TECH

WESTERN COLORADO
PEACE OFFICERS ACADEMY

Application Packet

(Type out application online, then print out to turn in)

		*	
Last, First, MI (please print legibly)	Date	Semester Desired	Year

2508 Blichmann Avenue
Grand Junction, CO81505
(970) 255-2821

Rev. 5/13/2025

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Application Check List

☐ **Create an account** and complete the Colorado Mesa University Tech (CMU Tech) Undergraduate Application for Admission at: https://go.coloradomesa.edu/apply/. On the application for admission you must select *Police Officer Standards & Training (POST) (Technical Certificate)* as the Academic Program. **NOTE:** Current Colorado Mesa University (CMU) or CMU Tech students please disregard this step.

- Request an *official* copy of high school transcripts or G.E.D. scores, and request *official* college transcripts from all previous colleges attended and have them sent directly to admissionsprocessing@coloradomesa.edu
- If you are a resident of the state of Colorado, apply for the College Opportunity Fund: https://www.coloradomesa.edu/cof/index.html
- Send proof of 2 MMR Immunizations to the Registrar's office Registrar@coloradomesa.edu

☐ If applying for veteran financial aid benefits, a copy of your DD Form 214 Member 4 and a Certificate of Eligibility need to be sent to the Veteran Services office at veterans@coloradomesa.edu (970) 248-1739

☐ Complete this WCPOA Application (fillable online – PRINT and retain a copy for your records)

☐ Submit the following required items with this WCPOA Application:

- Professional resume
- Copy of high school diploma or proof of GED completion (graduation date required)
- Color copy of current valid driver's license (front and back)
- Background Research Release Form (signed, dated, and NOTARIZED)
- Liability Waiver (signed and dated)
- Certificate of Application, Lack of Criminal History, and Release of Information (signed, dated, and NOTARIZED)
- Veterans, submit a copy of your DD Form 214 Member 4 with your packet
- If you have not lived in Colorado for all of the last three years, a copy of your driving record from each state in which you previously resided is required

☐ Type in complete information, save, print, and email to wcpoa@coloradomesa.edu

***The WCPOA application period for Fall semester is January 1st through the last Friday in March, Spring semester application period is July 1st through the last Friday in September. Late applications will not be considered for attendance. All of the steps listed below are required for consideration to attend the WCPOA.**

***AFTER* your application has been reviewed and it is determined that you meet the eligibility criteria to attend the WCPOA, you will be contacted by WCPOA staff and receive instructions on how and when to complete the following:**

1. Pre-Academy Fitness testing (Cooper Fitness Standard).
2. Director's Interview (you will be notified of the date and time).
3. Pre-Assessment Screening ($25.00 fee payable to CMU Tech).
4. Submission of your CO. driving history (if a resident for all of the last three years prior to the application period closing date).
5. Oral board interview (you will be notified of the date and time).

Upon successful completion of the above listed items, a background investigation will commence. Pending the outcome of your background investigation, you may be offered a conditional acceptance to the WCPOA. Due to agency needs, sponsored cadets are granted priority seating. This may result in deferment of non-sponsored applicants to another session as available.

The application process to attend the WCPOA is highly competitive. Failure submit required and complete documentation in a timely manner and/or failure to pass any evaluative step will make you ineligible for further consideration for the session desired. For consideration to attend any future session a full re-application is required.

Once accepted to the WCPOA, you will be contacted and receive instructions to complete the following required steps:

1. Fingerprinting for POST through IdentGO & CBI (Fee required and time sensitive)
2. Drug screen completed by Mesa County Consortium (MCC) (Fee required and time sensitive)
3. Physician's Certification of Physical Examination
4. Uniform and boot fitting

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Contact Information

Full Name (please type): _____
LAST FIRST MIDDLE NAME

Home Address: _____
STREETADDRESS CITY STATE ZIP

Mailing Address: _____
STREETADDRESS CITY STATE ZIP

Home Phone Number (include area code): _____

Cell Phone Number (include area code): _____

E-mail Address: _____

CMU E-mail Address: _____

(Note: Please use your official CMU email address for all correspondence. You will receive a Colorado Mesa University email account upon acceptance to CMU/CMU Tech.)

CMU 700#: _____

Date of Birth: _____ Age: _____

EEOC: _____

Other names used / Maiden Name / Aliases:

Full Name (please type): _____
LAST FIRST MIDDLE

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Application

Applicant Information

Full Name:_____ Date: _____
LAST FIRST MIDDLE

Address: _____
STREETADDRESS APARTMENT/UNIT#

_____
CITY STATE ZIPCODE

Home Phone:_____ Cell Phone: _____

Work Phone:_____ SSN: _____

Drivers License State:[ ] License #:[ ] License Expiration:[ ]

I am submitting a color copy (front and back) of my valid drivers license with this application:[ ] *Initials*

Best way to contact you during normal hours: [.]

Are you a citizen of the United States? [.]

Are you authorized to work in the U.S.? [.]

Do you have any previous Law Enforcement training? [.]

If "yes," with what agency? _____ Rank/Title:_____

Residences

Please list all residences for the past 7 years: (Do not leave any gaps; use continuation sheet if needed)

Dates From: _____ To: _____

Street Address:_____

City: _____ State: _____ Zip: _____

Dates From: _____ To: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Dates From: _____ To: _____

Street Address:_____

City: _____ State: _____ Zip: _____

Have you had any problems or issues in conjunction with any of your residences? [.]

*(If yes, please provide details on Continuation Sheet)

Education

High School Name:_____ Address:_____
Attended From:_____ To:_____ Graduate? . _____ Diploma Attached? . _____
Honors received:_____
Discipline received:_____

College Name:_____ Address:_____
Attended From:_____ To:_____ Major:_____ Graduate? . _____
Degree Earned:_____
Honors received:_____
Discipline received:_____

Other:_____ Address:_____
Attended From:_____ To:_____ Major:_____ Graduate? . _____
Certification Earned:_____
Honors received:_____
Discipline received:_____

* (You may continue education on a continuation sheet)

If you did not graduate from high school, provide specifics of where and when you received your G.E.D. (include documentation with your packet).

Did you have any problems or issues in conjunction with any of your education? (i.e. suspensions, academic probation, disciplinary issues) . *(If yes, provide details)

Please list three professional references (Do not use Relatives, Judges or University Professors). Please include complete contact and mailing information. (Please obtain approval with reference prior to listing)

1. Full Name:_____ Relationship: _____
Home Address:_____
Email Address: _____ Phone:_____
Occupation: _____ Years Known: _____

2. Full Name:_____ Relationship: _____
Home Address:_____
Email Address: _____ Phone:_____
Occupation: _____ Years Known: _____

3. Full Name:_____ Relationship: _____
Home Address:_____
Email Address: _____ Phone:_____
Occupation: _____ Years Known: _____

Employment

Please include all employment for the past five years, beginning with the most recent employer first. You may include additional pages if needed. Do not leave gaps. Indicate periods of unemployment if appropriate.

From:_____ To: _____
MONTH/YEAR MONTH/YEAR

Company:_____ Phone:_____
Address:_____ Supervisor:_____

Job Title:_____ Starting Salary: $_____ Ending Salary: $ _____
Responsibilities:_____
Reason for Leaving:_____

From:_____ To: _____
MONTH/YEAR MONTH/YEAR

Company:_____ Phone:_____
Address:_____ Supervisor:_____

Job Title:_____ Starting Salary: $_____ Ending Salary: $ _____
Responsibilities:_____
Reason for Leaving: _____

From:_____ To: _____
MONTH/YEAR MONTH/YEAR

Company:_____ Phone:_____
Address:_____ Supervisor:_____

Job Title:_____ Starting Salary: $_____ Ending Salary: $ _____
Responsibilities:_____
Reason for Leaving: _____

From:_____ To: _____
MONTH/YEAR MONTH/YEAR

Company:_____ Phone:_____
Address:_____ Supervisor:_____

Job Title:_____ Starting Salary: $_____ Ending Salary: $ _____
Responsibilities:_____
Reason for Leaving: _____

From:_____ To: _____
MONTH/YEAR MONTH/YEAR

Company:_____ Phone:_____
Address:_____ Supervisor:_____

Job Title:_____ Starting Salary: $_____ Ending Salary: $ _____
Responsibilities: _____
Reason for Leaving:_____

Have you had any problems or issues at any of your places of employment? (i.e. reprimands, disciplinary notice, conflicts, leave without proper notice, dismissal) [.]
*(If yes please provide details on Continuation Sheet)

Additional Questions

Is there any information we need to know about your name or your use of another name in order for us to be able to check your work, driving and criminal records? Please specify:

Please explain why you seek admission to this academy and a future in law enforcement:

Is there anything in your background or experience that may negatively reflect on your application or ability to complete the academy training program? . Please explain.

Have you had a DUI or DWAI conviction (or pending charge) within the past (3) years prior to the application deadline (this includes all like offenses applicable to any means of motorized transport, such as boating under the influence). . Please explain.

Have you ever previously been denied attendance to or been dismissed from the WCPOA or another peace officer academy? .

If YES, provide the date(s) of application/attendance, academy name, disposition of your application, or cause for dismissal.

Military Service

Branch: · From: _____ To: _____
MONTH/YEAR MONTH/YEAR

Rank at Discharge: _____ Type of Discharge: ·

If other than honorable, explain: _____

DRUG USE HISTORY QUESTIONNAIRE

Please answer the following questions regarding your personal history of drug use and use the additional space on the back if needed:

1. Have you EVER used marijuana of any kind, to include legal medical/state sanctioned recreational marijuana, or edibles containing tetrahydrocannabinol (THC)? .
2. If yes, how many times (total), and be specific on the date of your last usage?

   _____
3. Describe the circumstances of your previous marijuana usage:
4. Have you EVER used Heroin, Hallucinogens, PCP, Angel Dust, Wet, Phencyclidine, or LSD? .
5. Have you EVER used ANY illegal substance, dangerous drugs, narcotics, or vaporous substances to include (but not limited to) Cocaine or Crack, Magic mushrooms or Psilocybin Mushrooms, Methamphetamine, Crank, Crystal, Ice, Speed, Glass, Amphetamines, Adderall, Ritalin, Anabolic steroids, Peyote, Mescaline, Opium, Morphine, Club Drugs (ex. Ketamine, GHB, Rohypnol, MDMA, Ecstasy), Aerosols (huffing, paint, Whippets, Nitrous), or Khat? .
6. If your answer is yes for any of the above, how many times total (list for each substance), and what was the date of your last usage?
7. Describe the circumstances of your previous drug usage noted above in detail:
8. Have you EVER used any prescription medication not legally prescribed to you? .
9. If yes, specify the drug used, how many times, the circumstances, and the date of your last usage.
10. Have you EVER purchased, sold, distributed, transported, or facilitated a transaction involving any illegal substance? (Excluding legally purchased recreational or medical marijuana). .
11. If yes, describe the specifics of any/all transactions:
12. When was the last date you used any illegal substance, to include legal marijuana?
13. I certify the answers I have provided above are true and correct to the best of my recollection. I understand that a failure to be truthful on this questionnaire may be grounds for denial of admission or dismissal from the Academy.

Printed Name: Signature _____ Date:

Continuation Sheet

Disclaimer and Signature

I certify that the previous answers are true and complete.

If this application leads to acceptance, I understand that false or misleading information in my application or interview may result in my dismissal from the academy.

Signature: _____ Date: _____

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Background Research Release

NAME: _____

By initialing and signing in the spaces provided, I certify that all of the following statements are true, correct, and complete to the best of my knowledge.

_____**Consent to Conduct Background Investigation -** As a condition of, and in consideration for, admission to the WCPOA, I give permission to WCPOA, GJPD and/or MCSO to investigate my personal and employment histories. I understand that this background investigation will include, but not be limited to, verification of al l information on this Application, credit, criminal history, as well as interviews with past employers and listed and developed references. I further give permission to WCPOA, GJPD and/or MCSO to assign this investigation to its staff or agents, and to discuss the results of this investigation in connection with my application.

_____**Consent to Contact Past Employers -** I give permission to WCPOA, GJPD and/or MCSO, and their staff and agents to contact all employers listed in this Application for references. I further give permission to all current or previous employers and/or managers or supervisors to discuss my personal and employment history with WCPOA, GJPD and/or MCSO, and its staff or agents and consent to the release of such information orally or in writing. I hereby release all listed employers from all liability and agree not to sue them for defamation or other claims based upon any statements they make to any WCPOA, GJPD and/or MCSO, staff member or agent. I further waive all rights I may have under state law to receive a copy of any written statement provided by any of my former employers. I further agree to indemnify all past employers for any liability they may incur because of their reliance upon this release.

_____**Consent to Contact Government Agencies -** I give permission to any agent, attorney or investigative representative of WCPOA, GJPD and/or MCSO, and their staff or agents to receive a copy of any information obtained in the file of any federal, state or local court, governmental agency, law enforcement agency or investigator concerning or relating to me. I further consent to the release of such information and waive any right under state law concerning notification of the request for release of such information. In the event state law does not provide for prospective employers to have access to information, I hereby delegate WCPOA and its staff or agents as my agent for receipt of information. I understand that the scope of this investigation will be limited to criminal and/or civil records that relate to my honesty, integrity and/or abilities.

_____**Cooperation with Investigation** - I agree to fully cooperate with any and all background investigation(s) deemed necessary or required by WCPOA, GJPD and/or MCSO and to sign any waivers or releases that may be necessary to obtain access to my personal information. In the event that any former employer or federal, state, or local government agency will not release information or criminal history information directly to the employer, I agree to personally request and obtain such information for the use of WCPOA, GJPD and/or MCSO to the extent permitted by law.

_____**Falsification Statement -** I understand that any falsification and/or omission of fact made by me in this Application or in connection with any background investigation may be sufficient grounds for rejection of this application, or, if discovered after admission, for immediate dismissal from the WCPOA, GJPD and/or MCSO.

_____**Information Availability -** I understand and agree that all information developed during the course of all background investigation(s) will be made available, upon request, to any law enforcement agency to which I apply for employment.

_____ _____
Signature of Applicant Date

Subscribed and sworn to before me this_____day of_____, 20_____.

_____ My commission expires:_____
Notary Public

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Liability Waiver

NAME: _____

The undersigned certifies and agrees to the following terms and conditions:

1. I have no pre-existing condition that would prohibit me from engaging in all training at the WCPOA. Initials ☐

2. I understand that Arrest Control Tactics (ACT) Classes and Physical Training Classes require physical exertion and physical activity, which is undertaken with other persons. My participation in training poses a risk of physical injury, illness or other harm to me and I expressly assume all risk and responsibility for any and all injury, illness, and harm of whatever nature, kind or degree. Initials ☐

3. I represent that I am mentally and physically capable of completing 80 hours of Arrest Control Tactic Training (ACT) and 27 hours of physical training, which will include a minimum of performing:

    a. Push-ups
    b. Sit-ups
    c. Running for 1½ to 2 miles
    d. Strength training drills to include personal weapon strikes, e.g. front punches, kicks, etc. to the body
    e. Handcuffing drills, e.g. stress-inducing drills
    f. Baton drills
    g. Control hold/take down techniques, e.g. joint manipulation & stress-inducing drills
    h. Pressure point application, e.g. application to nerve endings throughout the body. Initials ☐

4. I agree to read and abide by all policies, procedures, instructions, and training methods provided or otherwise made available by WCPOA, its instructors and staff, including orientation procedures for new students, WCPOA medical treatment policies and procedures, and all other related WCPOA, policies and procedures, written and oral. Initials ☐

5. I agree that the health, welfare, and safety of all students, instructors, and staff of WCPOA are of paramount importance. I certify that I do not have a communicable or contagious disease or other health condition that poses or could pose a medically recognized, unreasonable or dangerous risk of harm to other students, instructors, or staff at WCPOA. Initials ☐

6. I understand that I am responsible for all personal property I choose to bring to WCPOA, and I expressly assume all risk of loss of, or damage to such personal property. Initials ☐

7. I also understand that many other aspects of the training at WCPOA, such as Law Enforcement Driving and Law Enforcement Firearms Training, will involve me in situations that could result in harm or injury to me. I further understand that my participation in all of the courses that make up the Basic Law Enforcement Program is required in order for me to take the P.O.S.T. examination for certification as a Colorado Peace Officer. Accordingly, on behalf of myself, my heirs, assigns, agents, personal representatives, dependents, and all others who may act on my behalf, I forever hold harmless and unconditionally release WCPOA, its instructors and its staff, the Board of Trustees of Colorado Mesa University, CMU, and all current and former employees of CMU from any and all liability, claims, demands, actions, and courses of action whatsoever arising from any and all damage, loss, injury or other harm to myself or my property while participating in ACT, Physical Training, Firearms, Driving or any other aspect of my training and education while participating in the WCPOA program, whether such loss, damage, injury, or harm is caused by my own conduct or that of another person. Initials ☐

8. The terms of this Liability Waiver may be modified only with the written consent of WCPOA and are governed by and subject to the laws of the State of Colorado. Initials ☐

I certify that I read and understand the English language, and that I have thoroughly read and now understand all the terms and conditions of this Liability Waiver. I further agree that if any section, condition, or term of this Liability Waiver is adjudicated to be unenforceable under applicable law, the remaining sections, conditions, and terms shall not be affected and shall remain enforceable and binding upon me.

Signature: _____ Date: _____

Print Name: _____

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Certification of Application and Lack of Criminal History, and Release of Information

I,_____certify that I have personally completed all aspects of this application and all attachments. I certify that all the answers are accurate and complete to the best of my knowledge and belief, and I certify that all of the information provided in my application is accurate and complete.

I certify that I have never been:
a) convicted of a felony crime/offense in any state or federal court,
b) convicted of any of the Colorado misdemeanors listed below, and
c) convicted of a crime/offense comparable or similar to any of the Colorado misdemeanors listed below in any federal or other state's court.

I further certify that no felony, or listed, comparable, or similar misdemeanor is pending against me. I authorize the Western Colorado Peace Officers Academy (WCPOA) and any of its staff, employees, or agents to perform a background investigation to verify the truth of these statements.

18-3-204	Assault in the third-degree
18-3-402	Sex assault
18-3-404	Unlawful sexual contact
18-3-405.5	Sexual assault on a client by a psychotherapist
18-3-412.5	Sex offenders-duty to register-penalties
18-6-403	Sexual exploitation of children
18-7-201	Prostitution prohibited
18-7-202	Soliciting for prostitution
18-7-203	Pandering
18-7-208	Promoting sexual immortality
18-7-302	Indecent exposure
18-7-601	Dispensing violent films to minors
18-8-102	Obstructing government operations
18-8-103	Resisting arrest
18-8-104	Obstructing a peace officer, firefighter, Emergency medical services provider, rescue specialist, or volunteer
18-8-108	Compounding
18-8-109	Concealing death
18-8-111	False reporting to authorities
18-8-113	Impersonating a public servant
18-8-114	Abuse of public records
18-8-201	Aiding escape
18-8-204.2	Possession of contraband in the second degree
18-8-208	Escapes
18-8-208.1	Attempt to escape
18-8-212	Violation of bail bond conditions
18-8-304	Soliciting unlawful compensations
18-8-305	Trading in public office
18-8-308	Failing to disclose a conflict of interest
18-8-403	Official oppression
18-8-404	First degree official misconduct
18-8-503	Perjury in the second degree
18-8-611	Simulating legal process
18-8-612	Failure to obey a juror summons
18-8-613	Willful misrepresentation of material fact on juror questionnaire
18-8-614	Willful harassment of juror by employer
18-8-802	Duty to report use of force by peace officers
18-9-111	Harassment
18-9-121	Ethnic intimidation
18-18-404	Unlawful use of controlled substances
18-18-405	Unlawful distribution, manufacturing, dispensing, sale, or possession of a controlled substance
18-18-406	Offenses relating to marijuana and marijuana concentrate
18-18-411	Keeping, maintaining, controlling, renting, or making available property for unlawful distribution or manufacture of controlled substances

(continued)

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Certification of Application and Lack of Criminal History, and Release of Information

I understand that any misstatement of fact or willful withholding of information during the application process will disqualify me, or if selected to attend, will be cause for immediate dismissal from the Western Colorado Peace Officers Academy (WCPOA). Should I be so disqualified or dismissed, I understand that I will remain liable for all charges incurred as part of the application process, and that I will not be eligible for any refund of money I paid for such things as a background investigation and a fingerprint check. If a student is dismissed after completion of a portion of the academy, the student will be receiving a tuition refund in accordance with university policy.

I authorize WCPOA and/or its staff, employees, or agents to release any and all information concerning my application to, participation in, or graduation from, WCPOA to any agency or its representatives or agents requesting such information as part of my application for employment by that agency.

Signature of Applicant _____ Date _____

Subscribed and sworn to before me this _____ day of _____ , 20 _____

_____ My commission expires: _____

Notary Public

CMU TECH, WESTERN COLORADO PEACE OFFICERS ACADEMY
INSURANCE PARTICIPATION POLICY AND
SECONDARY INSURANCE INSTRUCTION SHEET

Introduction:

- CMU Tech is committed to ensuring the safety of all students during participation in the program.
- All students participating in the CMU Tech Peace Officer Academy Program are **REQUIRED** to have primary insurance before participating in the program.
- Students who are injured during participation in a CMU Tech Peace Officer Academy Program course of instruction **MAY** qualify for CMU's secondary insurance policy, as long as the deductible is met and all requirements are fulfilled.

Instructions:

- Students and policy holders of student's primary insurance should thoroughly read each page of the insurance packet.
- Students and policy holders of student's primary insurance **MUST** agree with and date each page after reading through each sections of the packet.
  NOTE: Students are responsible for sharing this information about primary and secondary insurance requirements with the policy holder before completing form.
- Students and policy holders of students primary insurance must fill out **ALL** required sections primary health insurance information page.
- A copy of the students primary insurance card, front and back, must be attached and submitted with the CMU Tech Peace Officer Academy Program Primary Health Insurance Form.

CMU Tech **strongly** recommends that the students and the policy holder of the student's primary insurance make a copy of this form for their personal records.

If you have questions regarding primary insurance responsibilities or secondary insurance coverage, please contact Peace Officers Academy Director Michael Diehl.

Michael Diehl, Peace Officers Academy Director and Public Safety Department Director
Colorado Mesa University, 1100 North Ave, Grand Junction CO, 81501
Phone:970-255-2821
Email: mdiehl@coloradomesa.edu

Updated January 25

CMU TECH, WESTERN COLORADO PEACE OFFICERS ACADEMY
INSURANCE PARTICIPATION POLICY

Section A – Health Insurance Requirements

All CMU Tech Peace Officer Academy student participants are required by the program to have healthcare insurance. It is **STRONGLY** recommended that the primary health insurance provides in-network coverage in Mesa County and includes the following minimal coverages:

1. Coverage of for injuries.
2. Coverage of all body parts (no exclusions). *Colorado Mesa University will not be responsible for injuries excluded by your primary health insurance policy.
3. 80% pay after deductible for major medical coverage.
4. $100,000.00 minimum for major medical coverage.

Things to consider with primary health insurance for your student:

1. ***KASIER PERMANENTE INSURANCE DOES NOT HAVE COVERAGE IN GRAND JUNCTION, CO.***
   - Students with Kaiser Permanente Insurance who need medical coverage, such as doctors' visits, x-rays, MRIs, surgeries, etc., will need to return home OR be treated as self-pay for these medical expenses.
   - Students with Kaiser Permanente Insurance will have coverage at Urgent Care or Emergency Departments under plan care.
   - CMU Tech **STRONGLY** recommends purchasing a supplemental policy for the student that has coverage in the area, i.e. Colorado Medicaid.

2. **Out of State Medicaid**
   - Out of State Medicaid **DOES NOT** provide Colorado coverage.
   - Students with out-of-state Medicaid will be treated as self-pay in the state of Colorado.
   - CMU Tech recommends the student switch coverage to Colorado Medicaid in order to have medical coverage in Colorado.

3. **Commercial Insurance (Aetna/BCBS/Cigna etc.)**
   - Most commercial insurance companies require diagnostic testing before being approved for advanced diagnostic tests, such as MRIs or CT scans
   - In the event the student needs advanced diagnostic imaging, such as an MRI, your primary insurance may require your student to have a diagnostic X-ray before being approved. This may result in longer scheduling wait times for an MRI.

By checking below, I confirm that I have read and reviewed Section A – Health Insurance Requirements of CMU Tech Peace Officer Academy Insurance Participation Policy with the policy holder, and understand the responsibility of the student to maintain a primary health insurance. I understand that any changes in the primary health insurance coverage must be reported immediately to CMU Tech, and a new insurance information form must be completed. CMU Tech reserves the right to verify signatures and policy information. The policy holder also acknowledges agreement with the above policy.

☐ Printed: _____ Date: _____
(Name of Student or Guardian if under 18)

☐ Printed: _____ Date: _____
(*Name of Policyholder)*

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Section B – CMU TECH, WESTERN COLORADO PEACE OFFICERS ACADEMY Insurance

CMU Tech Insurance is a secondary policy **ONLY.** All students participating in CMU Tech Peace Officer Academy **MUST** have a primary insurance to participate in the program. The CMU Tech secondary insurance policy **MAY** pay for costs not covered by your primary health insurance, but it is not guaranteed. The following conditions must be met before for possible coverage by the secondary insurance:

1. The injury must have occurred during participation in a CMU Tech course of instruction.
2. The injury must be reported to CMU Tech within one (1) week after the injury and recorded in an injury report.
3. Students must meet a deductible of $5,000.00 to meet secondary coverage requirements. Students have 24 months (2 years) from the date of injury to meet the secondary insurance deductible of $5,000.00. **If the costs for the injury do not reach $5,000.00, the student will be responsible for all charges, unless medical services are provided on campus. In these cases, CMU Tech will pick up all "member responsibility" cost.**

** The CMU Tech secondary insurance policy **CANNOT** be given to medical providers for direct billing. In order for a claim with the secondary insurance to be considered, the following items must be given to the Program Director:

1. Copies of itemized bills from **EACH** medical provider/medical facility used to provide medical service for the injury. Itemized bills must be in either **CMS 1500 or UB04 medical forms with diagnostic codes included.**
2. Copies of primary insurance Explanation of Benefits (EOB) or denial of payments forms for the injury.
3. Copies of itemized receipts paid out of pocket for the injury.

***The above items must be presented to the Program Director within sixty days of reaching the secondary insurance deductible.**

** The CMU Tech secondary insurance policy **WILL NOT COVER** the following:

1. Ordinary illnesses and general prescriptions
2. Injuries sustained outside of participation in a supervised, regularly scheduled game, practice, or workout.
3. Medical charges that are found to be over or above usual and customary for the area of services
4. Injuries sustained while substance abuse or misuse is occurring.

** CMU Tech **WILL NOT BE RESPONSIBLE** for the following:

1. Charges that are declined by any and all insurances.
2. Late charges or charges associated with noncompliance or falsification of information.

By checking below, I confirm that I have read and reviewed Section B of the Insurance Participation Policy with the policyholder. I understand the responsibility of the University to a student- who becomes injured as a result of participation in a CMU Tech program. CMU Tech reserves the right to verify signatures and policy information. The policy holder also acknowledges agreement with the above policy.

☐ Printed: _____ Date: _____
(Name of Student or Guardian if under 18)
☐ Printed: _____ Date: _____
(*Name of Policyholder)*

Updated January 2025

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WESTERN COLORADO
PEACE OFFICERS ACADEMY

2024-2025 CMU TECH, WESTERN COLORADO PEACE OFFICERS ACADEMY
PRIMARY HEALTH INSURANCE INFORMATION

Student: _____ Soc. Sec Number: _____ Birthdate: _____

Department/Program/Course: _____

Name of Insurance Company: _____

Insurance Company Mailing Address: _____

Insurance Company Phone Number: _____

Name of Policyholder: _____

Policyholder's Mailing Address: _____

City, State, Zip Code: _____

Policyholder's Phone Number (home): _____ (work): _____

Policyholder's Employer: _____

Policyholder's Social Security Number: xxx-xx-_____ DOB: _____

Policy Number: _____

Group/Plan Number: _____

Is your policy an HMO, PPO, or Managed Care Plan? _____

PLEASE ATTACH A PHOTOCOPY OF THE FRONT AND BACK OF THE INSURANCE CARD TO THIS FORM.

This policy should meet the recommended minimum requirements in Section A - Health Insurance Requirements - outlined on the opposite side of this page. **Any changes in the insurance coverage must be reported immediately**.

By checking below, I agree that the information provided is accurate and complete to the best of my knowledge.

By checking below, I agree to notify CMU Tech of any changes in insurance coverage. I/We grant permission for medical personnel to provide treatment in emergency situations.

☐ Printed: _____ Date: _____
(Name of Student or Guardian if under 18)

☐ Printed: _____ Date: _____
(Name of Policyholder)

This completed form must be approved by the appropriate CMU Tech Program Director prior to participation in any activity. Any changes in insurance coverage must be reported immediately. Failure to report changes immediately may limit coverage by the secondary insurance.

TECH
WESTERN COLORADO
PEACE OFFICERS ACADEMY

WCPOA Physical Fitness Program and Standards

Colorado POST requires 24 hours of physical fitness training that is listed in the academic curriculum as a Wellness Lab. Passing this course is a requirement under the academic standards and for eligibility to take the POST exam. The WCPOA has a rigorous physical fitness program that fills this curriculum requirement and includes 27.5 hours of training. Additionally, required skills training, other course work and the daily rigors of the academy are physically demanding. A good balance of aerobic fitness, anaerobic fitness, and flexibility are essential to successfully complete the academy.

The Cooper Institute Fitness Assessment is used by the WCPOA and is consistent with industry hiring standards. This assessment is conducted as part of the application process for non-sponsored cadets and is evaluated for suitability to attend. During the academy, the fitness assessment is conducted two more times. The first assessment is administered on the first day of the academy session and translates to 5% of the cadets Wellness Lab grade. A final assessment is administered at the six-week mark and translates to 10% of the cadets Wellness Lab grade. The remaining Wellness Lab grade percentage (75%) is evaluated through participation, percentage of fitness improvement, and homework assignments.

Consistent with industry hiring standards, the Cooper assessment consists of a 1.5-mile run, followed by maximum men's military style push-ups in one minute, followed by maximum sit-ups in one minute, and then followed by a 300-meter sprint. These events are all done one right after the other with no resting in between. Push-ups and sit-ups require adherence to strict form and will not be counted as a repetition if not to standard (see description below).

Performance standards and evaluation of testing results are based on age and gender, and **the WCPOA strongly recommends a combined score at or above the 50th percentile to start the academy**. Starting the academy at a fitness level below the 50th percentile significantly increases the risk of injury and has a direct impact on overall performance and success.

Below is a chart that shows the 50th percentile expectations for each event based on age and gender.

Female	Age			
EVENT	**20-29**	**30-39**	**40-49**	**50-59**
1.5 MILE	14:15	15:14	16:13	18:05
PUSH-UPS	18	14	11	11
SIT-UPS	35	27	22	17
300 M SPRINT	1:04	1:14	1:26	1:26

Male	Age			
EVENT	**20-29**	**30-39**	**40-49**	**50-59**
1.5 MILE	11:58	12:25	13:05	14:33
PUSH-UPS	33	27	21	15
SIT-UPS	40	36	31	26
300 M SPRINT	0:56	0:57	1:07	1:20

Push-up:
Timed for 1 minute, must be full-body, military style with arms wide and full-arm extensions. Body must be lowered so the arms are bent at 90 degrees & parallel to the ground. Use a 4" thick brick or object to touch your chest to help gauge. You may rest, but only in the plank position, body level - no arched back or buttocks in the air. If a knee touches the ground, you're done.

Sit-up:
Timed for 1 minute, you may have your knees bent and feet anchored. Shoulder blades must touch the ground for each repetition; Elbows must break the plane of your knees on the up movement each time. You may rest, but only in the sitting up position with your elbows at your knees.

Driving Directions

How to get here
It's easy! I-70 is just minutes from the WCPOA, GJPD, and MCSO campuses and airport service is offered through major carriers. Bus and rail services are also available.

From Denver
Take I-70 west for 259 miles to Grand Junction, Exit 28 (24 Road). Go left through the roundabout, and turn south (left) on 24 Road to Patterson Road. Go east (left) on F Road (AKA Patterson Road) to 25 Road. Go north (left) on 25 Road to Blichmann Avenue. Turn east (right) on Blichmann Avenue.

From Utah
Take I-70 east, 24 miles past the Colorado/Utah border, to Exit 28 (24 Road). Go south (right) on 24 Road to Patterson Road. Go east (left) on F Road (AKA Patterson Road) to 25 Road. Go north (left) on 25 Road to Blichmann Avenue. Turn east (right) on Blichmann Avenue.

From Highway 50
Take Highway 50 north, which turns into 5th Street in town. Take 5th Street to North Avenue. Go west (left) on North Avenue through 1st Street. Shortly after 1st Street, North Avenue merges with Highway 6 & 50. Continue on Highway 6 & 50 to 25 Road. Go north (right) on 25Road past F Road (AKA Patterson Road) to Blichmann Avenue. Turn east (right) on Blichmann Avenue.

