

**State of New York
SWAT Operator Course – Applicant Prerequisite Testing**

The purpose of this form is to document that the applicant is prepared to engage in the tasks necessary to successfully complete the SWAT Operator Course. Course Directors and Division of Criminal Justice Services (DCJS) staff may request further documentation and may conduct inquiries to verify any information provided on this form. Type or print this form in ink.

Notice to persons signing this form: This form is a written instrument offered for filing with a governmental agency. False statements made herein are prohibited and punishable by law.

Applicant Information

Name	Rank	Sex	Date of Birth
Agency Name	Address/City/State/Zip Code		

Medical Evaluation

This is to certify that I am a physician licensed to practice in the State of New York and that I conducted a physical examination on the applicant. Based on that evaluation and the information provided to me by the applicant I conclude that: (1) the officer is able to engage in sustained, vigorous physical activity required of students in Special Weapons and Tactics (SWAT) training and (2) the officer is able to engage in such activity while wearing an Air Purifying Respirator (APR).		
Physician Name Printed	Signature	Date

Air Purifying Respirator (APR) Fit Test

This is to certify that I am certified to conduct fit tests for air purifying respirators pursuant to the standards required by the NYS Department of Labor for Public Employee Safety and Health (PESH) and that I conducted a fit test on the applicant. Based on that evaluation and the information provided to me by the applicant I conclude that the officer is able to engage in activity while wearing an Air Purifying Respirator (APR).		
Mask Make and Model		
Name Printed	Signature	Date

Physical Fitness

This is to certify that I am a Municipal Police Training Council (MPTC) certified Physical Fitness Instructor and conducted a physical fitness evaluation on the applicant using the current physical fitness protocols detailed in the Basic Course for Police Officers approved by the MPTC. When administered the test consisting of the 1.5 mile run, one minute sit ups, and maximum push ups the applicant met the 70 th percentile.		
Instructor Name Printed	Signature	Date

Handgun Proficiency

This is to certify that I am an MPTC certified Firearms Instructor and conducted the handgun proficiency test on the applicant. The applicant used the semi-automatic pistol, ammunition, uniform holster, and magazine pouches authorized by their employing agency for carry on duty. The applicant met the score of 90% on the handgun proficiency test.		
Instructor Name Printed	Signature	Date