

Message from Sheriff Gary “Stitch” Guillory:

The following downloadable documents are the necessary forms to be filled out if an agency wishes to sponsor a cadet to the upcoming Regional Law Enforcement Training Academy. Once they have been filled out and signed by the appropriate parties, please return them to the Regional Training Academy at 5400 Broad St., Lake Charles, LA 70615, attention Capt. Joshua Donovan.

The purpose of the Academy is to teach basic law enforcement principles and to satisfy P.O.S.T. requirements. Consequently, we take our duty to prepare all cadets seriously and our staff works hard to make sure they are exposed to a vigorous training program to best prepare them for their career as P.O.S.T. Certified Law Enforcement Officers.

You will notice our forms require a certification from your department, as well as the Cadet and a physician, that the Cadet is capable of safely participating in the Academy which will be both mentally and physically strenuous. If a Cadet cannot satisfactorily complete the program, including the physical requirements, they will not be successful in their attempt to graduate from the academy and there are no refunds. I point this out because I believe it wise for the sponsoring agency to do its' own evaluation of the Cadet's abilities before sponsoring them at the Academy.

We suggest every potential cadet start an exercise program twelve weeks before attending the academy to ensure they are prepared as best as possible for the physicality of the instruction and hope you will so instruct them. They should feel free to visit with their personal physician to ensure the program they choose to implement is appropriate and safe.

Thank you for sponsoring a Cadet and if you have any questions, you can reach out to Captain Joshua Donovan at 337-491-3852 or email him at jdonovan@CPSO.COM.

Thank you for your time.

Sincerely,

Gary “Stitch” Guillory
Calcasieu Parish Sheriff



**Calcasieu Parish
Regional Law Enforcement
Training Academy**

P.O. Box 3005 Lake Charles, Louisiana 70602

Phone (337) 491-3850

INFORMED CONSENT AND ASSUMPTION OF RISK FORM

The Undersigned hereby voluntarily gives the following informed consent regarding his/her participation in the upcoming Regional Law Enforcement Training Academy in Calcasieu Parish.

By signing below, applicant acknowledges there will be intense physical training to prepare cadets for a variety of situations they may encounter as a P.O.S.T. certified officer or deputy. This will include, but not be limited to, physical fitness training, cardiovascular function, health status and hands on practice related to self-defense. This training will be strenuous and sometimes painful. The applicant accepts and assumes all of the risks associated with this training. Applicant understands there is a possibility that an injury or medical event might occur. This includes, but is not limited to, heat related illness, abnormal or accelerated heart rate, increased blood pressure, abrasions, injury from blunt force strikes, heart attack and/or even death; these risks are all assumed and accepted by applicant.

The applicant certifies he/she has disclosed all health conditions that might make him/her unsuitable for, or at risk in, submitting to this type of rigorous training and has provided all health information requested by the Regional Training Academy and not withheld or failed to disclose anything that might be pertinent to applicant's suitability for the described training. Additionally, during the training, if the applicant feels ill or unwell, he/she promises to immediately stop and notify an instructor.

Applicant acknowledges they are aware it would be wise, ten to twelve weeks prior to beginning the academy, to begin a training regime to prepare for the increased physical activity associated with the academy and to consult a physician to ensure the training regimen they intend to utilize is safe considering their particular health conditions.

By reading this form, and signing below, applicant accepts and assumes all risks, in their entirety, and wishes to proceed as a cadet. Applicant acknowledges failure to complete any of the testing agilities may adversely affect their attempt to successfully complete or graduate from the Academy.

In the event of a medical event or illness, applicant acknowledges the costs of medical care will be their personal responsibility or, depending on their sponsoring agency's policy, the responsibility of their employer. Either way, it is agreed and understood, that neither the Southwest Louisiana Training Academy nor the CPSO, their employees, or instructors will be responsible for these expenses and any claim for damages against the CPSO, the Training Academy, their employees or instructors associated in any way with the undersigned's attendance at the academy is waived by signing below.

Applicant-cadet Signature

Date

Applicant-Cadet's printed name

Witness

Witness

Printed Name

Printed Name



**Calcasieu Parish
Regional Law Enforcement
Training Academy**

P.O. Box 3005, Lake Charles, Louisiana 70602

Phone (337) 491-3850

Request to Sponsor a Cadet for the Calcasieu Parish Regional Law Enforcement Academy

Sponsoring Agency: _____

Agency Representative: _____¹

Prospective Cadet _____

The above described law enforcement agency desires to sponsor the listed prospective cadet at the next Regional Law Enforcement Academy. The signature of the agency representative below and the submission of the cadet for training indicates the Sponsoring Agency agrees to hold the Training Academy, the CPSO, the Sheriff and any employees, deputies, instructors, agents or assigns harmless for any claim of damage or injury in any way related with the above listed prospective cadet's attendance at, or participation in, any training academy event, class or instruction.

In addition, the Sponsoring Agency agrees to indemnify the Training Academy, the CPSO, the Sheriff and any employee, deputy, instructor, agent or assign for any out of pocket expenses associated with a claim, alleged damage or lawsuit related in any way to the Prospective Cadet's attendance at or participation in the Training Academy. Out of pocket expenses shall include, but not be limited to, attorney's fees, litigation costs, settlement costs and the retention of expert witnesses.

By signing below, the Sponsoring Agency, through the undersigned designated representative, acknowledges responsibility for the Prospective Cadet's actions and conduct during the academy and at academy functions, classes and/or events. Even if the Prospective Cadet is not an employee of the Sponsoring Agency, the Sponsoring Agency acknowledges and accepts responsibility for the Prospective Cadet's conduct or actions as if he were its' on duty employee.

Finally, Sponsoring Agency certifies that it has performed a diligent enquiry and the applicant is physically able to safely participate in the Academy and appoints the CPSO, the Sheriff and any employees, deputies, instructors, agents or assigns in any way involved with the training academy as its agent for the purpose of the training of the sponsored cadet.

Agency Representative Signature

Date

Printed Name of Agency Representative

Title of Agency Representative

¹ The agency representative **must** be a Mayor, Chief of Police or Sheriff.

Louisiana Peace Officer Standards and Training
FORM PC-562: Certification of Employment
(Must be original signature and NOT facsimile)

I hereby certify that the below-named individuals are employed by this department/agency as provided by law and are eligible to attend a POST Basic training course, as authorized by law. (Employment status may be Full-Time, Part-Time, or Reserve/Auxiliary)

Name	Social Security #	Driver's License # and State	Employment Status	Employment Date

I understand that (if monies are available through the Louisiana Commission on Law Enforcement) my department may be reimbursed a maximum of \$500 for each Level 1 and \$250 for each Level 2 (local) full-time certified graduate who meets the criteria outlined herein, depending on which specific training is completed.

The following personnel will not be deemed to be peace officers for purposes of Louisiana Commission on Law Enforcement reimbursement: personnel hired primarily to perform purely clerical or non-enforcement duties, including but not limited to typists, office machine operators, filing clerks, steno clerks, stenographers, animal shelter personnel, school crossing guards, secretaries, cooks, mechanics, and maintenance personnel whether or not duly commissioned.

RESERVE/PART-TIME OFFICERS, and STATE AND FEDERAL AGENCY PERSONNEL, ARE INELIGIBLE FOR REIMBURSEMENT by LAW.

This form (PC-562) shall be utilized as a cross-reference to determine compliance with the POST Law for reimbursement purposes, and eligibility for training.

AGENCY HEADS: Forward original(s) to the applicable POST Academy.

ACADEMY DIRECTOR: Forward original(s) with PC-10 (Exam Request) to POST.

Signature of Agency Head

Agency

Printed Name of Agency Head

Date



**Calcasieu Parish
Regional Law Enforcement
Training Academy**

P.O. Box 3005, Lake Charles, Louisiana 70602
Phone (337) 491-3850

**EQUIPMENT NEEDED FOR FULL
BASIC TRAINING SESSIONS**

All cadets will be required to bring the below following to class everyday even though Firearms or Defensive Tactics is not scheduled. A schedule change may be unforeseen at the last minute.

Firearms Equipment and Dress Attire:

- Unloaded duty weapon – due to safety regulations there will be **no single action** allowed.
- Complete duty nylon or leather rig belt – inner/outer belt, holster, magazine case, speeder loader case, and keepers (recommended)
- Ammo carrier – semi-automatics-3 magazines; revolvers-2 speeder loaders
- Eye protection – made for shooting (Preferred wrap around)
- Rain gear or change of clothes
- Gun cleaning kit – will be covered during class
- Ear protection – (Provided by Academy if cadet does not have own)
- Blue academy t-shirt (Shirts must be tucked in at all times)
- Khaki pants with belt loops (belts must be worn at all times)
- Black lace up boots or tennis shoes
- Flashlight
- Caps – Highly Recommended with no explicit logos or sayings (Only to be worn when outside)
- Water Bottle

Defensive Tactics Equipment and Dress Attire:

- Blue academy t-shirt (Shirts must be tucked at all times)
- Khaki pants with belt loops (belts must be worn at all times)
- Complete duty nylon or leather rig belt – same as firearms
- Handcuffs and Handcuff key
- No firearms, tasers, OC spray, knives,
- Black lace up boots or shoes and or running shoes
- Support bra (women) and athletic cup (men) – (protection)
- Handcuffs, cuff case, and handcuff key
- Caps – Highly recommended with no explicit logos or sayings (Only to be worn when outside)
- Water bottle
- Because of hands on contact, fingernails must be cut short to help prevent scratching
- No jewelry allowed that may cause injury to yourself or others

Physical Training Dress Attire:

- Gray gym shorts or gray sweatpants
- Blue academy t-shirt (shirts must be tucked in at all times)
- Running shoes only
- Navy blue or black biker shorts to wear underneath gray gym shorts – (Optional but highly recommend)
- Navy blue or black turtle neck or sweatshirt allowed to be worn underneath academy t-shirt during cold weather – (optional)
- Water bottle
- Caps – Highly recommended with no explicit logos or sayings (Only to be worn when outside)



**Calcasieu Parish Regional Law
Enforcement Training Academy**
FULL BASIC PHYSICAL EXAMINATION FORM

P. O. Box 3005, Lake Charles, Louisiana 70602

Phone: (337) 491-3850

Must be completed and returned with registration form

☒ Full Basic

☐ 151 Basic Transition

☐ 169 Trans. Correctional

☐ Refresher

CADET INFORMATION

Last Name (Please Print or Type)		First	Middle	<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Marital Status (Circle One) Single / Mar / Div. / Sep. / Wid.		
Is This Your Legal Name? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, what is your legal name?		(Maiden Name)		Birthdate / /	Age	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Home Street Address		City	State	Zip Code	Home Phone No. ()		Do You Smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer:		Are you currently taking medication? what kind? <input type="checkbox"/> Yes <input type="checkbox"/> No		If so,	Are you currently involved in a physical activity program? (Jogging, stretching, weight training, etc.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Describe your level of Physical Activity (check one) <input type="checkbox"/> Very Active <input type="checkbox"/> Moderately Active <input type="checkbox"/> Occasionally Active <input type="checkbox"/> Inactive <input type="checkbox"/> Other							
History of Hospitalization: If any item number is checked, please note item number and explain. 1 <input type="checkbox"/> Allergies 2 <input type="checkbox"/> Injuries 3 <input type="checkbox"/> Operations 4 <input type="checkbox"/> Asthma 5 <input type="checkbox"/> Diabetes 6 <input type="checkbox"/> Other _____ _____							
Past and Present Health History <input type="checkbox"/> 1. Stroke <input type="checkbox"/> 2. Epilepsy <input checked="" type="checkbox"/> 3. Orthopedic or muscular problems <input type="checkbox"/> 4. High Blood Pressure <input type="checkbox"/> 5. Cancer <input type="checkbox"/> 6. Heart & arterial diseases <input type="checkbox"/> 7. Anemia <input type="checkbox"/> 8. Abnormal chest x-ray <input type="checkbox"/> 9. Chest pains <input type="checkbox"/> 10. Other _____ If any item number is checked, please note item number and explain. _____							
Any Previous Work. Comp. Injuries Or Claims: NO YES To What Area Year							
COMPLETE BY PHYSICIAN (To be completed by Physician ONLY)							
Blood Pressure Reading Systolic / Diastolic		Pulse Rate		Note any further information or recommendations on cadet's medical status			

From your examination, do you consider this cadet to be in good physical condition and capable of performing sustained physical activity and defensive tactics, such as push-ups, sit-ups, sit and reach, 1.5 mile run, 300 meter run, and obstacle course that includes a pull/drag 185 pound dummy. Besides the physical activities, cadets are required to participate in all defensive tactics training which includes punching, kicking, blocking drills, takedowns, and firearms training.

Please check one:

☐

DO Recommend

☐

DO NOT Recommend

If not recommended please explain: _____

MD SIGNATURE

This examination and resulting information applied to the foregoing questions truly depicts the physical condition of this applicant on this day.

X

PHYSICIAN SIGNATURE

DATE

Please place your business stamp or print in box below.



**Calcasieu Parish
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Training Academy**

P.O. Box 3005, Lake Charles, Louisiana 70602

Phone (337) 491-3850

Required Medical Release to Attend Basic Training Academy

Physician and Cadet should initial each activity below **certifying cadet's ability to participate:**

Doctor Cadet

- | | | |
|-------|-------|--|
| _____ | _____ | Physical training will be intense and both mentally and physically taxing. Cadets can expect to endure blows or body strikes during defensive tactics training which will be intense. |
| _____ | _____ | Cadets will be in close proximity to 50+ people on a daily basis. |
| _____ | _____ | High intensity firearms training. Cadets will shoot several thousand live rounds during the course of 80+ hours of training using a 9mm side-arm, patrol rifle, and shotgun; cadets must show proficiency with their weapon while on the move and under mental and physical stress. |
| _____ | _____ | High intensity survival training (80+ hours) involving ground fighting and self-defense tactics - striking, blocking, kicking; controlling non-compliant subjects who may be larger than the officer; handcuffing non-compliant; and intense training tactics to control resistive subjects. |
| _____ | _____ | High intensity training, often in the extreme heat or cold, depending on the season, including 2-3 mile runs, circuit training and other forms of calisthenics designed to stress the body and mind. |
| _____ | _____ | Active shooter training will be both mentally and physically challenging. Cadets will endure strikes from simulation ammunitions and be required to subdue combative role-players. |
| _____ | _____ | Training in diffusing riotous crowds and other situations associated with a civil disturbance. Cadets will suffer strikes at various locations on their bodies and will experience pain. |
| _____ | _____ | In short, the training required of cadets is a full contact sport commonly requiring physical exertion meant to both test and expand the limits of the cadet's physical and mental abilities. |

Understanding the above requirements, by signing below, I: (Please check one option below)

_____ Do Recommend _____ Do NOT Recommend

_____ **attend the Calcasieu Regional Law Enforcement Training Academy**

CADET PRINTED NAME

PHYSICIAN SIGNATURE

Cadet Acknowledgement Signature
(TO BE SIGNED BY CADET)

Printed Name

Please list any additional comments:



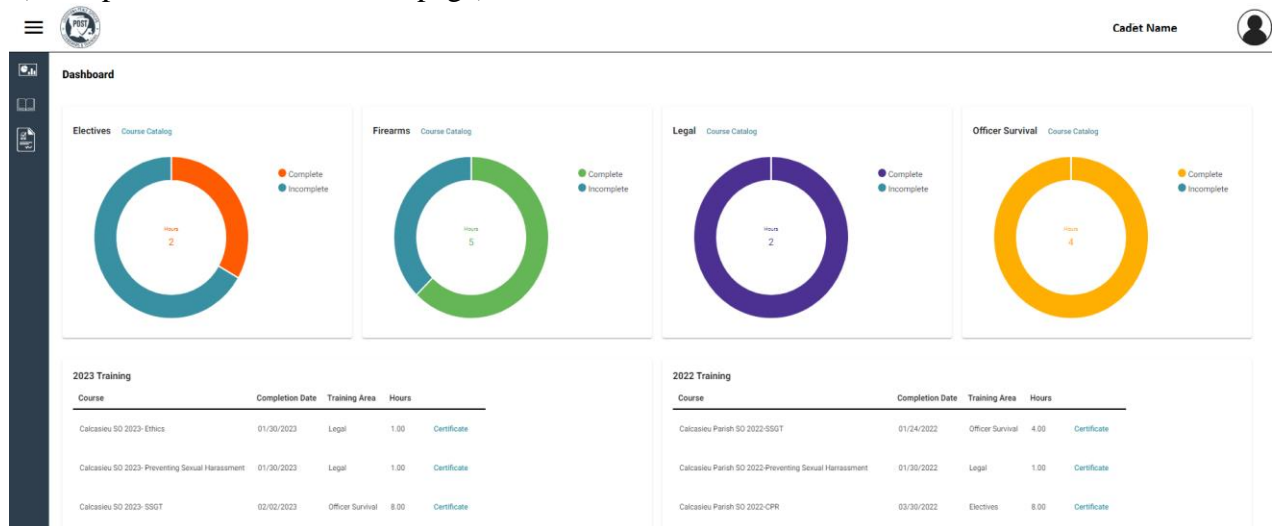
CALCASIEU PARISH REGIONAL LAW ENFORCEMENT TRAINING ACADEMY

Setting up your Louisiana POST In-Service Training Account

To set up a NEW account:

- Click this link to begin: [PostClient \(la.gov\)](https://postclient.la.gov)
- Click on “Create an account” and provide the requested information.
- Once complete an email will automatically be send your agency’s training coordinator to verify your employment status. Once you are verified by the training coordinator, your account will be active.
- Once your active account is established, log in. (You should notice your name in the top right corner of the Dashboard page.) Print this screen and attach it to your registration form.

(Example of POST Dashboard page)



To reactivate a previous account:

If you have had an account previously or with another police agency in the State of Louisiana. **DO NOT** set up a new account. Your training coordinator will need to notify POST of your employment and your original account will be re-activated and updated to include your current agency.

If you create another account, your previous training records **WILL NOT BE INCLUDED** in your training history. If this has occurred, contact POST to have the two accounts merged.

Once your account is re-activated, log in and print the Dashboard page showing your name in the top right.