

The Acadiana Law Enforcement Training Academy has gone through some recent changes. Please read the following information prior to sending your Officers to ALETA.

Each of the following forms must be submitted **two weeks before each Academy begins.** You can e-mail the forms to our Administrative Assistant, Kathryn Rung, at kathryn.rung@lafayettesheriff.com, or fax the forms to her attention at 337-236-5647.

Typing these forms are preferred. However, if they are handwritten, please have your Officer write legibly.

What to do with each form:

Agency Registration Packet:

- Agency Registration Form: Fill out your Agency name, contact person, and phone number. List your officer's name and status. Sign the bottom.
- Registration Form: Have the Officer fill out the form completely and legibly.
- Academy Rules & Regulations Agreement Form: Your Officer should completely read the ALETA Student Handbook and initial next to each letter listed and sign the bottom.
- Authorized User Agreement for Academy Text Book: The book will be issued the first day of the Academy. This is the only one they can leave blank.
- Physical Fitness and Defensive Tactics Readiness Ouestionnaire: The Officer will fill out the top information, and then check off each box that applies to them. Sign the bottom.
- Informed Consent for Fitness Test: The Officer will read the information, print, sign and date the form.
- Human Resources Background Investigation Request: The Officer will fill out the sections labeled **Applicant Information** only.
- The last form is strictly informational for the Administrative Assistant. Please fill out all the information legibly if you're hand writing.

MOU between ALETA and Agency:

This must be filled out yearly between your Agency and ALETA.

Academy Doctor Referral:

Have your Officer complete a physical prior to reporting to the Academy. They give this form to their physician.

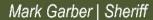














Academy Student Handbook:

Your Officer will print this and read before starting the Academy. They do not need to turn this in. They keep the handbook.

LA POST Form PC-562a:

The original form must be sent to the Administrative Assistant. You do not have to complete an individual form for each officer if you are sending multiple to the Academy.









A Division of Lafayette Parish Sheriff's Office Regional Training Center

Agency Registration Form

PHONE #
TODAY'S DATE:
AME (S) OF CADETS (S):
Full-time, Part-time, Reserve, Transition, or Refresher

PLEASE RETURN THIS FORM TO: ALETA/LPSO Or Law Enforcement Training Academy FAX TO (337) 236-3983 1825 West Willow Street Scott, La. 70583 Attn: Kathryn Rung

LPSO ALETA-003

REGISTRATION FORM

ACADIANA LAW ENFORCEMENT/LAFAYETTE PARISH SHERIFF'S OFFICE BASIC TRAINING ACADEMY

Name	,		
	Last	First	Full Middle Name
SSN #	D.O.B	Age Ge	nder DL#
Home Address			
	street or box#	city	zip
Home Phone #		Cell #	
E-mail address: Wor	k:	Personal: _	
Emergency Contact l	Name, phone #, and relation	1	
Physician's Phone N	umber & Address		
Agency Employed W	Vith		
Agency Phone #		Date Hired	
Contact Person at Yo	our Agency		
Immediate Superviso	or (rank included)		
Have you attend a Po	olice Academy before? (Lev	vel 2 or 3 Certified	?) Yes No
Are you a Veteran or	an active member of the M	filitary? Yes	No
Prior Experiences an	d/or Training	Dates Employ	ed/Attended
Cadet's Signature		Date _	
Academy Staff's Init	ials	Date _	

ACADEMY RULES & REGULATIONS AGREEMENT FORM

NAME:		LAST FOUR of SS#:
DATE:		
I have read and under	rstand the rules of the	e Academy including the dress codes, required equipment for
		and the conduct that is expected of me as a Cadet.
		accept the repercussions of not abiding by these rules. I
		s provided. By initialing next to each section I agree to abide by
those requirements:		
1		
Requirement & Contents		
Rules & Regulations		
A.		
B.		
C.		
D.		
E.		
F.		
G.		
H.		
I.		
J.		
K.		
L.		
M.		
N.		
O.		
P.		
Q.		
R.		
S.		
T.		
U.		
V.		
W.		
X.		
Y. 7		
Z.		
AA. BB.		
CC.		
Firearms Equipment		
i nearms Equipment		Cadet's Signature
		Academy Staff Initials & Date

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PHYSICAL ACTIVITY QUESTIONNAIRE

Today's Date		e	Agency Employ	ed with	
Last Name			First		MI
Age _		_ DOB	Height	Weight	Sex
Answ	er the	following questions as	accurately as po	ssible by checking	the appropriate box.
YES	NO				
		1. Have you had a thore approximate date:	ough medical exa	mination in the last	6 months? If yes, provide
		2. Has your doctor ever	said that you hav	ve heart trouble (inc	cluding heart palpitations)?
		3. Do you frequently ha	ave pain in your h	eart or chest?	
		4. Do you have any exi orthopedic issues that			elems such as arthritis or any other
		5. Are you not accustor	ned to vigorous e	xercise?	
		6. Have you ever been	told by a doctor/n	urse that your bloo	d pressure was too high?
		7. Do you have respirat	cory issues- Asthn	na, Emphysema?	
		8. Are you taking any	type of prescribed	I medication?	
		9. Are you Pregnant?			
		10. Do you have any fo	orm of deafness?		
		11. Do you have any v	isual defects?		
		12. Do you have any a	rtificial appliance	es – false teeth, leg	or back braces, etc.?
		13. Do you have any of by physical activities?		injuries that could	limit you or be aggravated
		•	•	•	medical conditions that would preclude , or stressful physical activities?

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PHYSICAL ACTIVITY QUESTIONNAIRE CONTINUED

YES	NO		
		•	medical doctor with any serious illness or disease to od, cardiovascular, respiratory, gastro, etc?
		16. Do you have any physical condition conditions? Example: Insulin, breast fe	n that will require you to leave class for any time sensitive eding, etc.?
		17. Have you had any surgeries that wo	ould limit you or be aggravated by physical activities?
		18. Do you have any known drug allerg	gic reactions?
		If so, please list:	
		19. Do you have any major allergies we	e should be aware of?
		20. Is there any reason, not mentioned designed above your own pace and level	above, why you cannot participate in an exercise program el of exertion?
If you	answe	ered yes to questions above, please expla	in. You can attach an additional page if needed.
			_
			_
I have		ered the above questions as truthfully and	d completely as my memory permits.
Cadet	Signa	ture	Academy Staff Initials

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INFORMED CONSENT FOR PHYSICAL ACTIVITIES

The undersigned hereby gives informed consent to completing a written medical health history and performing a series of physical activities. Some of the physical activity will consist of running, sit-ups, push-ups and stretching. The purpose of the physical activity testing is to allow the cadets to participate in all required physical activities, to include a physical fitness program and defensive tactics programs of the Acadiana Law Enforcement Training Academy. Failure to participate in the physical activity tests or the programs will result in dismissal from the Academy.

The possibility exists that certain physiological changes may occur during any physical activity. These can include cardiovascular, respiratory and musculature changes, as well as heat and/or cold related changes in the body. If any abnormal changes were to occur, the staff is trained to recognize signs and symptoms, and take appropriate action, which will include administering CPR and First Aid, if necessary.

I have read this form and understand that there are inherent risks associated with any physical activity. I acknowledge that it is my responsibility to provide accurate and complete health/medical history information. Furthermore, it is my responsibility to monitor my individual physical performance during any activity.

In the event of a medical problem, I further recognize that any medical care that may be required is my personal responsibility. Finally, I give informed consent for testing data to be used in an anonymous manner for purposes of research.

PRINT YOUR NAME	
SIGNATURE	
DATE	
RECEIVED BY	DATE

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1. Louisiana Driver's License Record

2. N.C.I.C. Wanted and Criminal History Check

Background Investigation Request

The applicant below has applied for employment with this office or attendance to the Acadiana Law Enforcement Training Academy (A.L.E.T.A.). I am conducting a background investigation; therefore, I am requesting the following:

_		ouisiana State Crimi				
- Applica	x4. Or ant Informa	ut of state driver's la	icense record (ii ap	рисаоте)		
(Last)		(First)		(Middle)		
Race:	Sex:	DOB:		OLN#:	State:	
SSN:		Address:				
Employe	e Requesti	ng				
Employee	#:	Employee signa	iture:			
A.L.E.T.A						
Date:			Phone Ext:			
Commu	nications U	se				
Operator S	Sent:		Date:	-	Time:	
Dogords	Use Only					
Jail Comp		Card File	DF	DK	DA	
van comp			D 1	DK		
Records C	lerk:		Date:		Time:	

HR-010







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
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.				
ACADEMY DIRECTOR: 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	

ACADIANA LAW ENFORCEMENT TRAINING ACADEMY (ALETA) IN CONJUNCTION WITH THE LAFAYETTE PARISH SHERIFF'S OFFICE (LPSO)

Doctor Referral Form

Date:		
Dear Doctor:Physician's	Name (Please Print)	
and running several miles per defenses, suspect arrest, restra exposure to Oleoresin Capsicu burning sensation, redness, sw	he will be required to give a maximal day. Additionally, he/she will be used into the content of	lice officer physical fitness program for a num effort on push-ups, sit-ups, stretching, required to execute numerous self-ally demanding activities including lammatory: a substance which causes d skin and tissues. The primary target ves, brow and mouth, if accepted into the
	_	ipate in the required testing and training. participate, please make that clear to us.
	the academy shall have been certife, that they have been tested for and	ried, by a physician within the last 180 are free of active tuberculosis.
	tted to participate until he/she is monments and recommendations in th	edically cleared to participate. To expedite e space below and submit it to us.
Thank you for your cooperation Coordinator at 231-6363 or 23		questions, please contact the Training
Please print name of patient		
PLEASE <u>CIRCLE</u> YES		no limitations or contraindications.
COMMENTS:		
Physician's Signature		Location of Assessment

LPSO ALETA-006 (Rev I, Dated: 6/17/2020)

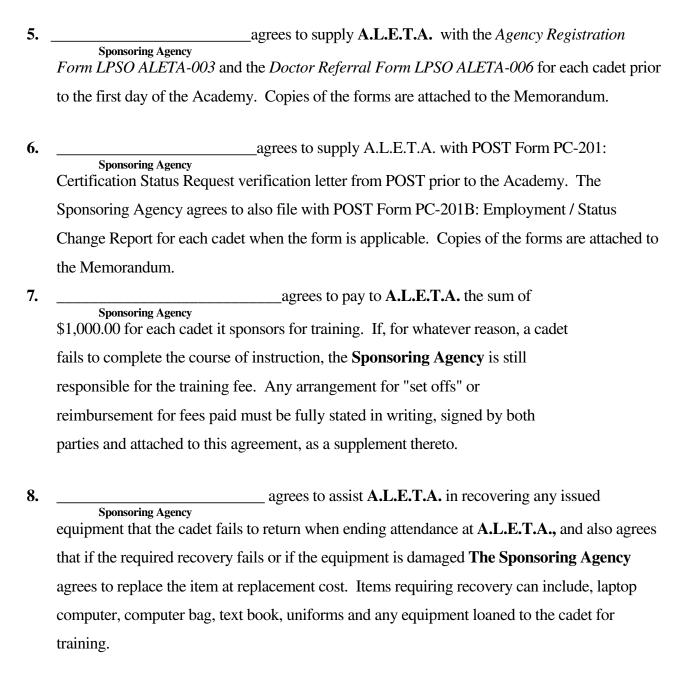
MEMORANDUM OF UNDERSTANDING

Between

Acadiana Law Enforcement Training Academy

And

Sponsoring Agency				
By t	his memorandum, it is hereby understood and agreed that:			
1.	The Sponsoring Agency is a Law Enforcement agency located at:			
2.	The Acadiana Law Enforcement Training Academy, also known as			
	A.L.E.T.A., is physically located at 1825-2 West Willow Street, Scott, Louisiana			
	and is operated under Louisiana State P.O.S.T. authority by the Lafayette Parish			
	Sheriff's Office.			
3.	agrees to sponsor peace officers duly hired by said Sponsoring Agency office to A.L.E.T.A. for the purpose of training and instruction in a basic law enforcement curriculum duly approved by the Louisiana State P.O.S.T.			
	Commission.			
4.	shall comply with <i>Louisiana Revised Statutes Title 40:</i> Sponsoring Agency Chapter 18: §2405.4. A Additional Requirements of Peace Officers, which states, "Notwithstanding any provision of law to the contrary, any person being hired as a peace officer with a law enforcement agency on or after August 15, 2003 shall provide the law enforcement agency with a sample of his DNA material and fingerprint prior to the			
	commencement of the discharge of his duties." This section further states in section D, "The			
	DNA material collected pursuant to the provisions of this Section shall be stored in a secure and protective manner and location."			



9. A background check will be conducted as required by *Louisiana Revised Statutes Title 40: Chapter 18: §2405.4.A Additional Requirements of Peace Officers* on each sponsored cadet. A background check will be completed on each cadet prior to starting of each academy.

No applicant shall be accepted into the Academy who has any criminal charges pending against him or her. No convicted felon will be accepted into the Academy. No person convicted of a crime involving domestic violence will be allowed into the Academy.

Officers currently under internal investigation for misconduct will not be accepted into the Academy.

- 10. By this agreement, A.L.E.T.A. agrees to provide P.O.S.T. accredited instruction to peace officers appropriately designated by the sponsoring agency. In so doing, A.L.E.T.A. agrees to maintain records of instruction and related academy activity pertaining to each and every cadet it trains.
- 11. A.L.E.T.A. agrees and accepts responsibility for providing appropriately trained and certified instructors for the courses taught. Rules and Regulations of the Academy along with other appropriate information relating to the relationship between A.L.E.T.A. and the Cadet, is contained in a "Cadet Orientation Guide," a copy of which is attached hereto and made part of this Memorandum of Understanding.
- **12.** All outside agencies must provide a Certificate of Insurance naming the Lafayette Parish Sheriff's Office and A.L.E.T.A. as an additional insured under their Workman's Compensation policy.
- 13. The terms and conditions of this agreement are to become active upon signing by both parties, and it is to remain active and operable for a period of 12 months from signing, or earlier, upon filing of official notification of termination by either of the parties.



ALETA Firearms Survey

Name:	
Agency	:
1.	Have you purchased or been issued your weapon for use in the firearms portion of this academy? a. No b. Yes i. If Yes Make and Model:
	ii. Caliber:
	Does your firearm have a red dot sight? a. Yes b. No i. If no does your department allow them to be used? 1. Yes 2. No
3.	Is this the first handgun you have ever owned or been issued? a. Yes b. No
4.	What is your level of firearms experience with a handgun? a. No firearms experience at all. b. Have shot rifles and/or shotguns but not a handgun. c. Have shot a handgun a few times, but do not have any formal training. d. Was given some handgun training by my agency, but have never qualified. le. I have previously successfully qualified on the LA post course. f. Have had some formal training from a private instructor. List instructor:









SUPERVISORS / AGENCY HEADS:

In the second week of Firearms Training, ALETA offers an optional "Patrol Rifle Certification Course". There will be no additional charge for this course and your cadet can either use a departmental issued or personal rifle (*must be of AR-15 variant and must be chambered in either 5.56 or .223), or ALETA can provide a loaner AR for the course. Please be advised this course will require approximately 800 rounds of .223/5.56 ammunition that your agency must provide. If your agency would like your cadet to attend this course, please check below:

_ YES, I do want my cadet to participate in the Patrol Rifle course.
_ NO , I do not want my cadet to participate in the Patrol Rifle course.

NOTE:

- *If your agency is providing your cadet with an issued patrol rifle, the ammunition **must** match the chamber of the rifle.
- * 5.56 ammunition will not be allowed accompanied with a .223 rifle.



ALETA will offer the Standardized Field Sobriety Testing (SFST) and Intoxilyzer 9000 course usually the week after graduation. It is free of charge and it is hosted at the Sheriff's Office Training Center. If you are interested in sending your cadets to this course, please check below:

_ YES, I would like my cadet to participate in the SFST/Intox course.
_ NO , I do not want my cadet to participate in the SFST/Intox course.

In an effort to provide a higher level of training and provide your agency with a more well-rounded and prepared law enforcement officer, ALETA will be offering an optional Taser X26/X26P New User Certification class. If you choose to have your cadet certified in the Taser X26 or X26P CEW, it will be the responsibility of your agency to provide a functional Taser CEW and a minimum of two live Taser cartridges to use for the live fire drills during the certification. The new user certification class for Taser CEW's is a 6-8 hour class which will include the following:

- Taser User PowerPoint, updates, warnings and releases
- Functional demonstrations
- Taser Law Enforcement product warnings
- Written examinations
- Functionality Test of the Taser, which the student must pass
- Deployment of Taser live CEW cartridges (2 minimum)
- Transition and reactionary drills with the CEW device

Our agency does not require, nor will our agency be allowing students to take any exposure to the CEW. This will be a basic new user certification course of which the student must pass all written and functional tests as well as participate in all instructor's drills.

YES, I would like my cadet to participate in the Taser Certification Course.
NO, I do not want my cadet to participate in the Taser Certification Course.



The Peace Officers Standards and Training (POST) requires your cadet to have an account on their website (https://training.lcle.la.gov). Prior to taking their POST final examination, POST will need a screen shot of your cadet logged in to the website. If your agency already created an account for your cadet, please give your cadet his or her login information upon entering the Academy. If your agency has not created your cadet an account, ALETA will create one for him or her.

YES, I will provide my cadet with his or her POST account information
_ NO, I have not created an account yet. ALETA can create the account for the cadet

In the first week of training at ALETA, cadets will be given a Level I exposure to OC (Oleoresin Capsicum). The Level I exposure will be administered to the cadet immediately prior to the cadet completing a course which will include defensive tactics techniques. Defensive tactics will include, but not limited to strikes, kicks, blocks, baton handling, threat recognition and officer in distress. The exposure given will be with First Defense OC .2%, which upon completing the course and a written examination will certify the cadet to carry the chemical agent.

_ YES , I want my cadet to be exposed to a Level I contamination
_ NO , I do not want my cadet to receive a Level I contamination