

# Law Enforcement Academy



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## Applicant Instructions:

Complete & Submit PHS

Receive Screenings

Purchase Uniforms

Attend Orientation





## LAW ENFORCEMENT ACADEMY



### REQUIREMENTS

All cadets must complete the following requirements no later than the Orientation Meeting Date unless otherwise noted:

1. Complete and submit Personal History Statement by October 28, 2022.
2. Physical screening (L-2). Provide the attached memorandum to one of the listed physicians (or VA doctors). It is **YOUR RESPONSIBILITY** to return the signed forms back to the academy, **NOT THE DOCTOR'S OFFICE**.
3. Psychological screening (L3). Provide the attached memorandum to one of the listed physicians (or VA doctors). It is **YOUR RESPONSIBILITY** to return the signed forms back to the academy, **NOT THE DOCTOR'S OFFICE**.
4. Purchase uniforms. Follow the enclosed instructions.
5. Attend Orientation Meeting on January 4, 2023.



**LAW ENFORCEMENT  
ACADEMY**



**MEMORANDUM OF PHYSICAL ACTIVITIES  
L-2 SUPPLEMENT**

Dear Physician,

For the purposes of your examination of the Police Academy Cadet Candidate, who is presenting you this Memorandum of Physical Activities, stating that during the Academy, the Cadet may be required to do part or all of the following;

1. Shoot handguns and shotguns for an extended period of time
2. Stand on feet for an extended period of time
3. Drive a vehicle in a Low Speed, High Stress course
4. Run / Walk long distances on both grass and asphalt jogging trail
5. Climb over or scale a 6 foot wall
6. Strike repeatedly a protective bag with an expandable baton
7. Bend at the waist and knees
8. Roll on the ground
9. Lift weights
10. Walk fast up and down stairs
11. Be outside in the sun for long periods of time
12. Physical hand-to-hand arrest techniques
13. Sit in a classroom for long periods at a time (about 45 minutes to one hour at the most)

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Examining Physician Signature

If you have any questions about these activities, please call me at (281) 756-3774.

Kevin Rogers  
Director - Alvin Community College Law Enforcement Academy

**TEXAS COMMISSION ON LAW ENFORCEMENT**  
**6330 E. Highway 290, STE. 200, Austin, Texas 78723-1035**  
**Phone: (512) 936-7700**  
<http://www.tcole.texas.gov>

**LICENSEE MEDICAL CONDITION DECLARATION (L-2) Commission Rule §217.1, 217.7**  
**INDIVIDUAL INFORMATION**

1. TCOLE PID	2. Last Name	3. First Name	4. M.I.	5. Suffix (Jr., etc.)
6. Home Mailing Address		7. City	8. State	9. Zip Code

**APPOINTMENT** (Do not check if student is in an academy)

10. <input type="checkbox"/> Initial Appointment, Never Licensed <input type="checkbox"/> License holder with more than a 180 day break in service	
11. <input type="checkbox"/> Peace Officer <input type="checkbox"/> Reserve Officer <input type="checkbox"/> County Jailer <input type="checkbox"/> Telecommunicator	

**DEPARTMENT / ACADEMY INFORMATION**

An agency hiring a person for whom a license is sought shall select the examining physician. The hiring agency shall maintain a copy of the report on file in a format readily accessible to the commission.

12. TCOLE Number	13. Appointing Agency or Academy
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**Attention Examining Professional:** The above information must be completed by the requesting agency prior to the examining professional completing and signing the L-2 form.

**INITIAL APPOINTMENTS:** Peace Officer (both exams), County Jailer (both exams), Telecommunicator (drug screen only).

**MORE THAN 180 day break in service:** Peace Officer, County Jailer, and Telecommunicator: Drug Screen ONLY.

I certify that I have completed my examination of the examinee, on this date and determine the examinee is found:			
<input type="checkbox"/> <b>MEDICAL EXAM</b> - To be physically sound and free from any defect which may adversely affect the performance of duty appropriate to the type of license sought.			
<input type="checkbox"/> Physician <input type="checkbox"/> Physician's Assistant <input type="checkbox"/> Nurse Practitioner (State License # not required)			
14. Name (type or print)		15. License No	
16. Street Address			
17. City		18. State	19. Zip Code
20. Phone Number			
21. Date of Examination	22. Signature		23. Date
I certify that I have completed my examination of the examinee, on this date and determine the examinee is found:			
<input type="checkbox"/> <b>DRUG SCREEN</b> - To show no trace of drug dependency or illegal drug use after a physical examination, blood test or other medical test.			
<input type="checkbox"/> Physician <input type="checkbox"/> Physician's Assistant <input type="checkbox"/> Nurse Practitioner (State License # not required) <input type="checkbox"/> DoT Provider			
24. Name (type or print)		25. License No	
26. Street Address			
27. City		28. State	29. Zip Code
30. Phone Number			
31. Date of Examination	32. Signature		33. Date

**THIS DECLARATION IS NOT PUBLIC INFORMATION PER TEXAS OCCUPATIONS CODE 1701.306. VALID FOR 180 DAYS FROM GRADUATION DATE OF ACADEMY, IF ACCEPTED BY APPOINTING AGENCY OR VALID FOR 180 DAYS FROM DATE SIGNED UNLESS WITHDRAWN OR INVALIDATED. MUST BE SIGNED BY A LICENSED PHYSICIAN, NURSE PRACTITIONER, or PHYSICIANS ASSISTANT WITH A VALID PHYSICIANS ID, or in the case of a DoT drug screen only, authorized DoT personnel.**



LAW ENFORCEMENT  
ACADEMY



**MEMORANDUM OF PSYCHOLOGICAL EXAMINATION  
L-3 SUPPLEMENT**

Dear Psychologist / Psychiatrist,

For the purpose of your examination of the Police Academy Cadet Candidate, who is presenting you this Memorandum of Psychological Examination, stating that during the Academy, the Cadet qualifies to enroll in a law enforcement training course.

The following are the requirements that must be met, according to TCOLE Rule 217.1 (B)(2). “the individual has been examined by a psychologist, selected by the appointing, employing agency, or the academy, who is licensed by the Texas State Board of Examiners of Psychologists. This examination may also be conducted by a psychiatrist licensed by the Texas Medical Board. The psychologist or psychiatrist must be familiar with the duties appropriate to the type of license sought. The individual must be declared by that professional, on a form prescribed by the commission, to be in satisfactory psychological and emotional health to serve as the type of officer for which the license is sought. The examination must be conducted pursuant to professionally recognized standards and methods. The examination process must consist of a review of a job description for the position sought; review of any personal history statements; review of any background documents; at least two instruments, one which measures personality traits and one which measures psychopathology; and a face to face interview conducted after the instruments have been scored. The individual must be declared by that professional, on a form prescribed by the commission, within 180 days before the date of enrollment, acceptance, or entry into the licensing course.

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Examining Psychologist / Psychiatrist Signature

If you have any questions about these activities, please call me at (281) 756-3774.

Kevin Rogers  
Director - Alvin Community College Law Enforcement Academy

# TEXAS COMMISSION ON LAW ENFORCEMENT

6330 E. Highway 290, STE 200, Austin, Texas 78723-1035

Phone: (512) 936-7700

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## LICENSEE PSYCHOLOGICAL AND EMOTIONAL HEALTH DECLARATION (L-3) Commission Rule 217.01, 217.1, 217.7, 221.35

### INDIVIDUAL INFORMATION

1. TCOLE PID	2. Last Name	3. First Name	4. M.I.	5. Suffix (Jr., etc.)
6. Home Mailing Address		7. City	8. State	9. Zip Code

Is this exam for a student enrolling in an academy? ☐ Yes ☐ No.

If yes, check one ☐ Peace Officer ☐ County Corrections ☐ Telecommunicators ☐ School Marshal

**Attention Requesting Agency:** State Law and Commission Rule require that this psychological examination be performed by a **licensed psychologist** or a **psychiatrist** except in an exceptional circumstance when, upon prior approval by the Commission, it may be performed by a qualified licensed physician. The Chief Administrator of the requesting agency must request prior approval in writing and must receive specific written approval before an examination under exceptional circumstances is acceptable.

### APPOINTMENT (Do not check if student)

10. <input type="checkbox"/> Peace Officer <input type="checkbox"/> Reserve Officer <input type="checkbox"/> County Jailer <input type="checkbox"/> Telecommunicator <input type="checkbox"/> School Marshal <input type="checkbox"/> Juvenile Probation Officer <input type="checkbox"/> Public Security Off.
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### ACADEMY / DEPARTMENT INFORMATION

11. TCOLE Number	12. Agency/Academy Name	13. Mailing Address		
14. City	15. County	16. Zip Code	17. Phone Number	

**Attention Examining Professional:** State Law and Commission Rule require that this psychological examination be performed by a **licensed psychologist** or a **psychiatrist** except in an exceptional circumstance when, upon prior approval by the Commission, it may be performed by a qualified licensed physician. The agency must request prior approval in writing and must receive specific written approval before an examination under exceptional circumstances is acceptable.

### STATEMENT OF EXAMINER: (Please check the appropriate box and provide the requested information)

I am a ☐ **Licensed Psychologist**, ☐ **Psychiatrist**, and I certify that I have completed a psychological examination of the above named individual pursuant to professionally recognized standards and methods. I have concluded that, on this date, the individual IS in satisfactory psychological and emotional health to perform the duties, accept the responsibilities and meet the qualifications established by the appointing agency.

Examiner: \_\_\_\_\_  
Name (type or print) State License Number

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

Phone Number: \_\_\_\_\_ Date of Examination(s) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

THIS DECLARATION IS NOT PUBLIC INFORMATION AND IS VALID UNLESS WITHDRAWN OR INVALIDATED, AND IS VALID ONLY IF SIGNED BY A LICENSED PSYCHOLOGIST OR PHYSICIAN.



## LAW ENFORCEMENT ACADEMY



### FACILITIES

#### **Physical Exam and 10 panel drug screen (L-2 Form)**

Nova Medical Centers 281-922-9500  
Concentra Medical Group 713.944.4442

Veterans may use the VA doctors

#### **Psychological Exam (L-3 Form)**

Dennis McGuire PhD  
115 North Dixie Dr.# 250  
Lake Jackson, TX 77566  
979-299-1590

Victor Hirsch PhD  
1025 E. Main, St. 100  
League City, TX 77573  
281-332-3852

Dr. Rion Hart  
16864 Royal Crest Dr.  
Houston, TX 77058  
281-488-5515

Dr. Vincent Ruscelli  
16815 Royal Crest, Suite 100  
Houston, Texas 77058  
281-338-1382

**\*Psychologist must meet TCOLE standards and be certified to sign L3. We highly recommend that you use one from our list.**



## LAW ENFORCEMENT ACADEMY



### UNIFORMS

Academy uniforms should be purchased from the vendor below:

CopStop  
6831 Broadway Street F  
Pearland, Texas 77581  
281-412-7358

Hours: Monday-Friday 9am-7pm, Saturday 10am-5pm

[www.copstop.com](http://www.copstop.com)

Style:	Dept. Price
<b>DutyMan Buckless Belt (Min Qty 1) #1211</b>	
30-44	\$31.00
46-52	\$37.00
54+	\$39.00
<b>CS Charcoal Polo (Min Qty 2) CS410 (male)/CS411 (female)</b>	
SM-XL	\$34.00
2XL	\$36.00
3XL	\$39.00
4XL	\$42.00
<b>ADDITIONAL CHARGE FOR NAME &amp; LOGO EMBROIDERY - PER POLO</b>	<b>\$22.00</b>
<b>Propper Tactical Pant (Min Qty 2) F5252 (male)/F5295 (female)</b>	
all sizes	\$49.00
<b>DutyMan Belt (Min Qty 1) #750</b>	
SM-LG	\$59.00
XL-3XL	\$68.00
<b>Heroes Pride Keepers (Min Qty 1) #1652</b>	\$14.00
<b>PT Shirt Black (Min Qty 2) ACC LEA PT Shirt</b>	
SM-XL	\$26.00
2XL	\$29.00
3XL	\$32.00
<b>PT Short-Black (Min Qty 2) ACC LEA PT Short</b>	
SM-XL	\$20.00
2XL	\$24.00
3XL	\$26.00