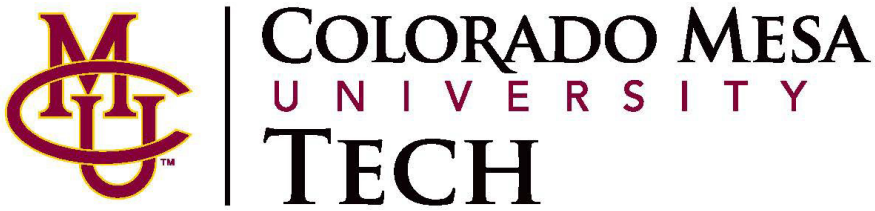
Western Colorado Peace Officers Academy



Sponsored Application Packet

(Type out application, then print and turn in)

_____

Sponsoring Agency

_____	_____	_____
Last, First, MI (please print legibly)	Date	Academy Semester Attending

2508 Blichmann Avenue
Grand Junction, CO 81505
(970) 255-2821

Rev. 4/22/26

TECH **Western Colorado Peace Officers Academy**
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 you DD214 Form (Member 4) and a Certificate of Eligibility need to be sent to the Veteran Services Office veterans@coloradomesa.edu at (970)248-1739.

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

☐ Submit the following items with this WCPOA Application:

- Copy of high school diploma or proof of GED completion
- Veterans, submit a copy of your DD Form 214 Member 4 with your packet
- Color copy of current valid driver's license (front and back)
- Liability Waiver (signed and dated)
- Sponsorship Letter (signed and dated)
- Copy of Insurance Card (front and back)
- Completed Form 11E (signed and dated)
- Certificate of Completion for FEMA Trainings: IS – 0100.c & IS – 0700.b

☐ Verification of fingerprinting is time sensitive and fingerprints must be submitted to CBI no more than 60 days prior and at least one week before day one of the Academy. The included Fingerprinting Form must be submitted to the WCPOA Director immediately upon completion. POST Form 11E must be submitted to the WCPOA Director prior to any fingerprinting.

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

***WCPOA applications for sponsored cadets are due no later than 60 days prior to the start of the desired academy session.**

***AFTER* your application has been received, you and your agency will be contacted for the following steps:**

1. Director's Interview (informational)
2. Uniform Fitting

Western Colorado Peace Officers Academy

Contact Information

PLEASE TYPE IN ALL 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

Western Colorado Peace Officers Academy

Application

Applicant Information

Full Name: _____ Date: _____

LAST FIRST MIDDLE

Address: _____

STREET ADDRESS APARTMENT/UNIT#

_____

CITY STATE ZIPCODE

Home Phone: _____ Cell Phone: _____

Work Phone: _____ SSN: _____

Best way to contact you during normal hours: .

Are you a citizen of the United States? .

If no, are you authorized to work in the U.S.? .

Do you have any previous Law Enforcement training? .

If "yes," with what agency? _____

Education

High School: _____ City & State: _____

School Name

Diploma: · Date of graduation: _____

College: _____ City & State: _____

Name of Institution

Degree: · Degree Type: . Major: _____

Date of graduation: _____

Other: _____ City & State: _____

Name of Institution

Did you graduate? .

Diploma/Degree/Certificate? _____

* (You may continue education on the continuation sheet)

If you did not graduate from high school, provide specifics of where and when you received your G.E.D. and 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 on the Continuation Sheet)

Employment

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

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

Company:_____

Address:_____

Job Title:_____

Responsibilities:_____

Reason for Leaving:_____

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

Company:_____

Address:_____

Job Title:_____

Responsibilities:_____

Reason for Leaving:_____

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

Company:_____

Address:_____

Job Title:_____

Responsibilities:_____

Reason for Leaving:_____

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

Company:_____

Address:_____

Job Title:_____

Responsibilities:_____

Reason for Leaving:_____

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

Company:_____

Address:_____

Job Title:_____

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

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

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

Have you ever previously applied to the Western Colorado Peace Officers Academy or another peace officer academy? .

If YES, provide the date of application, academy name, and disposition of your application.

Military Service

Branch: _____ From: _____ (MONTH/YEAR) To: _____ (MONTH/YEAR)

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

MOS/Specialty: _____

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:_____

Western Colorado Peace Officers Academy

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: _____

Western Colorado Peace Officers Academy
Application Packet
Fingerprint Verification

This is to certify that Per § 24-31-304, C.R.S. and POST Rule 14, fingerprints were submitted to CBI before enrolling in the training academy. Contact the WCPOA staff for a specific date window to complete fingerprinting.

Agency:

- ☐ Grand Junction Police Department
- ☐ Mesa County Sheriff's Office
- ☐ Other Agency:_____

Fingerprints were processed using following method:

- ☐ Live Scan (POST service Code 25YH81)
- ☐ POST Applicant Fingerprint Card
- ☐ IdentoGO (Live Scan - POST service Code 25YH81))

Fingerprinting Date: _____

_____	_____	_____
(Print Applicant Name)	(Signature)	(Date)
_____	_____	_____
(Print Agency Representative Title & Name)	(Signature)	(Date)

- Fingerprinting must be completed before final acceptance to the WCPOA.
- POST Form 11E must also be completed at the time of fingerprinting.
- This form and Form 11E must be returned to the WCPOA Director for verification and filing immediately upon completion.
- If fingerprinting was completed at a commercial vendor (ex. IdentoGO) include a copy of your receipt with your paperwork.

ENROLLMENT ADVISORY FORM – 11E

Refer to Rule 21

This form **shall** be completed by academy applicants **before** fingerprints are submitted to CBI. Once signed by the academy director, the form may be submitted to POST with other academy enrollment documents via the **POST file share**.

Last Name:_____

First Name: _____ **Full Middle:**_____

Date of Birth:_____ **SSN:**_____

Preferred/Maiden/Other Names Used**:**_____

☐ (check the box if this is your preferred name)

Academy: Western Colorado Peace Officers Academy Start Date: _____

Name of Academy Director: Michael Diehl

PART I – TRAINEE STATEMENT

Initials

_____ Pursuant to § 24-31-304, C.R.S., all persons seeking to enroll in a training academy **shall** submit their fingerprints to the CBI ***prior*** to enrolling in the academy.

_____ I acknowledge pursuant to Federal Bureau of Investigation and CJIS requirements, as a person submitting fingerprints for the purpose of certification or licensure I have received Applicant's Privacy Rights and Identity History Summary Checks

_____ A training academy **shall not** enroll any person who has been convicted of an offense or entered into certain legal agreements that would result in the denial of certification pursuant to § 24-31-305(1.5), C.R.S. or released or discharged from the Armed Forces of the United States under Dishonorable conditions. The only exception shall be if the Board has granted the person an exemption from denial of enrollment. **PLEASE CONTACT POST REGARDING CONVICTIONS, LEGAL AGREEMENTS, OR SEALED RECORDS.**

_____ It is unlawful for any person to possess a firearm who has been **convicted** in any court of a crime of domestic violence OR is subject to a court order that restrains such person from harassing, stalking, or threatening an intimate partner OR is subject to a court order that prohibits such person from possessing a firearm.

_____ Successful completion of the training academy does not guarantee that the trainee will either receive POST certification or be appointed as a peace officer.

_____ Certified peace officers must be United States citizens, legal residents who are lawfully present in the United States pursuant to Federal Law and § 24-76.5-103, C.R.S., OR lawfully able to possess a firearm in the U.S. pursuant to 18 U.S.C. § 922(g)(5)(A) or 18 U.S.C. § 922(g)(5)(B), and/or 18 U.S.C. §925(a)(1).

_____ Pursuant to § 24-74-103, C.R.S., a state agency employee shall not disclose or make accessible, including through a database or automated network, personal identifying information that is not publicly available information for the purposes of investigating for, participating in, cooperating with, or assisting in federal immigration enforcement, including enforcement of civil immigration laws and 8 U.S.C. sec. 1325, except as required by federal or state law or as required to comply with a court-issued subpoena, warrant, or order.

I CERTIFY THAT I HAVE READ THE ABOVE STATEMENTS AND THAT THESE LAWS AND CONDITIONS HAVE BEEN EXPLAINED TO ME. I HAVE INITIALED EACH ONE, AND BY SIGNING BELOW, INDICATE THAT I UNDERSTAND EACH ONE.

_____ _____

Applicant's Signature* Date

PART II – ACADEMY DIRECTOR STATEMENT

The above-referenced academy has ensured that the trainee's fingerprints have been submitted to CBI ***prior*** to the enrollment date of the academy. The academy has made every effort to comply with the requirements of POST Rule 14 and § 24-31-304, C.R.S.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS AFFIDAVIT, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS TRUE, CORRECT, AND COMPLETE. I FURTHER ACKNOWLEDGE THAT ANY FALSE STATEMENT, MISSTATEMENT, OR INACCURACY MAY RESULT IN REVOCATION OF THE INDIVIDUAL'S CERTIFICATION, AS WELL AS CRIMINAL PROSECUTION.

_____ _____

Academy Director or Designee Signature Date

*An e-signature has the same legal weight as a handwritten signature and cannot be considered invalid simply due to being electronic.

Western Colorado Peace Officers Academy
Emergency Contact Information
CMU Tech Program: WCPOA

PLEASE TYPE IN ALL INFORMATION

Student Information

Name (Last, First, MI) *(Name other than legal)*

Address Street *City* *State* *Zip*

Phone *Alternate Phone* *Gender* *Age* *DOB* *Student ID (700 #)*

*****Parent/Guardian Information*****

Father's Name (Last, First, MI) *Employer* *Business Phone*

Mother's Name (Last, First, MI) *Employer* *Business Phone*

Stepparent/Guardian (Last, First, MI) *Employer* *Business Phone*

*****Emergency Contact Information*****

Contact Name (Last, First, MI) *(Relationship to student)*

Phone *Alt. Phone*

Preferred Physician *Phone*

Preferred Hospital

List any condition, medication, etc. that may affect your ability to participate in training:

Western Colorado Peace Officers Academy
Application Packet
Classification

Certification for **SPONSORED APPLICANT**
(To be completed by agency head)

As the head of: _____,
(Name of Law Enforcement Agency)

I verify that our agency completed a thorough background check of:

_____ *on* _____.
(Full Name) *(Date)*

I further verify that nothing from the background check nor anything made known to us while the applicant has been our employee would preclude his/her admission to the Western Colorado Peace Officers Academy (WCPOA).

Accordingly, I hereby sponsor the applicant's admission, reserving the right to rescind that sponsorship for good cause. By Sponsoring the applicant, I recognize that my agency will be solely responsible for paying the applicants tuition.

I understand that students of WCPOA program are required to meet academic, skill, and behavioral standards and are subject to disciplinary actions that may include dismissal for serious and/or repeat violations of the WCPOA rules, regulations, and standards.

_____
(Print Title and Name)

_____
(Signature of Head of Law Enforcement Agency)

_____
(Date)

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

TECH
WESTERN COLORADO
PEACE OFFICERS ACADEMY

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. ***KAISER 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)*

TECH WESTERN COLORADO PEACE OFFICERS ACADEMY

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

TECH
WESTERN COLORADO
PEACE OFFICERS ACADEMY

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

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 <u>FRONT AND BACK</u> 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

A mandatory WCPOA prerequisite is completion of the following FEMA training:
IS-0100.c: An Introduction to the Incident Command System, ICS 100
IS-0700.b An Introduction to the National Incident Management System

To complete these courses, you will need to register for a FEMA SID.
Please go to the link below and follow the instructions for "Register for a FEMA SID".
https://cdp.dhs.gov/femasid

Once you have your FEMA SID, the courses can be found at the following link:
https://training.fema.gov/programs/independent-study/

Click on the “popular IS Courses” tab:



Click on the course you intend to take:

Introduction to the Incident Command System - ICS 100

An Introduction to the National Incident Management System

Click on:

TAKE THIS COURSE

Interactive Web Based Course

Once you have completed both courses and successfully completed the exams, you will be sent a certificate for each class:





Send a PDF version of each certificate to dboss@coloradomesa.edu

******Certificates are due no later than one week prior to WCPOA Orientation******

WCPOA Physical Fitness Program

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.

The Cooper Institute Fitness Assessment is used by the WCPOA and is consistent with industry hiring standards. This assessment is conducted twice during the academy. 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 cadet's 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 test 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.

Agency sponsored cadets (unlike non-sponsored) are not required to take a Cooper Assessment as part of their application process. This assumes that passing fitness standards was part of the hiring process with the sponsoring agency. Once in the academy, all cadets will be held to the same Cooper Assessment standards regardless of agency hiring requirements.

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.

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 <u>through</u> 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 <u>past</u> F Road (AKA Patterson Road) to Blichmann Avenue. Turn east (right) on Blichmann Avenue.

