

**State of Oklahoma**  
**Council on Law Enforcement Education and Training**  
**BASIC ACADEMY APPLICATION**

The procedure for enrolling in a CLEET Basic Academy is as follows:

1. Employing agency will submit the required Notification of Employment Form within ten (10) days from date of hire. (Required by Title 70 O.S. 3311)
2. **COMPLETE AND RETURN APPLICATION WITHIN 30 DAYS OF RECEIPT. Applicant will not be allowed to attend academy unless the application has been received by CLEET and is 100% COMPLETE.**
3. Upon receipt of a **completed** application, CLEET will confirm the enrollment of the applicant in the assigned academy. Cancellations by the Agency should be reported as soon as possible to permit arrangements for other applicants to attend.
4. This package includes Sections:
  - A. Application to Attend (page 2)
  - B. Weapon Selection form (page 3)
  - C. Basic Academy Uniform and Equipment Requirements (page 4) **KEEP THIS PAGE FOR YOURSELF**
  - D. Department of Mental Health and Substance Abuse Services Consent for Release of Confidential Information (page 5) - *Must be signed by applicant. NOTE: This page is date sensitive.*
  - E. Affidavit Verifying Lawful Presence in the United States of America (page 6) - *Must be completed/signed by applicant and witnessed by notary.*
  - F. Medical and Fitness Information
    - F1. Medical and Fitness Questionnaire (pages 7-8) – *Must be signed by physician.*
    - F2. Physician Release (page 9) - *Must be completed/signed by physician.*
    - F3. Physical Assessment for Safe Participation Test Instructions (page 10)
    - F4. Official Waiver of Liability and Release of All Claims (page 11) - *Must be signed by applicant.*
  - G. Proof of Reading, Writing and Comprehension Examination (page 12)
  - H. Authority to Release Information and Participant Notification (page 13) - *Must be completed and signed by applicant and witnessed by notary.*
  - I. Acknowledgment of Conditions to Attend (page 14) - Includes certification that applicant is a full-time, salaried police or peace officer and *must be signed by the Chief, Sheriff or Agency Head, and witnessed by a notary.*
  - J. Promissory Note (page 15-19) **ORIGINAL MUST BE SUBMITTED TO CLEET.**
5. Applicants may be rejected for:
  - A. Failure to complete the Academy Application Packet, failure to successfully pass the Cadet Physical Assessment for Safe Participation, failure to successfully pass the reading, writing, and comprehension examination, or failure to provide any requested documents.
  - B. Intentional omission or falsification of any question on this form is a felony punishable by imprisonment in the Department of Corrections for a term of not less than two (2) years, nor more than five (5) years, or by a fine not exceeding Two Thousand Dollars (\$2,000.00), or by both such fine and imprisonment.
6. All applicants should be aware that public areas of the CLEET facility may be subject to visual and audio recording.

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

**INSTRUCTIONS FOR APPLICANT:** The information you provide in this Academy Application Packet will be used to determine whether or not you fulfill the requirements for acceptance in the basic academy. This form must be printed clearly in black ink. All statements in this form are subject to verification. You will be required, prior to acceptance for the basic academy, to answer all questions and forms completely and accurately. This application must be completed and returned **within 30 days of receipt**. Please read page 1, **Application Procedure**, prior to submitting this packet.

**SECTION A: APPLICATION TO ATTEND**

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**APPLICANT INFORMATION**

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

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

Home/Daytime Telephone: (\_\_\_\_) \_\_\_\_\_

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

**Education:**

HS Diploma Year: \_\_\_\_\_ School: \_\_\_\_\_  GED Year: \_\_\_\_\_ Where: \_\_\_\_\_

College # Hours: \_\_\_\_\_ Degree: \_\_\_\_\_

University/College Attended: \_\_\_\_\_

Title 70 O.S. § 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..."

**1. 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

**2. Are you currently participating in a deferred sentence for a felony, a crime involving moral turpitude or a domestic violence offense?**  Yes  No

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.

**1. Are you currently undergoing treatment for a mental illness, condition or disorder?**  Yes  No

**2. Have you ever been involuntarily committed to an Oklahoma state mental institution?**  Yes  No

**AGENCY INFORMATION**

Agency: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Agency Head: \_\_\_\_\_  
Name Title

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

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

**SECTION B: WEAPON SELECTION**

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A weapon choice of revolver **or** semi-automatic pistol is offered for training in the Firearms portion of the Basic Academy. The following guidelines must be followed when making a weapon selection:

1. Each student must successfully complete the Basic Law Enforcement Academy Firearms training block using the same, or a like weapon, throughout. (For example: if a student begins the class with a Smith & Wesson, double-action only, semi-automatic pistol, they must complete the class with that pistol or a second double-action only, semi-automatic pistol.) Further, after the training has begun, if a student is committed to shooting a semi-automatic pistol, they may not switch to a revolver or from a revolver to a semi-automatic pistol.
2. Changes in weapon choice will not be permitted after the first week of the basic academy due to the advanced planning that is necessary to obtain ammunition, armorers, and instructors for the various weapons. During the first week of the academy, students must present a letter from their agency head to change type of weapon.
3. Back-up weapon/repair parts. Due to the number of different makes and models of semi-auto pistols which are available and may be brought to the academy, the firearms training staff is unable to maintain a stock of spare parts to repair weapon malfunctions. Therefore, to insure completion of the firearms training, students should bring a like back-up weapon and/or spare parts.

**WEAPON SELECTION: CHECK TYPE OF WEAPON, AND MODEL FOR REVOLVER.  
IF SEMI-AUTO PISTOL, CHECK MANUFACTURER AND CALIBER.**

\_\_\_\_\_ **REVOLVER** (Check model below)

\_\_\_\_\_ .38 Cal. Smith and Wesson Revolver

\_\_\_\_\_ .38 Cal. Ruger Revolver

\_\_\_\_\_ .38 Cal. Colt Revolver

(Students carrying the Colt Revolver will need to bring a backup weapon because repair parts are not available.)

\_\_\_\_\_ **SEMI-AUTO PISTOL** (Check model and caliber below)

**MODEL**

**CALIBER**

\_\_\_\_\_ Smith and Wesson

\_\_\_\_\_ 9 mm

\_\_\_\_\_ Colt - **Single Action Only**

\_\_\_\_\_ 10 mm

\_\_\_\_\_ Ruger

\_\_\_\_\_ .40 cal.

\_\_\_\_\_ Glock

\_\_\_\_\_ .45 cal.

\_\_\_\_\_ Sig Sauer

\_\_\_\_\_ .357 cal.

\_\_\_\_\_ Beretta

\_\_\_\_\_ H & K - **Model U.S.P. Only**

\_\_\_\_\_ Kimber

\_\_\_\_\_ Springfield

## SECTION C: BASIC ACADEMY UNIFORM AND EQUIPMENT REQUIREMENTS

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### ACADEMY DRESS CODE

#### 3. Academy Uniforms

The prescribed Academy uniform:

- Agency Uniform: short or long sleeve uniform shirt
- Agency prescribed uniform pants
- Agency prescribed foot wear

3.1 In the absence of a prescribed uniform, cadets will be required to wear slacks, and a collared dress shirt. If denim jeans are a part of the cadets official uniform they must be clean, pressed, and absent any holes or fraying. **ABSOLUTLY NO T-SHIRTS WILL BE ALLOWED FOR STUDENT CLASSROOM WEAR.**

#### Equipment/Supplies Applicant Required for Training:

##### *Academics/Classroom Instruction*

- Number 2 lead pencils or mechanical pencils are recommended.
- Pens – black or blue ink only.
- Calculator with square root function - The Cadet should be familiar with the calculator he/she is using.
- Binder/notebook and print/copy paper (A thumb drive with the curriculum will be provided to each Cadet within the first week. The Cadet must print/copy his/her own curriculum.)
- Rain gear and weather appropriate clothing. (**NO** red or orange rain gear or clothing allowed for Cadets.)

##### *Firearms Training*

- Handgun – Selection process on previous page.
- .12 gauge pump-action shotgun, barrel length of 18” to 20” (Mossberg or Remington only)
- Ear protection - It is recommended that the Cadet use both a “muff” style hearing protector in combination with the “foam” in-ear style protection.
- Eye protection - Quality sunglasses are an acceptable form of eye protection, as are prescription glasses. The range has side-shields available if needed.
- A brimmed hat or a hat with a bill (**NO** red or orange hats are allowed for Cadets.)
- A black marker for identifying targets
- A handgun and shotgun as outlined in Section B. Weapon Selection portion of this application
- A quality law enforcement-type flashlight
- **If carrying Revolver:** Three (3) speed loaders with a pouch for your belt.
- **If carrying Semi-Automatic:** A minimum of four (4) single stack magazines, or three (3) double stack magazines and a pouch for your belt.
- **Duty Holster.** Holster must have weapon retaining device (thumb break), and covered trigger guard.
- Regulation, police quality, double-locking handcuffs (Smith and Wesson, Peerless, or Hyatt are recommended.)
- Cleaning kits for handgun/shotgun.

**NOTE: No outside ammunition is permitted during the Firearms block of instruction.**

##### *Custody and Control/Defensive Tactics*

- Male Cadets are required to have groin protection.
- Female Cadets are required to have a supportive sports bra.
- Sweat tops or T-shirts are permitted and should be dark in color with no lettering or graphics. **Neither T-shirts nor sweatshirts will be worn if the sleeves have been removed.**
- During Custody Control/Defensive Tactics training, the Cadet may wear full-leg workout pants, Karate gi pants, or sweat pants (preferably dark colors). **BDU style pants MAY NOT be worn.** Pants shall have no exposed buttons, zippers, or snaps. **NO shorts are permitted.**
- The only approved footwear for this training is either socks or wrestling shoes. Wrestling shoes are strongly suggested. They will prevent some injuries and allow the Cadet to brace, without slipping, for some techniques. **Bare feet are not allowed.**
- Dark colored clothing is recommended. It will prevent any modesty issues when the Cadet has soaked his/her clothing with sweat. **NO** red or orange clothing is allowed for Cadets.
- Personal headgear meeting or exceeding the specifications of Full90 Premier FIFA Soccer Headguard, which can be found at [soccer.epicsports.com/prod/73628/full90-premier-fifa-soccer-headguard.html](http://soccer.epicsports.com/prod/73628/full90-premier-fifa-soccer-headguard.html). **It does not have to be this specific brand, but it must meet the same specifications.**

**KEEP THIS PAGE FOR YOUR RECORDS**

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

**SECTION D: 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** \_\_\_\_\_ **Private Security Guard or Investigator License** \_\_\_\_\_

This consent shall expire upon notification from CLEET that I am accepted to attend or denied attendance in the CLEET basic peace officer academy or I am approved or denied to receive a security guard or investigator license.

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 E: AFFIDAVIT VERIFYING LAWFUL PRESENCE IN THE UNITED STATES OF AMERICA**

Council on Law Enforcement Education and Training  
2401 Egypt Road, Ada, OK 74820

**AFFIDAVIT VERIFYING LAWFUL PRESENCE**  
**IN THE UNITED STATES OF AMERICA**

**Instructions:** All natural persons fourteen (14) years of age or older and present in the United States, applying for certification by CLEET are required to provide CLEET with verification of lawful presence in the United States by executing an Affidavit before a notary. Please complete the following affidavit. Select one of the options below by placing your initials on the line in front of the appropriate option, have the form notarized and return to the address on the top of this form.

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

STATE OF OKLAHOMA )  
COUNTY OF \_\_\_\_\_ ) ss:

I, \_\_\_\_\_, of lawful age, being first duly sworn, upon oath states, under penalty of  
*(Applicant's name)*

perjury as follows: **(Initial one Option below)**

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

\_\_\_\_\_ **Option 2 - Affidavit Verifying Qualified 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)

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_.

Signature Notary Public: \_\_\_\_\_

Commission # \_\_\_\_\_ My Commission expires: \_\_\_\_\_

(Seal)

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

**SECTION F: MEDICAL AND FITNESS INFORMATION**

**Section F1: Medical Questionnaire**

This medical information is correct as of \_\_\_\_\_

| Name:   |                                  | Sex: M / F                            |            |
|---|----------------------------------|---------------------------------------|------------|
| Address:  |                                  | Blood Type:                           |            |
| Phone(s)  | Home:                            | Work:                                 |            |
| Social Security #:  |                                  | Birth Date:                           |            |
| Primary Care Physician:   |                                  | Phone:                                |            |
| Current Specialty Physician (if necessary):   |                                  | Phone:                                |            |
| Emergency Contact:  |                                  | Relation:                             |            |
| Address:  |                                  | Phone:                                |            |
| Preferred Hospital:   |                                  |                                       |            |
| Insurance Company:  | Group #:                         | ID #:                                 |            |
| Bleeding Problems? Y / N  | If Yes, Please Explain:          |                                       |            |
| Pacemaker? Y / N<br>Model #:  | Heart Valve? Y / N<br>Name/Type: | Implants? Y / N<br>Name/Type:         |            |
| Purpose of Medication   | Prescription Name                | Dose                                  | How Often? |
|   |                                  |                                       |            |
|   |                                  |                                       |            |
|   |                                  |                                       |            |
|   |                                  |                                       |            |
|   |                                  |                                       |            |
| Location Medications are Kept while at Basic Academy:   |                                  |                                       |            |
| <b>ALLERGIES: Medication/Food to Be Avoided:</b>  |                                  | <b>Symptoms Expected if Consumed:</b> |            |
|   |                                  |                                       |            |
| <b>Are there any physical and/or medical conditions that might limit your active participation in a self-defense and moderately strenuous physical conditioning program? YES _____ NO _____</b><br><b>If YES, please explain:</b><br><br> |                                  |                                       |            |

I CERTIFY THAT I HAVE READ THE ABOVE STATED INFORMATION PROVIDED BY \_\_\_\_\_  
 BASED ON MY PHYSICAL EXAMINATION OF THE PATIENT, AND PRESUMING NO PREVIOUS INJURIES OR MEDICAL  
 CONDITIONS HAVE BEEN OMITTED, I AM IN AGREEMENT WITH THE INFORMATION PROVIDED ON THE MEDICAL  
 QUESTIONNAIRE.

\_\_\_\_\_  
 Printed Name of Treating Physician

\_\_\_\_\_  
 Signature of Treating Physician

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Physician Contact Phone

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

| YES   | NO | LEVEL OF PHYSICAL ACTIVITY (check Yes or No)  |                   |                                   |
|---|----|---|-------------------|-----------------------------------|
|   |    | Are you currently involved in a regular exercise program such as walking, swimming, cycling, or jogging?              |                   |                                   |
|   |    | Do you regularly walk or run one or more miles continuously?  |                   |                                   |
|   |    | Do you practice weight lifting or calisthenics?   |                   |                                   |
|   |    | Do you perform stretching exercises on a regular basis?   |                   |                                   |
|   |    | Do you currently smoke cigarettes?  |                   |                                   |
|   |    | If YES, how many cigarettes per day? _____ If you smoked in the past, when did you quit? _____                        |                   |                                   |
|   |    | Is there a family history of heart disease, hypertension, stroke, diabetes, lung disease or epilepsy?                 |                   |                                   |
|   |    | If YES, please provide information regarding who the relative is, the medical problem, and the age at onset or death. |                   |                                   |
|   |    | RELATIVE(S)   | MEDICAL CONDITION | APPROXIMATE AGE AT ONSET OR DEATH |
|   |    |   |                   |                                   |
|   |    |   |                   |                                   |
|   |    |   |                   |                                   |
| PLEASE LIST ANY SURGERY (even minor) YOU HAVE EVER HAD:           |    |   |                   |                                   |
| DATE  |    | TYPE  |                   | HOSPITAL/MEDICAL FACILITY         |
|   |    |   |                   |                                   |
|   |    |   |                   |                                   |
|   |    |   |                   |                                   |
| HAVE YOU EVER BEEN DIAGNOSED OR TREATED FOR ANY OF THE FOLLOWING? |    |   |                   |                                   |
| YES   | NO | CONDITION   | DATE              | PHYSICIAN/HOSPITAL                |
|   |    | High Blood Pressure   |                   |                                   |
|   |    | Any Cardiac Problem (including surgery/pacemaker)   |                   |                                   |
|   |    | Arthritis   |                   |                                   |
|   |    | Convulsions   |                   |                                   |
|   |    | Diabetes  |                   |                                   |
|   |    | Any Head or Neck Injury   |                   |                                   |
|   |    | Any Back Problems   |                   |                                   |
|   |    | Any Hip Problems  |                   |                                   |
|   |    | Any Ligament Damage (elbow, wrist, knee, joint)   |                   |                                   |
|   |    | Knee/Joint Problems   |                   |                                   |
|   |    | Any Rupture or Hernia   |                   |                                   |
|   |    | Asthma or Respiratory Condition   |                   |                                   |
|   |    | AIDS  |                   |                                   |
|   |    | Any Vision Problems (except those corrected by glasses or contact lenses)   |                   |                                   |
|   |    | Other Problems (please list):   |                   |                                   |

I CERTIFY THAT I HAVE READ THE ABOVE STATED INFORMATION PROVIDED BY \_\_\_\_\_ BASED ON MY PHYSICAL EXAMINATION OF THE PATIENT, AND PRESUMING NO PREVIOUS INJURIES OR MEDICAL CONDITIONS HAVE BEEN OMITTED, I AM IN AGREEMENT WITH THE INFORMATION PROVIDED ON THE MEDICAL QUESTIONNAIRE.

\_\_\_\_\_  
 Printed Name of Treating Physician  
 \_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Treating Physician  
 \_\_\_\_\_  
 Physician Contact Phone

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

**SECTION F2: Physician Release**

Patient's Name: \_\_\_\_\_

Applicants/Cadets attending the Council on Law Enforcement Education and Training Basic Academy are required to perform a variety of essential physically demanding tasks including the following:

- Running
- Step and Slide Exercises (To the Left and Right)
- Diagonal and Rear Shuffle (To the Left and Right)
- Crawling on Stomach
- Bear Crawl
- Obstacle Dodge (Running in a Zig-Zag Manner around Obstacles)
- Weight Drag (Dragging a 95 lb weight 20 feet)
- Drive emergency vehicles
- Practice handcuffing
- Engage in baton and weapon retention techniques
- Qualify with both a handgun and shotgun
- Run, jump, wrestle and be thrown to the ground
- Participate in practicum activities
- Role-play in a number of job related scenarios which require strength, agility and endurance

Specifically, while learning Defensive Tactics and Custody and Control, the cadet must have leg strength and endurance necessary for instilling, through repetition, the balanced, dynamic footwork necessary for successful defense.

- Falls and Recoveries: The student will be taught to safely impact the ground from any direction and tactically recover to a standing fighting stance. This is necessary to safeguard the student not only from attacks on the street, but to allow for the practice training of throws and take downs that are taught later as a necessary officer skill when arrest requires physical force to be exerted.
- Active Countermeasures: The student will be required to deliver a variety of full speed, full power strikes and kicks, sometimes with accentuated joint angles. The student will also be required to receive and endure such strikes, from a training partner, while holding impact bags.
- Throws and Take Downs: The student must receive and deliver full power dynamic throws resulting in full impact with the ground. The student must endure and deliver continuous applications to instill muscle memory and he or she must continue to recover in a tactical manner.
- Stabilizations: As a prerequisite to combat cuffing, the student must endure and apply repeated locks, pins and applications of body weight while learning forced ground stabilizations.
- Joint Locks: The student must endure and deliver repeated applications of maximum threshold joint locks to all parts of the body, including the neck, shoulder, elbow, wrist, fingers, hips, knees, ankles and toes.
- Handcuffing: Using various positions, locks and holds, the student will endure and deliver repeated applications of steel handcuffs to the wrists.
- Batons: The student must deliver full speed, full power baton strikes and receive same while holding impact bags. Using the rigid baton, the student will also endure and apply locks, leverage and pressures to sensitive body areas.
- Weapon Retention and Disarming: The student must have sufficient grip strength to maintain a secure grip of holstered or un-holstered weapons. The student must be capable of balanced dynamic movement and delivery of full power strikes. The student will also be required to move evasively from a variety of positions while maintaining a balanced structure and control of an adversary's weapon.

I CERTIFY THAT I HAVE READ THE ABOVE STATED DESCRIPTION OF THE ACTIVITIES FOR WHICH THE PATIENT WILL BE INVOLVED. I UNDERSTAND THAT HE/SHE WILL BE ENGAGED IN THE HIGHLY STRESSFUL AND RIGOROUS ACTIVITIES OF LAW ENFORCEMENT TRAINING.

BASED ON MY KNOWLEDGE AND EVALUATION OF \_\_\_\_\_, I CERTIFY THAT:

\_\_\_\_\_ **There are no contraindications** to the individual being capable of performing essential physical tasks. The applicant named above **is** physically qualified and capable of performing all of the above-described physical tasks pertaining to law enforcement training.

\_\_\_\_\_ **There are contraindications** to the individual and it is not recommended that the individual participate. The applicant named above **is not** physically qualified and capable of performing all of the above-described physical tasks pertaining to law enforcement training.

\_\_\_\_\_  
Printed Name of Treating Physician

\_\_\_\_\_  
Signature of Treating Physician

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician Contact Phone

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

### **Section F3: Physical Assessment for Safe Participation Test Instructions**

**(COMPLETE GUIDE FOR CADET PHYSICAL ASSESSMENT FOR SAFE PARTICIPATION TEST CAN BE FOUND ON CLEET'S WEBSITE [WWW.CLEET.OK.GOV](http://WWW.CLEET.OK.GOV).)**

In accordance with Title 70 O.S. § 3311.11, any person who is employed as a peace officer within the State of Oklahoma and who is scheduled to attend the basic law enforcement certification academy conducted by CLEET shall, prior to admission, be required to provide proof of a score of a minimum of seventy percent (70%) on the CLEET approved physical assessment test. The purpose of this test is to ensure the applicant is in sufficient physical condition to safely participate and/or avoid unnecessary injury during basic law enforcement training.

#### Test Review and Practice

The test guide outlines the components of the Physical Assessment for Safe Participation Test, and may be pre-screened or practiced by the hiring agency prior to the offered test by CLEET.

#### Test Administration

The Physical Assessment for Safe Participation Test will be administered at the K. O. Rayburn Training Center in Ada, Oklahoma. Two testing dates will be available. The first date will normally be on the Wednesday of the week immediately preceding the start of the scheduled academy. Testing on Wednesday will be between 0800 and 1600 hours. The second date will be on the morning of the first day of the Basic Academy. Testing will begin at 0800 hours. Academy participants will be required to notify CLEET which testing session will be attended.

#### Passing the Safe Participation Test

Applicants will be administered the tests up to a total of four times - two times each of the two testing days, at times which allow the student more than one hour of rest between attempts. Disqualification counts as one of the four overall attempts. In the event the applicant fails or is disqualified on both tests on the scheduled Wednesday before the academy and fails or is disqualified on both attempts on the morning of the first day of the academy, he/she will be notified of the failure and their agency administrator, or designee, shall be notified immediately. The applicant will be directed to return to his/her agency and he/she will not be allowed to begin the scheduled basic academy.

#### Physician Release (Titled Section F2 in this document)

All applicants must, prior to participating in the Test for Safe Participation, obtain a medical release signed by a physician stating that the applicant is physically capable and medically able to safely participate in the physical assessment test. Applicants will NOT be allowed to participate in the test without a signed medical release.

#### Waiver of Liability (Titled Section F4 in this document)

All applicants for the CLEET basic academy must, prior to participating in the Physical Assessment for Safe Participation Test, sign a Waiver of Liability and Release of All Claims form ("Waiver form"). Applicants will NOT be allowed to participate in the test without signing the Waiver Form. This form will also be posted on the CLEET website.

#### What to Wear During the Test

Tennis shoes are recommended, as are sweat pants and a T-Shirt. To prevent sweat pants from moving down the legs and coming off during the stomach crawl component, applicants should tighten their sweat-pant draw-strings to ensure a tight fit. Shorts are not recommended for safety reasons. Applicants should NOT wear watches, rings or other items which could harm them while taking the test. **CLOTHING SHALL HAVE NO EXPOSED BUTTONS, ZIPPERS OR SNAPS.**

#### What Applicants Should do Prior to Taking the Test

Just prior to taking the test, applicants should consider jogging lightly, performing some jumping jacks to get their blood flowing, and stretching to prepare themselves for the short burst of physical exertion in which they are about to engage.

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

**SECTION F4: Official Waiver of Liability and Release of All Claims  
CLEET Physical Assessment for Safe Participation**

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**Instructions: Please read this form carefully and completely. Then sign and date the form at the bottom.**

I understand that a detailed description of the Physical Assessment for Safe Participation Test is available on the CLEET website, and I am aware of what this test entails. I further declare and represent that I am now in good health, that I am familiar with and understand the nature of the Physical Assessment for Safe Participation Test; that I am physically and medically fit to participate in the test; and that my personal attire is safe and fit for participation in the test. I personally assume any and all risks of injury with respect to all matters pertaining to my participation in the test, including death, damage, or loss which I may sustain as a result of participating in any activities associated with the test.

I hereby consent and agree to all of the following terms and conditions.

**Acknowledgment of Risk** As a participant in the Physical Assessment for Safe Participation Test, I recognize and acknowledge that there are certain risks of physical injury. I agree to assume the full risk of any injury, including death, damage or loss which I may sustain as a result of participating in any and all activities connected with or associated with the test.

**Waiver of Liability and Release of All Claims** I do hereby for myself, heirs, executors and administrators, and other parties claiming under or through me, fully waive, relinquish, release, and forever quit-claim and discharge CLEET and all its elected officials, trainers, officers, agents, employees, servants, monitors, and examiners from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related in any way to any loss, damage, or injury (including death) that may be sustained by me while participating in the Physical Assessment for Safe Participation Test, or upon the premises where the test is being conducted, whether the loss, damage, injury, or death results from the negligence of CLEET or its officials, trainers, officers, agents, employees, servants, monitors, or examiners, or is otherwise caused.

**Indemnity and Defense** I do hereby agree, for myself, heirs, executors, and administrators, and other parties claiming under or through me, to indemnify and hold harmless and defend CLEET and its officials, trainers, officers, agents, employees, servants, monitors, and examiners from any and all claims, suits or demands, actions, or causes of action whatsoever arising out of or related in any way to loss, damage, or injury (including death) that may be sustained by me while participating in the Physical Assessment for Safe Participation Test, or upon the premises where the test is being conducted.

**Other** I understand that the test administration staff may remove me from the test if they believe I might endanger myself or be a danger to others.

I hereby certify and declare that I have read all of the foregoing terms, conditions, and declarations, and I fully understand and agree to them.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

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

**SECTION G: READING, WRITING AND COMPREHENSION TEST**

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In accordance with Title 70 O.S. §3311.11, any person who is employed as a peace officer within the State of Oklahoma and who is scheduled to attend the basic law enforcement academy conducted by CLEET shall, within ninety (90) days of hire and prior to CLEET admission, be required to score a minimum of seventy percent (70%) on a reading, writing, and comprehension examination approved by CLEET.

The purpose of this test is to assure the applicant can read and write on a level necessary to perform the requirements of the basic academy.

You may use the following link to the Career Tech website to locate the location nearest you to schedule the Police Officers Selection and Screening Exam (POSSE) Test.

<http://www.okcareertech.org/about/state-agency/divisions/testing/health-certification-program-hcp/oklahoma-posse>

**(Attach Proof of Passing POSSE Test Behind This Page)**

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

**SECTION H: 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 the basic academy; 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.

This completed and signed application serves to notify the applicant that some phases of training offered herein may be physically demanding and rigorous in nature. Applicants should be in reasonably good physical condition to successfully complete the required training.

1. All applicants must be full-time, salaried peace officers 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.
5. Oklahoma law requires CLEET 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.

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 are true and that I understand that any misrepresentation is sufficient cause for dismissal from the offered training and is a felony punishable by imprisonment in the Department of Corrections for a term of not less than two (2) years nor more than five (5) years, or by a fine not exceeding Two Thousand Dollars (\$2,000.00), or by both such fine and imprisonment. 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 participating in a deferred sentence for a felony, a crime involving moral turpitude or a domestic violence offense. I accept personal responsibility for any injury that I might incur during training and relieve CLEET personnel of any financial or other liability

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

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_.

Signature Notary Public: \_\_\_\_\_

Commission # \_\_\_\_\_ My Commission expires: \_\_\_\_\_

(Seal)

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

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

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I certify that this applicant is a full-time, salaried, 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 that it is correct. I understand that submitting any false or fraudulent information is a felony punishable by imprisonment in the Department of Corrections for a term of not less than two (2) years nor more than five (5) years, or by a fine not exceeding Two Thousand Dollars (\$2,000.00), or by both such fine and imprisonment.

\_\_\_\_\_ Date: \_\_\_\_\_  
Original Signature of Chief, Sheriff or Agency Head\*

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_.

Signature Notary Public: \_\_\_\_\_

Commission # \_\_\_\_\_ My Commission expires: \_\_\_\_\_

(Seal)

**\*If the applicant is the Chief, Sheriff or Agency Head, the application must be signed by someone who oversees the agency such as the City Manager, Mayor, County Commissioner, Commission member, etc.**

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

**SECTION J: PROMISSORY NOTE**

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**COUNCIL ON LAW ENFORCEMENT EDUCATION AND TRAINING  
PROMISSORY NOTE**

Oklahoma law, Title 70 O.S. §3311.11, requires individuals who attend basic Peace Officer certification training at the K.O. Rayburn Training Center to sign a promissory note to repay the State of Oklahoma for the basic training they receive, if the Officer leaves the law enforcement profession in Oklahoma prior to completing four years of service.

This is an agreement between CLEET and the individual signing this Promissory Note. Under no circumstances shall any city, county, or law enforcement agency be held liable by either CLEET or the individual signing this Promissory Note for any default, breach in terms of conditions, or payment due under this Promissory Note.

For purposes of explanation of the "Promissory Note" the following definitions apply:

1. A Promissory Note ("the Note") is a written promise to pay a specific amount of money in accordance with the terms and conditions stated in the Note.
2. The Note is required by Oklahoma law, 70 O.S. § 3311.11, hereafter sometimes referred to as Oklahoma Law. (A copy of this law is set out at the end of this document for reference.) The law encourages a Peace Officer to remain in law enforcement in Oklahoma for at least 4 years after graduation and certification as a peace officer.
3. Oklahoma Law provides that an individual may not enter the CLEET Basic Academy unless they have signed the Note.
4. Following CLEET graduation and certification, an individual receives a credit of Three Dollars (\$3.00) against the money owed under this Note for each day the Officer is employed in Oklahoma law enforcement. This reduction includes, but is not limited to, regular days off, vacation, sick time, and holidays. As long as the Officer continues to work in Oklahoma law enforcement, the amount of money due under the Note continues to decrease. (The amount of the note is decreased daily and paid back over time through service as a full time peace officer.) If the Officer works continuously in Oklahoma law enforcement for 4 years after they are certified, the Officer will not owe any money under the Note.
5. If the Officer leaves Oklahoma law enforcement before the end of 4 years, the Officer has 90 days to find another job in Oklahoma law enforcement. If the Officer obtains new employment in Oklahoma law enforcement within 90 days, the Officer will resume repayment on the Note as if there were no interruption in service. The Officer will not receive credit for the time they are not employed in Oklahoma law enforcement, but will continue to receive credit under the Note beginning on the first day of employment with a new Oklahoma law enforcement agency.
6. If the Officer leaves Oklahoma law enforcement before the end of 4 years and is unable to find new employment in Oklahoma law enforcement within 90 days, the Note will be due and the Officer will owe to CLEET the amount left on their Note. For an example, if an individual works one year, and then leaves Oklahoma law enforcement, the Officer will owe  $\frac{3}{4}$  of the total amount (4 years minus 1 year equals  $\frac{3}{4}$  of the 4 years). If it is determined that the Officer owes money under the Note, the Officer will be given an opportunity to enter into a payment plan with CLEET.
7. If the Officer leaves Oklahoma law enforcement before 4 years and does not pay off the money due under the Note, and does make payments as agreed to in a payment plan, CLEET can file suit in District Court to enforce the Promissory Note. If CLEET obtains a judgment, CLEET may take action to collect any judgment.
8. If the Officer defaults on the note (that is, fails to pay), interest shall accrue at the statutory rate, compounded annually, from the date of default.
9. The Director of CLEET has the power to waive any or all of terms of the Promissory Note if the Officer enters active military service; or if there are unusual circumstances which the Director believes are sufficient; and the Director determines that waiver would be in the best interest of law enforcement. Application for a waiver of any or all terms of the Promissory Note must be made in writing, and must state the reasons for the request that the terms of the Promissory Note be waived. The decision on any waiver is entirely up to the Director. If the Director decides to waive any or all terms of the Promissory Note, the Director may require the individual to surrender his or her Certification.
10. Oklahoma law requires that a Promissory Note contain certain legal, technical language. **You may want to consult with your lawyer before signing this Note.** CLEET cannot give individuals legal advice.
11. In CLEET's Promissory Note, the terms "I" or "me" refer to the person who signs the note. In Oklahoma law, the person who signs the note is known as the "Maker", so any reference in the Note or in correspondence to "Maker" is a reference to the person who signs the Note.
12. The following paragraphs are the legal, technical part required by the Courts.

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

**COUNCIL ON LAW ENFORCEMENT EDUCATION AND TRAINING  
BASIC ACADEMY ATTENDANCE REPAYMENT FOR DEFAULT PROMISSORY NOTE**

This Promissory Note is an agreement between CLEET and the individual signing this Promissory Note, who will be referred to as "I" or "Me" or "Maker."

This Note is made and signed by (printed full name of person signing) \_\_\_\_\_, who will be referred to in this Note as "I" or "Me" or "Maker", in favor of the Council on Law Enforcement Education and Training, which will be referred to as "CLEET".

This Note is signed on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

**I understand and agree** that this Note is signed pursuant to 70 O.S. § 3311.11, and that the provisions of that law govern this Note, and the statute is incorporated by reference. ("incorporated by reference" is a term that means by referring to the statute in this Note, it is just like the statute was written out in full in this Note).

**I promise to pay** to CLEET the sum of Four Thousand Three Hundred Eighty Dollars (US \$ 4,380.00), together with interest and costs as set out in this Note. I understand that there are provisions for forgiving this Note, or waiving any or all of the terms of this Note, that are set out in detail later in this Note.

**I understand and agree** that if I do not comply with the law, the entire unpaid principal ("principal" is a word meaning the amount of money due without interest) and accrued interest, if any, shall become immediately due and payable on written demand by CLEET. The amount of interest, if any, will be based on the Statutory interest rate (the "statutory interest rate" is determined each year by the Oklahoma State Treasurer under 12 O.S. § 727.1). If any interest is due, it will be compounded on a yearly basis.

**I understand and agree** that the amount specified above (US \$ 4,380.00) will be reduced at the rate of Three Dollars (US \$3.00) per calendar day, beginning the first day after graduation and Certification continuing for each day I am employed by a law enforcement agency in Oklahoma. Any time that I am considered "inactive" under the CLEET rules, the amount due will not be reduced by \$3.00 per day.

**I understand and agree** that if I leave a position with an Oklahoma law enforcement agency, I have 90 days to find another job in Oklahoma law enforcement. If I do not get another job in Oklahoma law enforcement within 90 days, any and all money remaining under this Note is due immediately. I also understand that I may be able to enter into a payment plan with CLEET. The provisions for a payment plan are set out in another part of this Note.

**I understand and agree** that if it is determined that I owe money under this Note, CLEET and I may agree on a payment plan providing for periodic monthly payments on a specific day of each month, in whatever amount of monthly payment to which CLEET and I may agree. Any agreement for monthly payments must be in writing and signed by CLEET and by me. All monthly payments will be first applied to interest (if any is due), and then to principal.

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

**I understand and agree** that all payments must be made by a method acceptable to CLEET.

**I understand and agree** that I can pay off all or part of this Note at any time, and I will not be charged any penalty for paying early. All prepayments shall first be applied to interest (if any is due) and then to principal. I understand that if and when I pay this Note off entirely, I am not required by the Oklahoma Law to continue to work in Oklahoma law enforcement.

**I understand and agree** that all payments due under this Note shall be made at the offices of CLEET, located at 2401 Egypt Road, Ada, Oklahoma. I agree to make payments to another place if CLEET tells me in writing to do so.

**I understand and agree** that if I default on this Note, that I will pay all costs and expenses incurred by CLEET in enforcing the terms and conditions of this Note and/or collecting any monies owed by me to CLEET as a result of my default. I understand that this might include, but is not limited to, all reasonable attorney fees as permitted by law, and may include reasonable charges from a collection agency, and interest.

**I understand and agree** that if I fail to make any payment due under this Note, or if I violate any condition relating to this Note or the law, or if I file Bankruptcy, or if someone files an involuntary petition in bankruptcy or receivership and that petition is not vacated within thirty (30) days, the entire balance of this Note and interest (if any is due) shall be immediately due and payable to CLEET.

**I understand and agree** that the terms of this Note cannot be changed or waived unless there is a written agreement signed by CLEET and by me.

**I understand and agree** that CLEET may waive the money due under this Note, or any of the terms of the Note, pursuant to 70 O.S. § 3311.11 if I volunteer or I am drafted into active military service, or in unusual instances where, in the sole opinion of the Director of CLEET, waiving the money due, or any of the terms of this Note, is in the best interest of law enforcement.

**I understand and agree** that any decision to waive the money due under this Note, or any of the terms of the Note, is up to the Director, and the Director's decision is final. Any such decision of the Director shall be considered a Final Agency Action of CLEET. If the Director waives the amount due under this Note due to unusual circumstances, I understand that the Director may require me to surrender my peace officer certification.

**I understand and agree** that if I want CLEET to waive the money due under this Note, or any of the terms of the Note, for any reason, I must make my request in writing and that the request must be delivered to CLEET at 2401 Egypt Road, Ada, Oklahoma, 74820, unless or until I receive written notification that a different address should be used for correspondence.

**I agree** to waive notice and presentment ("notice and presentment" is a term for a formal process of informing you that you owe money under the Note and that it is due). I agree that CLEET can notify me that I owe money under this Note by using the delivery methods set out below.

**I understand and agree** that if a court determines that any portion of this Note is not enforceable under the law, all other provisions of this Note shall still be in full force and effect.

**I understand and agree** that any notice or other correspondence necessary because of this Note shall be mailed by United States Postal Service ("USPS") to the addresses listed below. I also agree that I will submit written notice to CLEET within fifteen (15) days of any change of address.



## Attachment: Statutory Authority

Title 70 O.S. § 3311.11 (from www.oscn.net):

- A. Beginning November 1, 2009, any person or peace officer who desires to attend a basic law enforcement academy conducted by the Council on Law Enforcement Education and Training (CLEET) shall within ninety (90) days of hire and prior to CLEET admission, be required to score a minimum of seventy percent (70%) on a reading and writing comprehension examination approved and administered by CLEET to assure the applicant can read and write on a level necessary to perform the requirements of the CLEET academy.
- B. Beginning November 1, 2009, any person or peace officer who desires to attend the basic law enforcement academy conducted by CLEET shall, prior to admission, be required to provide proof of a score of a minimum of seventy percent (70%) on a physical agility test approved by CLEET to assure the applicant is in sufficient physical condition to avoid unnecessary injury during the basic law enforcement academy training.
- C. Beginning November 1, 2009, any person or peace officer, upon employment by a law enforcement agency and prior to attending a basic law enforcement academy conducted by CLEET, shall execute a promissory note for academy training expenses payable to CLEET whereby the person or peace officer promises to repay the note by remaining within the law enforcement profession in the State of Oklahoma in a position approved by rules and regulations of CLEET for four (4) years following graduation from the basic law enforcement academy.
- D. The amounts due pursuant to subsection C of this section shall be reduced at a rate of Three Dollars (\$3.00) per calendar day beginning the first day after graduation from the basic law enforcement academy and continuing until the end of the Officer thousand four hundred sixty (1,460) days. If for any reason a peace officer leaves the employment of a law enforcement agency and does not reemploy with an approved law enforcement agency within ninety (90) days of the date of becoming inactive the obligation shall be considered due. Upon default of the note, if no agreement for payment or payment schedule has been agreed upon, the certification of the peace officer shall be suspended. For purposes of repayment, periods of time where a peace officer is inactive shall not be included in the Officer-thousand- four-hundred-sixty-day employment period.
- E. The amount of a promissory note for academy training expenses that is cancelled under the provisions of this section shall not be considered income for the purposes of Oklahoma State Income Tax.
- F. The Director of CLEET may waive any or all promissory note obligations for academy training expenses in instances where in the sole opinion of the Director, a waiver is in the best interests of law enforcement.
- G. Violation of the provisions of subsection D of this section or the terms of the promissory note for academy training expenses entered into pursuant to this section shall give rise to a cause of action and suit may be commenced by CLEET for and on behalf of the State of Oklahoma for restitution of any and all sums plus interest at the statutory rate, costs and reasonable attorney fees. All promissory notes for academy training expenses, interest and fees collected pursuant to this section shall be deposited into the Peace Officer Revolving Fund provided for in Section 3311.7 of Title 70 of the Oklahoma Statutes. The provisions of this section shall not apply to persons who volunteer or are drafted into active military service subsequent to receiving CLEET training at state expense.