# NH POLICE STANDARDS & TRAINING COUNCIL CONFIRMATION OF NOTIFICATION OF NH STATE LAW RSA 188-F:27

#### APPLICANT INFORMATION (PLEASE PRINT OR TYPE)

1. Social Security No.	2. Last Name	First Name	Middle Initial	3. Date of Birth
4. Department		5. Department Address		

## PART 1 - MEDICAL REQUIREMENT:

You are herein notified that as of January 1, 2001 and thereafter, New Hampshire State Law (RSA 188-F:27 III-d – III-j) requires that all police, state corrections, and probation-parole officers hired after that date, as a condition of continued certification and employment, must furnish the Police Standards & Training Council every 3 years with a certificate from a licensed physician, physician's assistant, or registered nurse practitioner who has conducted a medical examination of the officer according to protocols adopted by the Council, certifying that in the opinion of the examiner the officer is physically capable of participating in the Council's physical fitness test.

## PART 11 - PHYSICAL AGILITY REQUIREMENT:

You are herein notified that as of January 1, 2001 and thereafter, New Hampshire State Law (RSA 188-F:27 III-d – III-j) requires that all police, state corrections, and probation-parole officers hired after that date, as a condition of continued certification and employment, every 3 years during their law enforcement careers must pass a physical performance test, administered by their department or by the Police Standards & Training Council, according to protocols adopted by the Council. (The current protocols consist of a timed 1.5 mile run, pushups, and sit-ups; however, they are subject to change by the Council from time to time.)

### NOTICE:

If hired by this Department, you are hereby notified that this Department is required to impose this requirement on you as a condition of employment and continued employment, and your acceptance of an offer of employment with this agency signifies your awareness of this fact.

### **ACCEPTANCE OF CONDITIONS**

I have received notice of the required ongoing medical examination and physical fitness requirements imposed by RSA 188-F:27 and agree to be bound by them:

Signature:\_\_\_\_\_

Signature of Hiring Authority (no stamp)\_\_\_\_\_

(Please print)