

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

## APPLICATION FOR OKLAHOMA PEACE OFFICER CERTIFICATION THROUGH RECIPROCITY

**INSTRUCTIONS FOR APPLICANT:** The information you provide in this application packet will be used to determine whether or not you fulfill the requirements as defined in 70 O.S. Section 3311 of the Oklahoma State Statutes, for certification as a peace officer through reciprocity. This form must be printed clearly in blue or black ink or fillable pdf. All statements in this form are subject to verification. You will be required to answer all questions and forms completely, accurately, and to provide a copy of requested information before CLEET staff may consider your qualifications. This application must be completed and returned **as soon as possible**.

### SECTION A: APPLICANT INFORMATION

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SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Daytime Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State Zip

Physical Address: \_\_\_\_\_  
Street City State Zip

1. Is your certification in any other state currently suspended, surrendered, revoked or otherwise not in good standing?    Yes            No

O.S. Title 70, Section 3311 states in part "No person shall be certified as a police or peace officer ...unless the OSBI and FBI have reported that such person has no record of a conviction of a felony, a crime involving moral turpitude, or a crime of domestic violence..."

2. Have you ever been convicted of a felony, a crime involving moral turpitude, or a crime of domestic violence in any state or federal court?    Yes            No
3. Are you currently or have you ever participated in a deferred sentence for a felony, a crime involving moral turpitude or a domestic violence offense?    Yes            No

Effective November 1, 2001, CLEET is required to make inquiry to determine that any applicant for peace officer certification is not currently undergoing treatment for a mental illness, condition or disorder and that the applicant has never been involuntarily committed to an Oklahoma state mental institution.

4. Are you currently undergoing treatment for a mental illness, condition or disorder?    Yes    No
5. Have you ever been involuntarily committed to an Oklahoma state mental institution?    Yes    No

### SECTION B: PEACE OFFICER CERTIFICATION

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Federal Peace Officer

Out-of-State Peace Officer    Certified As:    Full-Time Officer    Part-Time or Reserve Officer

Department: \_\_\_\_\_

Last working day as an officer: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_    Position: \_\_\_\_\_

When and where were you certified? \_\_\_\_\_

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

**SECTION C: CURRENT DEPARTMENT INFORMATION**

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Department: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip

Dept. Head: \_\_\_\_\_  
Name Title

Training Coordinator: \_\_\_\_\_  
Name

**SECTION D: PROOF OF BASIC CERTIFICATION AND EMPLOYMENT**

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***Proof of Basic Certification***

Provide a copy of Basic Academy certificate along with written proof of total hours of Basic Academy **OR** an official, centralized training record which shows all officer training, hours and dates (including Basic Academy training/certification).

***Proof of Employment***

Provide a letter from your last employer indicating that you were a full-time, certified peace officer for a minimum of 90 days in the last 2 year period (state date of hire and date of termination) **and/or** a centralized training record which clearly indicates employment requirements (90 days as a full-time, certified peace officer within the last 2 year period).

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

**SECTION E: DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES CONSENT FORM**

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**DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES  
CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION**

I \_\_\_\_\_ SSN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ SEX: \_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

(Print full name including middle initial)  
authorize the Department of Mental Health and Substance Abuse Services to release to the Council on Law Enforcement Education and Training (CLEET) information concerning whether I have ever been involuntarily committed to an Oklahoma state mental institution. This authorization is given as part of my CLEET application for: Peace Officer Certification

This consent shall expire upon notification from CLEET that I am accepted to attend or denied attendance in the CLEET Peace Officer Reciprocity class.

I hereby acknowledge that this consent for the release of information is given freely and voluntarily. I understand that I may revoke this consent (in writing) at any time unless action has already been taken based upon it, and that in any event this consent expires in ninety (90) days from the date of signing or upon the condition(s) described above, unless a longer period has been specified above.

**THE INFORMATION AUTHORIZED FOR RELEASE MAY INCLUDE RECORDS WHICH MAY INDICATE THE PRESENCE OF A COMMUNICABLE OR VENEREAL DISEASE WHICH MAY INCLUDE, BUT ARE NOT LIMITED TO, DISEASES SUCH AS HEPATITIS, SYPHILIS, GONORRHEA, AND THE HUMAN IMMUNODEFICIENCY VIRUS, ALSO KNOWN AS ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS). [63 O. S. § 1-502.2] (B)**

Notice to individuals or entities releasing alcohol and drug abuse treatment records:

There shall be a statement in bold face, stamped upon each page of the information released stating, "This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient."

\_\_\_\_\_  
Signature of CLEET Applicant

\_\_\_\_\_  
Date

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

**SECTION F: VERIFICATION OF LAWFUL PRESENCE IN THE UNITED STATES OF AMERICA**

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**Instructions:** Anyone applying for certification by CLEET is required to provide CLEET with certification of lawful presence in the United States. Please complete the following verification.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Initial: \_\_\_\_\_  
*[Print or type Applicant's Full Name]*

I state under penalty of perjury under the laws of Oklahoma that the following is true and correct.

**(Initial one Option below)**

\_\_\_\_\_ **Option 1 - Verification of Citizenship:** I am a United States Citizen.

\_\_\_\_\_ **Option 2 - Affidavit Verifying Qualified Resident Alien Status:** I am a qualified alien under the Federal Immigration and Naturalization Act, and I am lawfully present in the United States. For verification purposes, the U.S. Citizenship and Immigration Service requires the I-94 Number and Alien Number. Please list your number(s) below.

I-94 Number: \_\_\_\_\_

Alien Number: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date and Place of Signature

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

**SECTION G: AUTHORITY TO RELEASE INFORMATION AND PARTICIPANT NOTIFICATION**

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I hereby authorize any individual or any agency, governmental, private or otherwise, to release any information regarding my present and past employment; medical information regarding diagnosis and treatment of medical conditions which may affect my performance in training; any information relating to my criminal history; any education records, or any other information which is deemed confidential, to any authorized representative of the Council on Law Enforcement Education and Training. I further authorize the Council or its authorized representative to release to any law enforcement agency, or other governmental agency, any information contained in this application or my permanent training file, including, but not limited to, psychological reports, mental health reports, medical reports, academic records, promissory note information and disciplinary reports.

I acknowledge that some phases of training offered at the CLEET training facility in Ada or at other facilities that may be used from time to time by CLEET may be physically demanding and rigorous in nature. I understand that I need to be in reasonably good physical condition to successfully complete the required training.

1. All applicants must be a peace officer as prescribed by statutes, and must be enrolled and approved prior to attendance.
2. Falsification of any document, form, or instrument, cheating on any test, regardless of manner, violation of any federal or state law or local ordinance, or any CLEET policy may result in immediate dismissal.
3. Students shall be under direct control of CLEET personnel in all training, testing, lodging, meals, or other applicable areas, regardless of the hours. Disrespect to any training personnel, student, or citizen, and any action that may bring disrespect to the Council on Law Enforcement Education and Training, or to his or her individual agency will not be tolerated.
4. Additional rules for individual academy will be provided at the beginning of each academy. Any violation of the rules will result in a letter of explanation, outlining the violation and the disposition taken, being sent to the respective officer's department head.

I certify that I am not currently undergoing treatment for a mental illness, condition or disorder nor have I ever been involuntarily committed to an Oklahoma state mental institution. I understand that in compliance with Oklahoma statutes CLEET will make inquiry of the Oklahoma Department of Mental Health and Substance Abuse Services to determine any involuntary commitment to an Oklahoma state mental institution. I understand that CLEET is also required, by statute, to immediately inform my employing agency of any involuntary commitment.

I certify that the statements made by me in this application (meaning all sections of the application collectively) are true and correct. I understand that any misrepresentation is sufficient cause for dismissal from the offered training and may result in other disciplinary or legal action. I certify that I have met the educational requirement and do not have a conviction of a felony, a crime of moral turpitude, or a crime of domestic violence, nor am I currently nor have I ever participated in a deferred sentence for a felony, a crime involving moral turpitude or a domestic violence offense, and I have not had a final protective order entered against me.

I accept personal responsibility for any injury that I might incur during training and relieve CLEET personnel of any financial or other liability.

I state under penalty of perjury under the laws of Oklahoma that the foregoing is true and correct.

\_\_\_\_\_  
(Signature of Applicant) Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

**SECTION I: ACKNOWLEDGMENT OF CONDITIONS TO ATTEND**

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I certify that this applicant is a peace officer and that I have read the conditions of the applicant's acceptance and participation. I further certify that I have made a reasonable inquiry and found that the applicant is not currently undergoing treatment for a mental illness, condition, or disorder. For purposes of Title 70 O.S. § 3311, subsection E, "currently undergoing treatment for mental illness, condition, or disorder" means the person has been diagnosed by a licensed physician or psychologist as being afflicted with a substantial disorder of thought, mood, perception, psychological orientation, or memory that significantly impairs judgment, behavior, capacity to recognize reality, or ability to meet the ordinary demands of life and such condition continues to exist. I understand that in the event of illness or injury to applicant, the full medical expenses will be borne by applicant or this employing agency. I have read and reviewed the completed information contained in this packet and certify and state under penalty of perjury under the laws of Oklahoma that the foregoing is true and correct.

\_\_\_\_\_  
Signature of Chief, Sheriff or Agency Head\*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\*If the applicant is the chief or department head (other than sheriff) this form must be signed by the appointing authority (such as mayor, city manager, commission chair, etc.) An elected sheriff may sign the document for him or herself.