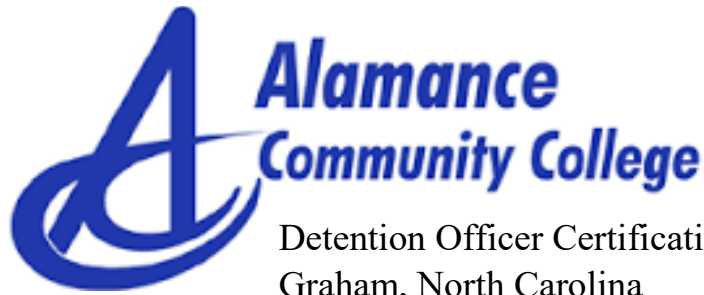
Steve Foust, Director,
Detention Officer Certification Course
Alamance Community College
P.O. Box 8000
Graham, NC 27253
PHONE: (336) 506-4324
FAX: (336) 578-1987

Name and Address of Physician

Physician Signature

Date

PHONE: _____



**EXPOSURE TO TEAR GAS, MACE AND PEPPER SPRAY MACE/ SPRAY
RELEASE FORM**

TO THE EXAMING PHYSICIAN:

During training and employment, _____ will be
Full Name (Print)
exposed to tear gas, mace, and pepper mace/spray. Individuals with respiratory difficulties including asthma may not be suitable candidates for this training and/or employment. Please certify that the individual listed above is physically able to engage in training exercises using tear gas, mace, and pepper mace/spray.

I DO HEREBY CERTIFY THAT THE ABOVE STUDENT IS A SUITABLE CANDIDATE TO PARTICIPATE IN THE ABOVE ACTIVITIES INCLUDING EXPOSURE TO TEAR GAS, MACE AND PEPPER MACE/SPRAY.

Physician's Name (Print)

Physician's Signature

Student's Signature

Date



**NORTH CAROLINA DEPARTMENT OF JUSTICE
SHERIFFS' STANDARDS DIVISION**

JOSH STEIN
ATTORNEY GENERAL

POST OFFICE BOX 629
RALEIGH, NC 27602 - 0629
TELEPHONE: 919-779-8213 FAX: 919-662-4515

DIANE KONOPKA
DIRECTOR

MEDICAL HISTORY STATEMENT

(Rev. 01/2018)

FORM F-1

****THIS INFORMATION IS FOR OFFICIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS****

INSTRUCTIONS: To be completed by applicant for a certifiable position prior to the physical examination and presented to the examiner at the time of examination. All questions must be answered completely and accurately. The original must be submitted to the Sheriffs' Standards Division by the employing agency and a copy must be retained in that agency's personnel files.

NAME:		
Last	First	Middle
ADDRESS:		
CITY:	STATE:	ZIP CODE:
TELEPHONE NUMBER (Include Area Code)		
DATE OF BIRTH:	SOCIAL SECURITY NUMBER: XXX-XX-	
EMPLOYING AGENCY:		
POSTION APPLIED FOR:	<input type="checkbox"/> Law Enforcement/Deputy Sheriff	<input type="checkbox"/> Detention Officer
	<input type="checkbox"/> Telecommunicator	
<input type="checkbox"/> Other (I please specify):		

CURRENT MEDICATIONS

Prescription Medications: (Include pain relievers, birth control pills, etc.) _____

Over the Counter Medications: (Include all cold, allergy, headache, vitamins, supplements, herbal remedies, etc.)

ALLERGIES

Drug Allergies: (Include your reaction to the medication) _____

All Other Allergies: food, insects, seasons, animals, materials, etc.: (include reaction) _____

PAST MEDICAL HISTORY

List ALL hospitalizations and operations since childhood:

(Include type of surgery, date of surgery, any complications or other significant information)

Have you EVER, in your life, had any of the following types of medical problems: [check all that apply to you]

- 1. **CANCER:** any type of cancer including skin cancer, breast cancer, and leukemia?
- 2. **MAJOR INFECTIOUS DISEASE:** such as tuberculosis, hepatitis, HIV/AIDS, rheumatic fever and others?
- 3. **NEUROLOGICAL PROBLEMS:** such as seizure disorder, stroke, concussion, severe headache, skull fracture, recurrent vertigo, balance problems, encephalitis, meningitis, tremors, multiple sclerosis, Huntington's chorea, peripheral neuropathy and others?
- 4. **PSYCHOLOGICAL PROBLEMS:** such as depression, manic episodes, psychotic episodes, post traumatic stress disorder, and others?
- 5. **EYE PROBLEMS:** such as eye injury, color blindness, poor night vision (night blindness), glaucoma, blindness in one or both eyes, very poor vision when not corrected and others?
- 6. **EAR PROBLEMS:** such as ear injury, chronic ringing (tinnitus), chronic or long lasting ear infection, Meniere's disease, moderate to severe hearing loss in one or both ears and others?
- 7. **NOSE PROBLEMS:** such as nose injury, allergies, nasal bleeding, loss of sense of smell, chronic or long lasting infections and others?
- 8. **MOUTH OR THROAT PROBLEMS:** such as injury, major dental work, any kind of speech defect, chronic or long lasting infections, abnormality of nose, mouth or throat that would interfere with wearing a respirator and others?
- 9. **LUNG PROBLEMS:** such as asthma, emphysema, chronic or recurrent bronchitis, pneumonia, tuberculosis or lung abscess and others?
- 10. **HEART AND CIRCULATION PROBLEMS:** such as a heart murmur, heart disease, heart attack, hypertension (high blood pressure), irregular rhythm, valve abnormalities, varicose veins, phlebitis, peripheral vascular disease, Raynaud's disease and others?
- 11. **DIGESTIVE SYSTEM PROBLEMS:** such as any kind of ulcer disease, hepatitis or liver disorder, any kind of colitis, Crohn's disease, ulcerative colitis, irritable bowel syndrome, esophageal disorders, pancreatitis, gall stones, stomach or intestinal bleeding and others?
- 12. **HORMONE OR ENDOCRINE PROBLEMS:** such as diabetes, thyroid disease, parathyroid or adrenal problems and others?
- 13. **URINARY TRACT PROBLEMS:** such as kidney stones, pyelonephritis (kidney infection), nephrosis, single functioning kidney, polycystic kidney disease, repeated bladder infections and others?
- 14. **HERNIA:** such as inguinal, umbilical, ventral, femoral, hiatal or incisional hernias?
- 15. **MUSCLE, BONE AND JOINT PROBLEMS:** such as chronic back or neck pain, numbness, fibromyalgia, back or neck disk disease, osteomyelitis (bone infection), muscular dystrophy, arthritis, spinal curvature, carpal tunnel syndrome, loss of a finger or toe, and others?
- 16. **BLOOD SYSTEM PROBLEMS:** such as anemia, hemophilia or bleeding disorder, white blood cell abnormality and others?

MALES ONLY:

- 17. Prostate problems such as enlargement or prostatitis?
- 18. Genital problems such as epididymitis or testicular injury?

FEMALES ONLY:

- 19. Currently pregnant?
- 20. History of endometriosis, pelvic inflammatory disease, abnormal Pap smear, PMS or other problem with your menstrual cycle?

IMMUNIZATIONS

- 21. Have you ever had a positive TB test?
- 22. Have you received Hepatitis B vaccinations?
- 23. When did you receive your last tetanus (lockjaw) immunization? _____

OCCUPATIONAL HISTORY

Have you ever been exposed to any of the following, whether at home, work, military or any other setting: [check any that apply]

- 24. Repetitive Loud Noises (Including guns, jet engines, loud machinery)?
- 25. Chemical exposure to skin or lungs?
- 26. Dusty conditions (sandblasting, grinding, mining or drilling of rock, coal, silica, asbestos)? Check all YES answers:
- 27. Have you ever sustained an injury while at work that necessitated extended care by a health care provider?
- 28. Have you ever had a motor vehicle accident or other injury event causing back or neck pain?
- 29. Are you limited or unable to perform any physical activity because of muscle or joint discomfort?
- 30. Do you have any missing limbs or non-functioning joints?
- 31. Do you have numbness, weakness, or pain in your upper extremities (including your hands)?
- 32. Have you ever been advised by a physician to avoid sitting or standing over a certain time?
- 33. Have you ever worked in law enforcement?
- 33a. If yes, have you ever missed more than three consecutive days of work for any medical or psychological problem?
- 34. Have you ever served in any of the armed forces?
- 34a. If yes, have you ever missed more than three consecutive days of service for any medical or psychological problem?
- 35. Do you have any medical condition that would prevent you from working extended shift periods, rotating shifts, or night shifts?
- 36. Do you have difficulty sitting for any extended period of time?
- 37. Have you ever been advised by a physician to avoid lifting above a certain weight limit?
- 38. Do you have any difficulty in properly holding, aiming or firing a handgun, rifle or shotgun?
- 39. Do you have any difficulty driving at high speeds in a motorized vehicle?
- 40. Have you ever had an automobile accident while driving over sixty (60) miles per hour?
- 41. Have you ever had any automobile accidents as a result of losing control of your vehicle?
- 42. Do you have any difficulty driving for three (3) consecutive hours without stopping?
- 43. Do you have any difficulty running for five (5) consecutive minutes without stopping?
- 44. Have you ever passed out, temporarily lost control of any part of your body, or had blackout spells (episodes you do not remember)?

EXPLANATION OF ANY "YES" ANSWERS: (Identify by number) Additional pages may be attached. Any additional pages must include your name and social security number and must be signed and dated.

PENALTY:

Any falsification, withholding or failure to answer all questions completely and accurately may disqualify you from receiving or retaining employment or certification as a justice officer. Falsification regarding pre-existing conditions may disqualify you from receiving benefits from your employer.

CERTIFICATION:

I hereby certify that there are no willful misrepresentations, omissions or falsifications in the foregoing statements and answers to questions, and that all statements and answers are true and correct to the best of my knowledge and belief.

RELEASE OF INFORMATION

I further hereby authorize and direct all persons, physicians, hospitals, and other entities, and employees thereof, holding any medical, psychological, emotional, or physiological information, record, or report about me to release said information or record to the _____ and the North Carolina Sheriffs' (Agency)

Education and Training Standards Commission or its agents and to give opinions, diagnosis, and prognosis of my medical, physical, emotional, and mental condition.

I further authorize the _____ and the North Carolina Sheriffs' (Agency)

Education Training Standards Commission and its agents to share such information between themselves and to use such information, record, reports, opinion, diagnosis, and prognosis in making a final decision regarding my employment and/or certification as a justice officer.

Signature of Applicant (Use Ink) _____ Date signed _____

Signature of Physician or Licensed Independent Practitioner (Use Ink)

_____ Date signed _____
(Signature)

Name, Title and Address of Physician or Licensed Independent Practitioner Completing Review PLEASE TYPE



**NORTH CAROLINA DEPARTMENT OF JUSTICE
SHERIFFS' STANDARDS DIVISION**

JOSH STEIN
ATTORNEY GENERAL

POST OFFICE BOX 629
RALEIGH, NC 27602 - 0629
TELEPHONE: 919-779-8213 FAX: 919-662-4515

DIANE KONOPKA
DIRECTOR

MEDICAL EXAMINATION REPORT

THIS INFORMATION IS FOR OFFICIAL USE ONLY AND WILL NOT
BE RELEASED TO UNAUTHORIZED PERSONS.

Form F-2
(Rev. 01/18)

INSTRUCTIONS: To be completed by a physician licensed independent practitioner licensed to practice medicine in North Carolina or by a Physician and/or Surgeon authorized to practice medicine in accordance with the rules and regulations of the U.S. Armed Forces following an actual physical examination. The original report must be submitted to the Sheriffs' Standards Division by the employing agency and a copy maintained in that agency's personnel files.

NAME:	
DATE OF BIRTH:	SOCIAL SECURITY NUMBER: <u>XXX-XX-</u>
EMPLOYING AGENCY:	

Height: _____ Weight: _____

VISION

Visual Acuity: **if applicant wears glasses or contacts, test and record acuity with and without glasses**

Without glasses: R - 20 / _____ L - 20 / _____ Both - 20 / _____

With glasses: R - 20 / _____ L - 20 / _____ Both - 20 / _____

Color Perception: - Normal - Abnormal: _____

Peripheral Vision: - Normal - Abnormal: _____

HEARING

Hearing Acuity: **Audiogram** -or- **15' whispered conversation** (check one)

Right ear: - Normal - Abnormal: _____

Left ear: - Normal - Abnormal: _____

Check if hearing aid used (Telecommunicator applicants only). Hearing Acuity for Law Enforcement and Detention applicants should be measured without a hearing aid.

(Continued on reverse side)

CARDIOVASCULAR

Blood Pressure: _____ Resting Pulse: _____

Cardiac Examination: - Normal - Abnormal: _____

Peripheral Circulation: - Normal - Abnormal: _____

ECG: - Indicated by hx or exam: _____ (If resting pulse is less than 50 or greater than 100)

Physical Examination: - Normal - Abnormal

ABNORMAL FINDINGS: _____

URINALYSIS - Normal - Abnormal: _____

TB SKIN TEST Millimeters of Indurations _____

Are there any conditions, physical, emotional or mental which, in your opinion, suggest further examination?

- No - Yes _____

Do you have any reservations about this candidate's ability to physically perform required duties?

Law Enforcement/Deputy - No - Yes: _____

Detention Officer - No - Yes: _____

Telecommunicator - No - Yes: _____

Other - No - Yes: _____

I have read and fully understand the Medical Screening Guidelines Implementation Manual for the Certification of Justice Officers in the State of North Carolina.

Signature of Physician or Licensed Independent Practitioner

Date

Name, Title and Address of Physician or Licensed Independent Practitioner
PLEASE TYPE