

Alfred State

Peace Officer Course 2026

Registration Form – Peace Officer Course

CADET INFORMATION

Full Name: (please print) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Email Address: _____

Home Phone: _____ Social Security Number: _____

Date of Birth: _____ Legal Gender: Male _____ Female: _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Prior Police Experience: yes/no _____ Agency: (if applicable) _____

Prior Military Experience: yes/no _____ Branch: (if applicable) _____

Do you or have you possessed certification in the following areas:

Paramedic: _____ State: _____ Certification No: _____ Exp. Date: _____

EMT: _____ State: _____ Certification No: _____ Exp. Date: _____

CPR: _____ State: _____ Certification No: _____ Exp. Date: _____

Do you hold any professional or trade licenses or certifications: yes/no _____

If yes, list, describe and include expiration dates if Possible:

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Medical and Exercise Profile

Name: _____

Rate yourself on a scale of 1 to 5 (1 indicating the lowest value and 5 the highest)

Characterize you present athletic ability 1 2 3 4 5

Characterize your present muscular capacity: 1 2 3 4 5

Characterize your present flexibility capacity: 1 2 3 4 5

Characterize your present cardiovascular capacity: 1 2 3 4 5

What sports do you play? _____

What sports injuries do you have? _____

Please circle yes/no to the following questions:

1. Has your doctor ever said you have a heart condition or recommended only medically supervised activity? Yes/No
2. Do you have chest pains brought on by physical activity? Yes/No
3. Have you developed chest pains any time in the last month? Yes/No
4. Do you tend to lose consciousness or have spells of dizziness? Yes/No
5. Do you have bone/joint problems that could be aggravated by physical activity? Yes/No
6. Have you ever been prescribed medication for High Blood pressure or for a heart condition? Yes/No If Yes describe: _____
7. Are you aware, through your own experience or a doctor's advice, of any other physical reason against exercising without medical supervision? Yes/No
If yes describe: _____

Please check the appropriate space if you have any of these conditions and if they would limit you participation in physical activity:

allergies family history of heart disease high cholesterol arthritis

dizzy spells or faintness pregnant diabetes asthma hernia

migraines/headaches diabetes obesity (more than 25 lbs)

a smoking habit other: _____

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Do you take medication on a regular basis? Yes/No

If yes what type: _____

I am aware of my medical profile. I agree not to hold my instructor or the Alfred State Peace Officer Academy or Alfred State College liable for any injury or illness sustained by me as a result of participation in the program.

Signature: _____ ***Date:*** _____

Physicians Statement

I have examined the following Peace Officer Candidate: _____

I understand that job qualifications to all Peace Officer programs require that the candidate be able to function at a higher physical condition. I also understand that for the candidate to successfully complete the Peace Officer program, he/she will be required to participate in defensive tactics training which is an intense hands on training.

I find the cadet to be physically able to participate in the defensive tactics training required by Peace Officers.

Physician's signature: _____

Date: _____

Please Print the following:

Physician's Name: _____

Office Address: _____

Office Phone Number: _____

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Liability Waiver

All participants in programs and opportunities provided by Alfred State are exposed to the possibility of physical injury due to the nature of these activities. Participants accept this risk and responsibility as their own by choosing to participate in these activities. By so participating, each participant waives and releases any and all rights and claims for damages that the participant, and his/her heirs or successors, may have resulting from the participant's participation in Alfred State programs and opportunities.

Date: _____

Class: Alfred State Police Academy Basic Course for Peace Officer

Participants Name: _____

Participants Signature: _____

Agency Name: _____

Agency Address: _____

Agency Phone: _____ Fax: _____

Agency Email: _____

Agency Contact Person: _____

Alfred State Peace Officer Course

Peace Officer Course Cost Estimate:

Course \$3000

Housing (optional) \$300*

Meals (optional) \$600**

\$3900

***Housing is available on campus for \$50 per week. Cadets who leave the program for any reason will not be refunded any portion of their housing fee.**

**** Participants are responsible for their own meals. The on-campus housing option includes a kitchen for meal preparation, full bath, living room and separate bedrooms. This includes an estimate of \$20 per day for the average 6-week course.**

\$3000 Price includes:

1. Full course programming/instruction/PL, CPL on flash drive
2. Course uniform (polo shirt, 1 pair BDU pants)
3. 1st set of DT gear (1 T shirt)
4. Access to academy texts and resources

Price Does **NOT** include:

1. Additional DT gear (optional)
2. Boots (non-patented leather)
3. Black crew socks, black crew neck T shirts
4. Laptop (required)
5. Optional housing available - \$50 per week

Questions about the BCPO course can be directed to Scott Richardson or richarsa@alfredstate.edu or Tammy Edwards at 607-587-4017 edwardtl@alfredstate.edu

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Penalty for withdrawal and refund policy:

Please be aware of our withdrawal/dismissal refund policy as part of your application process. If you decided to withdraw or are dismissed from this program, you must meet the Director of the Police Academy for an exit interview and required withdrawal paperwork.

Refunds will be given as follows:

100% refund up until the first day of class (Prior to May 18, 2026, at 8:00am)

75% refund within the first week of class (between May 18 - 22, 2026)

50% refund within the second week of class (between May 25 -29, 2026)

0% refund after May 29, 2026 at 4:00pm

Your signature below ensures us that you read, understand, and agree to this policy stated above. There will be no exceptions to this policy.

Signature: _____ Date: _____

Emergency Contact Information

1st. Emergency Contact Person

Name: _____

Phone number: _____ Relationship to cadet: _____

Email: _____

2nd Emergency Contact Person

Name: _____

Phone number: _____ Relationship to cadet: _____

Email: _____

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Attendance Policy:

1. Failure of a Cadet to report to any duty assignment or class at the prescribed date and time will render the Cadet in an absent without leave status resulting in disciplinary action. Only the Academy Director, or his/her designee, may excuse a Cadet from any assigned duty or class.
2. A Cadet is considered late if not in the proper place at any assembly, formation or class session according to the time listed on the schedule published by the Academy or emails or communications issued by the Academy Director, or his/her designee.
3. No Cadet will leave the Academy without first obtaining the permission of the Academy Director, or his/her designee.
4. No extended leave of absence will be granted to a Cadet except in the case of an emergency. The Academy Director, or his/her designee, will determine what constitutes an emergency.
5. Any classes missed will be reported to DCJS as incomplete. Classes may be made up by the Cadet on their time at the *discretion* of the Academy Director. Repeated absences may result in dismissal from the Academy. Completion of the following classes are **mandatory** and failure to complete them may result in dismissal from the Academy:

PENAL LAW

CRIMINAL PROCEDURE LAW

VEHICLE AND TRAFFIC LAW

ARTICLE 35 – USE OF FORCE

PHYSICAL TRAINING

DEFENSIVE TACTICS

Your signature below ensures that you have understood and agree to the policy stated above.

There will be no exceptions to this policy.

Signature: _____ Date: _____

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Affirmation - this affidavit must be signed and sworn to by the applicant before a Notary Public.

I, _____, under penalty of perjury do hereby affirm that to the best of my knowledge and belief the information contained in my cadet registration package is true and accurate.

I understand that any omission or false and inaccurate information could be punishable as a class A misdemeanor pursuant to section 210.45 of the New York State Penal Law and could be deemed sufficient reason for disqualification of my application to the Alfred State Police Academy.

Cadet Signature: _____

State of _____

County of _____

On this _____ of _____ 20____ before me personally appeared acknowledged to be the person described in and who executed the foregoing consent and who acknowledged to me that he/she executed the same for the purpose therein stated.

Notary Signature/Stamp: _____

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Checklist: Please be sure you have enclosed the following forms and items when returning your application.

1. Application form – clearly printed, signed, and dated (page 1)
2. Medical and Exercise Profile – signed and dated (page 2)
3. Physicians Statement – signed by physician (page 3)
4. Liability Waiver – signed and dated (page 4)
5. Course Cost Estimate – (page 5)
6. Withdrawal and Refund Policy – signed and dated (page 6)
7. Emergency Contact Information – (page 6)
8. Attendance Policy – signed and dated (page 7)
9. Affirmation – signed and dated (page 8)

Mail completed packet to:

Alfred State Police Academy

10 Upper College Dr.

Alfred, NY 14802

Attn: Scott Richardson