



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](mailto: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 Questionnaire:* 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

TITLE OF COURSE ATTENDING: Acadiana Law Enforcement Training Academy (**ALETA**)

AGENCY ENROLLING: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PHONE # \_\_\_\_\_

NUMBER OF CADETS: \_\_\_\_\_ TODAY'S DATE: \_

NAME (S) OF CADETS (S):

List Cadet (s)	Full-time, Part-time, Reserve, Transition, or Refresher

\* No applicant will be accepted if; criminal charges are pending against them, applicant is a convicted felon or convicted of a crime involving domestic violence, applicant is under internal investigation or under probation from a disciplinary action.  
The agency enrolling the cadets is responsible for conducting the background checks of all above mentioned restrictions and sign below.

\_\_\_\_\_  
(Agency Representative's Signature)

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

**REGISTRATION FORM**

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

Name \_\_\_\_\_  
                                    Last                                    First                                    Full Middle Name

SSN # \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_ DL# \_\_\_\_\_

Home Address \_\_\_\_\_  
  street or box#  city  zip

Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

E-mail address: Work: \_\_\_\_\_ Personal: \_\_\_\_\_

Emergency Contact Name, phone #, and relation \_\_\_\_\_

Physician's Phone Number & Address \_\_\_\_\_

Agency Employed With \_\_\_\_\_

Agency Phone # \_\_\_\_\_ Date Hired \_\_\_\_\_

Contact Person at Your Agency \_\_\_\_\_

Immediate Supervisor (rank included) \_\_\_\_\_

Have you attend a Police Academy before? (Level 2 or 3 Certified?) Yes \_\_\_\_\_ No \_\_\_\_\_

Are you a Veteran or an active member of the Military? Yes \_\_\_\_\_ No \_\_\_\_\_

Prior Experiences and/or Training \_\_\_\_\_ Dates Employed/Attended \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Cadet's Signature \_\_\_\_\_ Date \_\_\_\_\_

Academy Staff's Initials \_\_\_\_\_ Date \_\_\_\_\_

**ACADEMY RULES & REGULATIONS  
AGREEMENT FORM**

NAME: \_\_\_\_\_  
DATE: \_\_\_\_\_

LAST FOUR of SS#: \_\_\_\_\_

I have read and understand the rules of the Academy including the dress codes, required equipment for firearms, physical fitness, and defensive tactics, and the conduct that is expected of me as a Cadet. I agree to abide by the rules and understand and accept the repercussions of not abiding by these rules. I understand that I am responsible for all handouts provided. By initialing next to each section I agree to abide by those requirements:

- 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. \_\_\_\_\_
- Z. \_\_\_\_\_
- AA. \_\_\_\_\_
- BB. \_\_\_\_\_
- CC. \_\_\_\_\_
- Firearms Equipment \_\_\_\_\_

\_\_\_\_\_  
Cadet's Signature

\_\_\_\_\_  
Academy Staff Initials & Date

## PHYSICAL ACTIVITY QUESTIONNAIRE

Today's Date \_ Agency Employed with \_\_\_\_\_

Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Age \_\_\_\_\_ DOB \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Sex \_\_\_\_\_

**Answer the following questions as accurately as possible by checking the appropriate box.**

**YES NO**

1. Have you had a thorough medical examination in the last 6 months? If yes, provide approximate date:
2. Has your doctor ever said that you have heart trouble (including heart palpitations)?
3. Do you frequently have pain in your heart or chest?
4. Do you have any existing or pre-existing orthopedic problems such as arthritis or any other orthopedic issues that might be aggravated by exercise?
5. Are you not accustomed to vigorous exercise?
6. Have you ever been told by a doctor/nurse that your blood pressure was too high?
7. Do you have respiratory issues- Asthma, Emphysema?
8. Are you taking any type of prescribed medication?
9. Are you Pregnant?
10. Do you have any form of deafness?
11. Do you have any visual defects?
12. Do you have any artificial appliances – false teeth, leg or back braces, etc.?
13. Do you have **any** other pre-existing injuries that could limit you or be aggravated by physical activities?
14. Have you been diagnosed by a medical doctor with any medical conditions that would preclude you from performing or engaging in any physical, strenuous, or stressful physical activities?

**PHYSICAL ACTIVITY QUESTIONNAIRE CONTINUED**

**YES NO**

15. Have you ever been diagnosed by a medical doctor with any serious illness or disease to include, but not limited to: mental, blood, cardiovascular, respiratory, gastro, etc?

16. Do you have any physical condition that will require you to leave class for any time sensitive conditions? Example: Insulin, breast feeding, etc.?

17. Have you had any surgeries that would limit you or be aggravated by physical activities?

18. Do you have any known drug allergic reactions?

If so, please list: \_\_\_\_\_

19. Do you have any major allergies we should be aware of?

20. Is there any reason, not mentioned above, why you cannot participate in an exercise program designed above your own pace and level of exertion?

If you answered yes to questions above, please explain. You can attach an additional page if needed.

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

I have answered the above questions as truthfully and completely as my memory permits.

\_\_\_\_\_  
Cadet Signature

\_\_\_\_\_  
Academy Staff Initials

## 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



**Human Resources Background Investigation Request**

The applicant below has applied for employment with this office. I am conducting a background investigation; therefore I am requesting the following:

- 1. Louisiana Drivers License Record
- 2. N.C.I.C. Wanted and Criminal History Check
- 3. Louisiana State Criminal History Check
- 4. Out of state driver's license record (if applicable)

**Applicant Information**

(Last)		(First)		(Middle)	
Race:	Sex:	DOB:	OLN#:	State:	
SSN:		Address:			

**Employee Requesting**

Employee #:	Employee signature:
Date:	Phone Ext:

**Communications Use**

Operator Sent:	Date:	Time:
----------------	-------	-------

**Records Use Only**

Jail Computer	Card File	DF	DK	DA
Records Clerk:	Date:	Time:		



**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

**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)

\_\_\_\_\_ is about to participate in a police officer physical fitness program for a period of fifteen weeks. He/She will be required to give a maximum effort on push-ups, sit-ups, stretching, and running several miles per day. Additionally, he/she will be required to execute numerous self-defenses, suspect arrest, restraints, take-downs, and other physically demanding activities including exposure to Oleoresin Capsicum (OC). OC is classified as an inflammatory: a substance which causes burning sensation, redness, swelling and pain to all contaminated skin and tissues. The primary target when deploying OC is the facial area assuring coverage of the eyes, brow and mouth, if accepted into the Police Academy training program.

Please examine this individual and advise us if he/she can participate in the required testing and training. If this individual has limitations that would not allow him/her to participate, please make that clear to us.

In addition, all participants in the academy shall have been certified, by a physician within the last 180 days of the academy start date, that they have been tested for and are free of active tuberculosis.

This person will not be permitted to participate until he/she is medically cleared to participate. To expedite matters, please make your comments and recommendations in the space below and submit it to us.

Thank you for your cooperation in this matter. If you have any questions, please contact the Training Coordinator at 231-6363 or 236-5607.

\_\_\_\_\_  
Please print name of patient

**PLEASE CIRCLE YES Can participate fully with no limitations or contraindications.  
NO Cannot participate.**

<b>COMMENTS:</b>          
--

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Location of Assessment

# MEMORANDUM OF UNDERSTANDING

Between

**Acadiana Law Enforcement Training Academy**

And

---

**Sponsoring Agency**

**By this 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 *Louisiana Revised Statutes Title 40: 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."

5. \_\_\_\_\_ agrees to supply **A.L.E.T.A.** with the *Agency Registration Form LPSO ALETA-003* and the *Doctor Referral Form LPSO ALETA-006* for each cadet prior to the first day of the Academy. Copies of the forms are attached to the Memorandum.  
Sponsoring Agency
6. \_\_\_\_\_ agrees to supply A.L.E.T.A. with POST Form PC-201: Certification Status Request verification letter from POST prior to the Academy. The Sponsoring Agency agrees to also file with POST Form PC-201B: Employment / Status Change Report for each cadet when the form is applicable. Copies of the forms are attached to the Memorandum.  
Sponsoring Agency
7. \_\_\_\_\_ agrees to pay to **A.L.E.T.A.** the sum of \$1,000.00 for each cadet it sponsors for training. If, for whatever reason, a cadet fails to complete the course of instruction, the **Sponsoring Agency** is still responsible for the training fee. Any arrangement for "set offs" or reimbursement for fees paid must be fully stated in writing, signed by both parties and attached to this agreement, as a supplement thereto.  
Sponsoring Agency
8. \_\_\_\_\_ agrees to assist **A.L.E.T.A.** in recovering any issued equipment that the cadet fails to return when ending attendance at **A.L.E.T.A.**, and also agrees that if the required recovery fails or if the equipment is damaged **The Sponsoring Agency** agrees to replace the item at replacement cost. Items requiring recovery can include, laptop computer, computer bag, text book, uniforms and any equipment loaned to the cadet for training.  
Sponsoring Agency
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.

---

**A.L.E.T.A. Representative**

---

**Date**

---

**Sponsoring Agency Representative**

---

**Date**

Mark Garber  
Sheriff



## ALETA Firearms Survey

Name: \_\_\_\_\_

Agency: \_\_\_\_\_

1. Have you purchased or been issued your weapon for use in the firearms portion of this academy?
  - a. Yes
  - b. No
    - i. If Yes Make and Model: \_\_\_\_\_
    - ii. Caliber: \_\_\_\_\_
2. 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.
  - e. 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