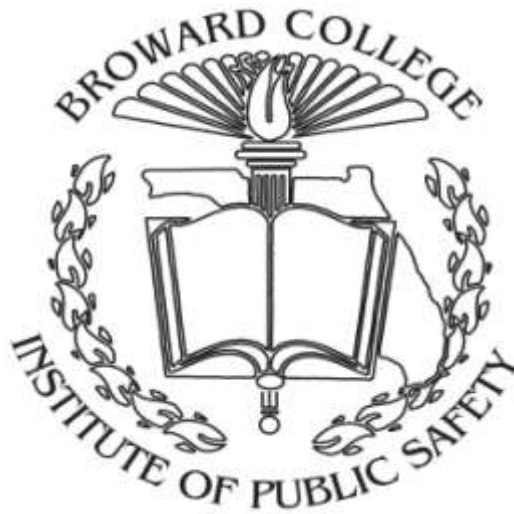


Institute of Public Safety TESTING CENTER INFORMATION GUIDE



*3501 DAVIE ROAD, BUILDING 21
DAVIE, FLORIDA 33314-1693*

*954-201-6790
954-201-6931*

www.broward.edu/ips

The Broward College Criminal Justice Testing Center is **NOT** a hiring agency; it is a testing center for persons wanting to apply for law enforcement positions and Corrections/Detention Facilities. The Criminal Justice Testing Center administers the **CRIMINAL JUSTICE BASIC ABILITIES TEST (C.J.B.A.T.), TESTS OF ADULT BASIC EDUCATION (T.A.B.E.), BASIC MOTOR SKILLS TEST (AGILITY),** and the **SWIM TEST** to candidates for employment in cooperation with the Broward County Chiefs of Police Association. Successful completion of specified tests is required for eligibility for consideration of further evaluation by participating agencies. Verify with the hiring agency as to which test and score is necessary for consideration. **You must register for C.J.B.A.T. 24 hours prior to taking the test.**

Law Enforcement Tests (verify with hiring agency if they require the T.A.B.E.)

- C.J.B.A.T. (Criminal Justice Basic Abilities Test)
- Swim Test
- Basic Motor Skills Test-Agility (BMST)
- T.A.B.E. (Test of Adult Basic Education)

Corrections/Detention Deputy Tests

- C.J.B.A.T.

Police Service Aide

- TABE (Test of Adult Basic Education)

• **TO REGISTER**

1. Applicants must go online to www.broward.edu/ips
2. Click on Testing Registration and then Click Register with CJ Testing Center
3. Fill in the Requested information. The required entries begin with an *. Click Submit.
4. Either print this page or write down your CJTC ID and Pin numbers. Click BACK to get back to main page.
5. To schedule your test, click on Log In, enter your ID# or Social Security # and Pin #. Then click on Schedule Test.
6. Pick the month, year and test you want to register.
7. Find the test you want to take and click on the "ADD TO CART" button to the left.
8. If you would like to sign up for another test, click on Continue Shopping and it will take you back to the list of tests. Repeat until you have signed up for as many tests as you would like to take. When you are finished, click "PROCEED TO CHECKOUT".
9. Verify your tests and then click "SAVE SCHEDULE".
10. The system will then remind you that you must have a 75-B form completed by your doctor if you are taking a physical test. If you do not have the 75-B form, click on Click Here in that pop-up box. It will display the form to be printed. If you have the 75-B form, click "CLOSE BROWSER". The system will tell you that your schedule is confirmed. Please click "PRINT SCHEDULE" at this time. Your schedule will tell you the amount due.
11. Present a valid photo I.D. Acceptable identification:
 - Valid driver's license
 - State-issued photo ID
 - United States passport
- 12. Pay appropriate fees (cash, credit or debit cards) at Building 21 on the day of testing. Fees are non-refundable.**

TESTING PROCEDURES

1. Picture I.D. accepted:
 - Valid driver's license
 - State-issued photo ID
 - United States passport
2. Tests are By Appointment Only.
3. No late entry (must make another appointment).
4. All testing materials provided by the Testing Center

5. Swim and Basic Motor Skills (Agility) Tests:

- **Form 75B required. Bring original to test and keep a copy for your records.**
-
- For the BMST - Wear athletic shoes, a **short-sleeved t-shirt (no tank-tops or muscle-shirts)**, and shorts or light-weight running pants during agility testing and practice sessions.

- The swim test is conducted at the BC Aquatic Complex, located on the west side of the campus off of College Avenue, near Building 10.

- Applicants for the swim test must arrive by 7:30 AM and present a photo I.D.

- Required swim attire is a **short-sleeved t-shirt (no tank-tops or muscle-shirts)** and **long, lightweight pants** (medical scrubs, Dockers, nylon or windbreaker material, etc). Do not wear jeans or loose-fitting pants. Applicants must provide their own towels.

- The swim test requires swimming **50 yards**, any stroke style, except back stroke, **within a 2-minute time-frame**.

- You may bring a backpack or duffel bag to carry your towel, change of clothes, and personal items. Water bottles and other beverages are allowed in both the Swim and BMST tests, however caffeine or energy drinks are not recommended.




TESTING SCHEDULE & INFORMATION

All Tests are by Appointment *Only*

TEST	DAY	SIGN-IN TIME	FEE	VALIDITY
CJBAT (Limited Seats Available) (Minimum 24-hours scheduling)	MONDAY	3:15PM	\$40.00	Four Years
Basic Motor Skills Test (Agility)* **	MONDAY	8:30AM	\$20.00	Six Months
Basic Motor Skills Test (Agility)* ** (Jan – May)	MONDAY	11:30AM	\$20.00	Six Months
Swim* ** ***	MONDAY	7:30AM	\$15.00	No Expiration
CJBAT (Limited Seats Available) (Minimum 24-hours scheduling)	TUESDAY	8:15AM	\$40.00	Four Years
TABE (Limited Seats Available)	TUESDAY	3:15PM	\$35.00	Two Years
Basic Motor Skills Test (Agility)* **	THURSDAY	8:30AM	\$20.00	Six Months
Basic Motor Skills PRACTICE * ** (Agility Practice)	THURSDAY	3:30PM	N/A	N/A

***CJSTC FORM 75B required – signed by a licensed physician such as a D.O. or M.D. before taking the test.**

****Weather permitting – if it rains, the test and practice will be cancelled.** 


*****For the Swim Test, go directly to the pool located on the west side of Bldg. 10, on the north-west side of the campus. If it rains, the test will be cancelled.** 





Please note – Fees are subject to change without notice.




TEST & RETEST RULES

- **C.J.B.A.T.** 

An applicant who fails to achieve the required score on the C.J.B.A.T. (79% Law Enforcement/Public Service Aide, 72% Corrections) may apply for retesting with an ALTERNATE version of the C.J.B.A.T. An applicant who fails to achieve the required score on the retest may apply for a second ALTERNATE retest; however, an applicant who fails to achieve the required score on the second retest will be ineligible for further C.J.B.A.T. testing for twelve months. **A downloadable/printable study guide for the CJBAT can be purchased on-line for \$15.95 at www.publicsafetyrecruitment.com . It is also available at the BC bookstore in building 19 for \$19.95 + tax.**
- **T.A.B.E.** 

An applicant who fails to achieve the required score on any component test(s) of the T.A.B.E. may apply for retesting with an ALTERNATE version of the T.A.B.E. **You can purchase a TABE Study Guide - Level A at most book stores, and most Public Libraries carry it also.**
- **BASIC MOTOR SKILLS TEST (AGILITY)** 

You may pay retest fees and retake this test an unlimited number of times until you pass. However, you must meet the one year physical examination criteria.
- **SWIM TEST** 

Wear a short-sleeved t-shirt and long pants for the swim. You may pay retest fees and retake this test an unlimited number of times until you pass. However, you must meet the one year physical examination criteria.



List of Physicians



Karl S. Brot, M.D.
1749 NE 26th St.
Wilton Manors, FL 33305
954-565-3838

Peter Simek, MD
100 NW 82nd Ave. #206
Plantation, FL 33324
954-424-7504

Ali R. Zargarán, M.D.
2701 E. Atlantic Blvd.
Pompano Beach, FL 33062
954-942-8987

Nancy Cardenas-Bada, M.D.
Jerome H. Levinson, M.D.
7401 N. University Dr. #103
Tamarac, FL 33321
954-721-2444

Robert Tomchik, MD
18475 Miramar Parkway
Miramar, FL 33025
954-450-3550

All applicants are encouraged to obtain the physicians physical from their own doctor. The physicians suggested above are simply a list of physicians who have indicated a willingness to conduct a physical for the basic motor skills for those who do not have a primary care physician. These physicians are not associated with Broward College in any way, nor does Broward College endorse any one physician.





PHYSICAL FITNESS ASSESSMENT



CJSTC 75B

Florida Department of Law Enforcement

Incorporated by Reference in Rule 11B-35.001(11)(c)12., F.A.C.

1. Applicant's Name: Last First MI

2. Applicant's Address:

3. Enter Last Four Digits of Social Security Number:

4. Training School:

5. The Applicant Is Requesting Admission Into a Basic Recruit Training Program for One of the Following Disciplines:

Law Enforcement [] Correctional [] Correctional Probation []

6. Student Participation in Basic Recruit Training Program Activities. A student enrolled in a basic recruit training program (B RTP) is required to participate in the following activities:

A. Defensive tactics and firearms high-liability training is a component of the curriculum mandated by the Criminal Justice Standards and Training Commission. Firearms training requires firing a handgun and long gun creating exposure to lead. Defensive tactics training requires sustained physical exertion and chemical agent contamination to the chemicals oleo-resin capsicum (OC) and/or orthochlorobenzal-malonitrile (CS).

B. Physical Fitness Conditioning and Physical Fitness Testing: A B RTP student shall participate in physical fitness conditioning and a fitness test and includes the following measures:

- Vertical Jump One Minute Sit Ups 300 Meter Run Maximum Push Ups 1.5 Mile Run/Walk

C. The training center director has attached the training schools physical fitness conditioning program: Yes []

*****TO BE COMPLETED BY THE APPLICANT*****

7. Medical Conditions Regarding OC/CS Contamination. A B RTP student should be aware of the following personal considerations that may restrict participation in the chemical agent contamination of the B RTP and could possibly be aggravated to a severe degree during the contamination: Recent eye surgery, heart problems, panic disorder or stress, respiratory disorder, emphysema (loss of elasticity/thinning of lung tissues), bronchial asthma, x-ray evidence of pneumoconiosis (black lung), evidence of reduced pulmonary (lung) function, chronic obstructive pulmonary disease, coronary (heart) artery disease, cerebral (brain) blood vessel disease, severe or progressive hypertension (high blood pressure), epilepsy, grand mal or petite mal (seizures), pernicious anemia (severe reduction in red blood cells), diabetes (any form), pneumomediastinum gap (air in the sac surrounding lungs), history of skin allergies, or any condition for which the student is presently taking medication.

8. B RTP Student Certification. I certify that I have reviewed the above information and [] I do or [] do not have any medical restrictions that would prevent me from participating in the basic recruit training program activities outlined in item numbers 6, 6A, and 6B above.

9. Student's Printed Name:

10. Student's Signature: Date:

11. Prior Exposure to OC or CS. For a student who has had prior chemical agent exposure that includes chemical agent contamination and working through the effects of chemical agent contamination in a training environment, please attach the supporting documentation of prior exposure and check one of the following boxes:

I certify that I have [] OR I have not [] been exposed to oleo-resin capsicum (OC) and/or orthochlorobenzal-malonitrile (CS) in the manner described in item number 11 above.

*****TO BE COMPLETED BY THE EXAMINING PHYSICIAN*****

12. Physician Attestment. The above applicant is seeking entry into a law enforcement, correctional, or correctional probation basic recruit training program. Rule 11B-35.001(11)(c)12., F.A.C., requires a complete physical examination at a level of specificity sufficient to determine whether there are any medical or physiological restrictions that would prevent the applicant from performing the required activities described in items 6, 6A, and 6B above. Disabilities, impairment, or limitations identified by the examination that would prevent the applicant from performing the required activities should be reported to the training school indicated in item number 4 above.

[] I hereby attest that I have examined the above named applicant and find him or her CAPABLE of participating in the basic recruit training program activities indicated in item numbers 6, 6A, and 6B above.

[] I hereby attest that I have examined the above named applicant and find him or her NOT CAPABLE of participating in the basic recruit training program activities indicated in item numbers 6, 6A, and 6B above.

13. Physician, Certified Advanced Registered Nurse Practitioner, or Physician Assistant's Signature Printed Name Examination Date

14. Physician, Certified Advanced Registered Nurse Practitioner, or Physician Assistant's License Number Licensing State

15. Physician, Certified Advanced Registered Nurse Practitioner, or Physician Assistant's Professional Address

*****TO BE COMPLETED BY THE TRAINING CENTER DIRECTOR OR DESIGNEE*****

16. Training Center Director or Designee's Printed Name:

Training Center Director or Designee's Signature: Date:

INSTRUCTIONS FOR COMPLETING FORM CJSTC-75B

A basic recruit student approved to enter a basic recruit training program (B RTP) shall review and complete form CJSTC-75B to indicate the presence of any medical conditions that may prevent participation in the Physical Fitness Program and Chemical Agent Contamination of the B RTP. A copy of the Physical Fitness Program for law enforcement, correctional, or correctional probation discipline shall be attached to this form for the student to review.

1. **Applicant's Name.** Enter the applicant's last name, first name, and middle initial.
2. **Applicant's Address.** Enter the applicant's current address, city, state, and zip code.
3. **Applicant's Social Security Number.** Enter the last four digits of the applicant's social security number as in this example: 000-00-1234.
4. **Training School Name.** Enter the name of the Commission-certified criminal justice training school where the applicant is enrolled.
5. **Basic Recruit Training Program Discipline.** Place a check mark in one of the box(es) for the law enforcement, correctional, or correctional probation discipline for which the applicant is requesting admission.
6. **Student Participation in Basic Recruit Training Program Activities. Defensive Tactics (Includes chemical agent contamination), Firearms, and Physical Fitness Conditioning and Physical Fitness Testing:** High-liability training in defensive tactics, firearms, and chemical agent contamination is a component of the curriculum mandated by the Criminal Justice Standards and Training Commission and participation in the activities is a requirement for successfully completing a B RTP. **There is no pass or fail at this time.** The test results for each of the five required tests will be recorded on the Academy Physical Fitness Standards Report, form CJSTC-67A as "I" if the student did not perform the test component or "D" if the student was dismissed from the basic recruit training program.
 - A. **Defensive Tactics and Firearms Training.** Firearms training requires firing a handgun and long gun creating exposure to lead. Defensive tactics training requires sustained physical exertion and chemical agent contamination to the chemicals oleo-resin capsicum (OC) and/or orthochlorobenzal-malonotrile (CS).
 - B. **Physical Fitness Conditioning and Physical Fitness Testing.** The Physical Fitness Test includes the following measures and are defined as follows:
 - **Vertical Jump.** This measures leg power by measuring how high a person jumps.
 - **One Minute Sit Ups.** This measures abdominal, or trunk, muscular endurance. While lying on his or her back, the student will be given one minute to do as many bent-leg sit ups as possible.
 - **300 Meter Run.** This measures anaerobic power, or the ability to make an intense burst of effort for a short time period or distance. This component consists of sprinting 300 meters as fast as possible.
 - **Maximum Push Ups.** This measures the muscular endurance of the upper body. This component consists of doing as many push ups as possible until muscular failure. Males are required to perform the standard push-up and females have the option to perform the standard or modified push-up.
 - **1.5 Mile Run/Walk.** This measures aerobic power or cardiovascular endurance (stamina over time). To complete this component, the student runs or walks a distance of 1.5 miles as fast as possible.
 - C. **A physical-fitness conditioning program developed by the training school shall be attached to form CJSTC-75B prior to the student's examination by a physician, certified advanced-registered nurse practitioner, or the physician's assistant.**
7. **Medical Conditions Regarding Chemical Agent Contamination.** The student shall review the listed medical conditions and list other conditions that may restrict him or her from participating in Chemical Agent Contamination to the chemicals oleo-resin capsicum (OC) and/or orthochlorobenzal-malonotrile (CS).
8. **Basic Recruit Training Program Activities Certification.** The student shall check the appropriate box to indicate if he or she **does** or **does not** have a medical condition that would restrict participation in the B RTP activities indicated in item numbers 6, 6A, and 6B of this form.
9. **Student's Printed Name.** The student shall print his or her first name, last name, and middle initial.
10. **Student's Signature and Date.** The student shall provide a signature and date to verify the information provided by the student is true and correct.
11. **Prior Exposure to Chemical Agent Contamination.** The student shall indicate in the appropriate box if he or she has been previously exposed to chemical agent contamination to the chemicals oleo-resin capsicum (OC) and/or orthochlorobenzal-malonotrile (CS), and shall attach supporting documentation of such contamination.
12. **Physician, Certified Advanced Registered Nurse Practitioner, or Physician Assistant's Attestment.** The physician shall check the appropriate box to indicate if the student is capable or not capable of participating in the B RTP activities indicated in item numbers 6, 6A, and 6B of this form.
13. **Physician, Certified Advanced Registered Nurse Practitioner, or Physician Assistant's Signature, Printed Name, and Examination Date.** The physician shall complete this item to verify his or her attestation to item number 12 of this form.
14. **Physician, Certified Advanced Registered Nurse Practitioner, or Physician Assistant's License Number and Licensing State.** The physician shall complete this item to verify his or her valid license number and licensing state.
15. **Physician, Certified Advanced Registered Nurse Practitioner, or Physician Assistant's Professional Address.** The physician shall print his or her complete professional address.
16. **Training Center Director or Designee's Printed Name, Signature and Date.** The training center director or designee who signs this form shall print his or her legal first and last name. The training center director or designee shall sign and date this form.