



# MERCER COUNTY POLICE ACADEMY

WILL  
BE HOSTING:



## **BASIC COURSE FOR POLICE OFFICER (BCPO)**

**Course Description:** New Jersey Police Training Commission mandated Basic Course for Police Officer. Course topics include: Professional Development; Criminal Justice System; Police Community Relations; Law; Arrest, Search & Seizure; Use of Force; Communications; Vehicle Operations; Emergency Medical Care (1<sup>st</sup> Responder Certification); Weaponry and Unarmed Defensive Tactics; Patrol Concepts; Traffic & Motor Vehicle Law; Criminal Investigation; and Physical Fitness.

Upon receipt of a request for an open position, forms and applications will be sent to the requesting agency. Physician's medical certification, application and certificate of eligibility are all due ten (10) days prior to the start of the class. Periodic drug screening of ALL trainees is conducted during the course and a positive urine test will result in immediate dismissal. All weapons and ammunition are subject to approval of the Academy's Range Master.

**Prerequisite:** Applicants must be appointed as full-time employees of municipal, county or state law enforcement agencies and conform to all the standards prescribed by the New Jersey Police Training Commission.

**Date:** October 1, 2007- February 14, 2008 (20 weeks)  
February 15, 2008- Graduation

**Time:** 7:00 a.m. – 3:00 p.m.

**Fee:** \$500.00 (In-County), \$750.00 (Out of County)

**Instructor(s):** Mercer County Police Academy Staff and Adjunct Instructors

**Location:** Mercer County Police Academy, West Windsor Campus  
E/T Building, Room 206

**Register:** Complete this registration form and mail or fax to:  
**Mercer County Police Academy**  
**At Mercer County Community College**  
**Engineering and Technology Building 1st Floor Rm 131**  
**1200 Old Trenton Road, West Windsor, NJ 08690**  
**(609) 584-2302 office**  
**(609) 584-2306 fax**

**Please print clearly or type below.** (Make copies of this form for additional students)

NAME: \_\_\_\_\_ RANK: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_ PHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_ (Chief or Designee) \_\_\_\_\_ (Date)