



COMMONWEALTH OF PENNSYLVANIA
MUNICIPAL POLICE OFFICERS' EDUCATION AND TRAINING COMMISSION

www.mpoetc.state.pa.us
8002 Bretz Drive
Harrisburg, PA 17112-9748

**APPLICATION FOR CERTIFICATION EXAM
SCHEDULING INSTRUCTIONS**

- ✓ **Complete the attached Certification Exam Application.**
- ✓ **Please identify which applicant type you are applying as and provide the documents at time of application submission.**

1. **Applicant who attended a police academy in Pennsylvania who does NOT have a conditional offer of employment:**
 - a. Grade sheet and diploma from MPOETC certified police academy.
 - b. Proof of an emergency vehicle operator's course for police (EVOC) if completed basic police academy prior to 1989.
 - c. Money order or certified check for \$100.00 made payable to the Commonwealth of Pennsylvania. **PERSONAL CHECKS ARE NOT ACCEPTED. FEES ARE NONREFUNDABLE.**
 - d. A criminal record check, no older than 30 days on date of submission, purchased at the applicant's expense, obtainable through <http://epatch.state.pa.us>.
 - e. A driving record, no older than 30 days on date of submission, purchased at the applicant's expense through the PA Department of Transportation <https://apps.pa.egov.com/idr>.
2. **Applicant who attended a police academy in Pennsylvania who has a conditional offer of employment:**
 - a. Written conditional offer of employment addressed to applicant issued by the municipal police department.
 - b. Grade sheet and diploma from the MPOETC certified police academy.
 - c. Proof of an emergency vehicle operator's course for police (EVOC) if completed basic police academy prior to 1989.
3. **Applicant who attended a police academy outside of Pennsylvania who does NOT have a conditional offer of employment:**
 - a. Request for Prior Equivalent Training Analysis for Out-of-State Applicants.
 - b. Letter confirming full time employment status as a police officer from the last police department worked.
 - c. Police academy diploma.
 - d. Money order or certified check for \$100.00, payable to the Commonwealth of Pennsylvania. **PERSONAL CHECKS ARE NOT ACCEPTED. FEES ARE NOT REFUNDABLE.**
 - e. A criminal record check, no older than 30 days prior to the date of this application, purchased at the applicant's expense through <http://epatch.state.pa.us>.
 - f. A copy of your driving history obtained from the state where employed as a police officer and valid at the time of application. Applicants who have relocated to the Commonwealth of Pennsylvania, who have obtained driving privileges in Pennsylvania, may submit a driving history from the Pennsylvania Department of Transportation <https://apps.pa.egov.com/idr>.
4. **Applicant who attended a police academy outside of Pennsylvania who has a conditional offer of employment:**
 - a. Request for Prior Equivalent Training Analysis for Out-of-State Applicants.
 - b. Letter confirming full-time employment status as a police officer from the police department worked.
 - c. Police academy diploma.
 - d. Written conditional offer of employment addressed to the test taker issued by the municipal police department.



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CERTIFICATION EXAM APPLICATION

1. NAME		MAILING ADDRESS	
DATE OF BIRTH	TELEPHONE NUMBER	SOCIAL SECURITY NUMBER	IS THIS YOUR FIRST TIME TAKING THE CERTIFICATION EXAM? YES <input type="checkbox"/> NO <input type="checkbox"/>
NAME OF POLICE ACADEMY ATTENDED		DATES ATTENDED FROM ___/___/___ TO ___/___/___	
EMAIL ADDRESS			

2. (COMPLETE IF YOU HAVE A CONDITIONAL OFFER OF EMPLOYMENT) WAIVED OF \$100 FEE		
NAME OF POLICE DEPARTMENT	FEDERAL I.D. NUMBER	DATE OF HIRE
POLICE DEPARTMENT ADDRESS	POLICE DEPARTMENT TELEPHONE NUMBER	POLICE DEPARTMENT FAX NUMBER

3. SELECT A TEST DATE FROM THE DATES POSTED AT WWW.MPOETC.STATE.PA.US	
<input type="checkbox"/> JANUARY _____ <input type="checkbox"/> FEBRUARY _____ <input type="checkbox"/> MARCH _____ <input type="checkbox"/> APRIL _____ <input type="checkbox"/> MAY _____ <input type="checkbox"/> JUNE _____	<input type="checkbox"/> JULY _____ <input type="checkbox"/> AUGUST _____ <input type="checkbox"/> SEPTEMBER _____ <input type="checkbox"/> OCTOBER _____ <input type="checkbox"/> NOVEMBER _____ <input type="checkbox"/> DECEMBER _____

4. HAVE YOU EVER BEEN ARRESTED OR CHARGED WITH A VIOLATION OF THE LAW? IF YES, EXPLAIN BELOW AND INDICATE ALL ARRESTS AND CITATIONS.			YES <input type="checkbox"/> NO <input type="checkbox"/>
DATE	LOCATION	CHARGE	DISPOSITION
A.			
B.			
C.			

§ 6105(a)

PROHIBITS PERSONS CONVICTED OF ANY OF THE FOLLOWING OFFENSES UNDER TITLE 18, CRIMES CODE, FROM POSSESSING, USING, CONTROLLING, TRANSFERRING, MANUFACTURING, OR OBTAINING A LICENSE TO POSSESS, USE, CONTROL, TRANSFER OR MANUFACTURE A FIREARM IN THE COMMONWEALTH OF PENNSYLVANIA. A CONVICTION INCLUDES A FINDING OF GUILTY OR THE ENTERING OF A PLEA OF GUILTY OR NOLO CONTENDERE, WHETHER OR NOT JUDGEMENT HAS BEEN IMPOSED, AS DETERMINED BY THE LAW OF THE JURISDICTION IN WHICH THE PROSECUTION WAS HELD. THE TERM DOES NOT INCLUDE A CONVICTION WHICH HAS BEEN EXPUNGED OR OVERTURNED OR FOR WHICH AN INDIVIDUAL HAS BEEN PARDONED UNLESS THE PARDON EXPRESSLY PROVIDES THAT THE INDIVIDUAL MAY NOT POSSESS OR TRANSPORT FIREARMS.

§ 6105(b)

§ 908	PROHIBITED OFFENSIVE WEAPONS.	*§ 3701	ROBBERY.
§ 911	CORRUPT ORGANIZATIONS.	§ 3702	ROBBERY OF MOTOR VEHICLE.
§ 912	POSSESSION OF WEAPON ON SCHOOL PROPERTY.	§ 3921	THEFT BY UNLAWFUL TAKING OR DISPOSITION, UPON CONVICTION OF THE SECOND FELONY OFFENSE.
*§ 2502	MURDER.	*§ 3923	THEFT BY EXTORTION, WHEN THE OFFENSE IS ACCOMPANIED BY THREATS OF VIOLENCE.
*§ 2503	VOLUNTARY MANSLAUGHTER.	§ 3925	RECEIVING STOLEN PROPERTY, UPON CONVICTION OF THE SECOND FELONY OFFENSE.
§ 2504	INVOLUNTARY MANSLAUGHTER. IF THE OFFENSE IS BASED ON THE RECKLESS USE OF A FIREARM.	§ 4912	IMPERSONATING A PUBLIC SERVANT, IF THE PERSON IS IMPERSONATING A LAW ENFORCEMENT OFFICER.
*§ 2702	AGGRAVATED ASSAULT.	§ 4952	INTIMIDATION OF WITNESSES OR VICTIM.
*§ 2703	ASSAULT BY PRISONER.	§ 4953	RETALIATION AGAINST WITNESS OR VICTIM.
*§ 2704	ASSAULT BY LIFE PRISONER.	§ 5121	ESCAPE.
§ 2709	HARASSMENT AND STALKING, IF THE OFFENSE RELATES TO STALKING.	§ 5122	WEAPONS OR IMPLEMENTS FOR ESCAPE.
*§ 2901	KIDNAPPING.	§ 5501	RIOT, IF THE OFFENSE RELATES TO A FIREARM OR OTHER DEADLY WEAPON.
§ 2902	UNLAWFUL RESTRAINT.	§ 5515	PROHIBITING OF PARAMILITARY TRAINING.
§ 2910	LURING A CHILD INTO A MOTOR VEHICLE.	§ 6110.1	POSSESSION OF FIREARM BY MINOR.
*§ 3121	RAPE.	§ 6301	CORRUPTION OF MINORS.
*§ 3123	INVOLUNTARY DEVIATE SEXUAL INTERCOURSE.	§ 6302	SALE OR LEASE OF WEAPONS AND EXPLOSIVES.
§ 3125	AGGRAVATED INDECENT ASSAULT.		
*§ 3301	ARSON AND RELATED OFFENSES.		
§ 3302	CAUSING OR RISKING CATASTROPHE.		
*§ 3502	BURGLARY.		
§ 3503	CRIMINAL TRESPASS, IF THE OFFENSE IS GRADED A FELONY OF THE SECOND DEGREE OR HIGHER.		

ANY OFFENSE EQUIVALENT TO ANY OF THE ABOVE-ENUMERATED OFFENSES UNDER THE PRIOR LAWS OF THIS COMMONWEALTH, OR ANY OFFENSES EQUIVALENT TO ANY OF THE ABOVE-ENUMERATED OFFENSES UNDER THE STATUTES OF ANY OTHER STATE OR OF THE UNITED STATES.

15.

-WARNING-

DO NOT SIGN AND SUBMIT THIS FORM IF ANY OF THE INFORMATION PROVIDED IS NOT TRUE AND CORRECT.

I CERTIFY THAT THIS FORM CONTAINS NO MISREPRESENTATION OR FALSIFICATIONS, OMISSIONS, OR CONCEALMENT OF MATERIAL FACT. I ALSO CERTIFY THAT THE INFORMATION GIVEN IS TRUE AND COMPLETE TO THE BEST OF OUR KNOWLEDGE AND BELIEF AND THAT I AM SIGNING THIS DOCUMENT WITH THE FULL UNDERSTANDING THAT ANY FALSE INFORMATION OR STATEMENT WILL SUBJECT ME TO THE CRIMINAL PENALTIES OF TITLE 18, CRIMES CODE, SECTION 4904, RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES, AND WILL RESULT IN PERMANENT DISQUALIFICATION AS A POLICE OFFICER TO POSSESS A MUNICIPAL POLICE CERTIFICATION BY THE MUNICIPAL POLICE OFFICERS' EDUCATION AND TRAINING COMMISSION.

Print Name

Signature

Date

A money order or certified check made payable to the "COMMONWEALTH OF PENNSYLVANIA" and required attachments must be mailed to:

**Municipal Police Officers' Education and Training Commission
Attention – Certification Unit
8002 Bretz Drive
Harrisburg, PA 17112-9748**

A letter of confirmation will be sent to the email address you provided prior to the actual date of testing.



COMMONWEALTH OF PENNSYLVANIA
Municipal Police Officers' Education & Training Commission

MAJOR DOUGLAS E. GRIMES, EXECUTIVE DIRECTOR

REQUEST FOR PRIOR EQUIVALENT TRAINING ANALYSIS FOR
OUT-OF-STATE APPLICANTS

Complete both pages of this document. Incomplete forms will not be processed. By completing this request for training analysis, you are affirming that the basic police academy course that you completed fulfilled the training requirements for certification as a police officer in the same state where trained and that you were employed as a Full-Time Police Officer in the state where original certification was obtained. This form must accompany either an Application for Police Officer Certification as a Waiver of Training or Application for Certification Examination Scheduling.

Name: _____ / _____ / _____
Last name First Name Middle name or initial

DOB: ____ / ____ / ____ Last 4 Digits of SSN: ____ _

Home Address: _____

City State Zip code

Email Address _____ @ _____

SECTION A TRAINING INFORMATION

(Please attach a copy of the certificate of training completion with this form)

Original Training Academy: _____

Address of Police Academy _____

City State Zip

Dates of Training: From ____ / ____ / ____ To ____ / ____ / ____

SECTION B CERTIFICATION INFORMATION

(Please attach a copy of the certificate issued by the Peace Officers' Standards and Training Commission for the state of original training and employment.)

Certificate Number _____ Date Issued: ____ / ____ / ____

Issuing Agency: _____

SECTION C POLICE EMPLOYMENT VERIFICATION

(Please attach confirmation of previous or current employment as a Full-Time Police officer to this Form)

Employing Agency: _____

Employment Dates: From ___/___/___ To ___/___/___

Left employment in good standing ^ Yes ^ No

Police Department Address _____

City _____ State _____ Zip _____

Telephone number: () ___-___ Number _____

THIS SECTION IS TO BE COMPLETED BY THE REQUESTING INDIVIDUAL AND THE HIRING MUNICIPAL POLICE DEPARTMENT.

This is to certify that the information set forth in this form is true and accurate to the best of our knowledge. It is also acknowledged that the knowing submission of false information to a government agency with purpose to secure the issuance of police officer certification is a violation of 18 PA C.S.A. §4904, relating to Unsworn falsification to authorities, and will result in prosecution and/or permanent disqualification from possessing municipal police officer certification by the Municipal Police Officers' Education and Training Commission.

(x) _____
Signature of requesting individual

Typed name of requesting individual

(x) _____
Signature of requesting official

Typed name of requesting official

NAME OF POLICE DEPARTMENT

DATE SIGNED (Month/Day/Year)

----- FOR COMMISSION USE ONLY -----

^ Training information confirmed Date ___/___/___

^ Certification information confirmed Date ___/___/___

^ Verification of employment completed Date ___/___/___

AUTHORIZATION AND RELEASE FORM

In order for the Municipal Police Officers' Education and Training Commission ("MPOETC") to determine whether you are eligible for certification as a municipal police officer in Pennsylvania, it is necessary for MPOETC to be able to openly discuss your out-of-state training and prior police employment with the State Peace Officer's Standards and Training Commission as well as your prior employers. Most Peace Officers' Standards and Training Commissions and police departments require an authorization and release of liability before they will release any information about an individual.

Police Officers' Standards and Training Commission:

I, _____, hereby authorize without limitation the Peace Officers' Standards and Training Commission for _____ to provide to MPOETC any and all information in its files related to my training and police officer certification. I do hereby release _____ Peace Officers' Standards and Training Commission and its officers and employees from any and all liability from the release of any information related to my training and police officer certification.

Prior Employer(s):

I, _____, hereby authorize without limitation the _____ Police Department to provide to MPOETC any and all information in its files related to my employment with the Department. I do hereby release _____ Police Department and its officers and employees from any and all liability from the release information related to my employment with the Department.

I hereby authorize MPOETC to make photocopies of this original signed form and that a photocopy of this original is to be treated as an original.

Signature of Applicant

_____/_____/20_____
Today's date

ONLY FORMS WITH ORIGINAL SIGNATURES WILL BE ACCEPTED