



PHYSICAL ABILITIES TEST INFORMATION

Schedule

- The Physical Abilities Test (PAT) is administered by appointment only. Please email us at nac@mdc.edu to request your appointment date.
- The *Practice* PAT is also administered by appointment.
- Report 10 minutes before the scheduled time in front of Building 9.

Reporting Information

When reporting for the Physical Abilities Test, you **MUST** bring the following items:

- Completed Physician's Medical Consent Form (must be signed by a Physician and stamped)
- Physical Ability Test Data Sheet
- Signed Liability Waiver
- Completed Visitor Entry Questionnaire
- Government Issued Picture ID (i.e. Driver's License)
- Receipt of payment from the Bursar's Office.

Making Payments

Candidates must pay for the Physical Abilities Test (PAT) with the Bursar's Office by following these steps:

STEP ONE – Complete the Online payment form at <https://www.mdc.edu/justice/physical-abilities-test.aspx>

STEP TWO – Click on the "Submit" button once you have filled out the form.

STEP THREE – Log in to your email to verify your signature.

STEP FOUR – Call the North Campus, Bursar's Office to make your payment.

Bursar's Office Phone: 305-237-9310

*Select Option #1 for North Campus

Bursar's Office Hours: 8:00AM to 7:00PM

Mon – Thurs 8:00AM to 4:30PM Friday

STEP FIVE – Email a copy of the payment receipt you got from the Bursar's Office, your completed Physician Consent Form, Visitor Entry Questionnaire, and Liability Waiver to nac@mdc.edu to schedule your PAT test date. NOTE - If testing for another law enforcement agency, it is the responsibility of the applicant to check that they accept the PAT from Miami Dade College.

Candidates will *not* be allowed to participate in the Practice PAT or PAT without the aforementioned items.

No Exceptions.

Fees

All Physical Ability Test Fees are non-refundable and non-transferable.

- \$30—Physical Abilities Test
- \$45—Physical Abilities Test and Practice PAT

Test results are on a pass/fail basis and will be provided to candidates immediately following the test.

For more information on Physical Abilities Testing, please contact

The Assessment Center:

(305) 237-1476

nac@mdc.edu

**PHYSICIAN'S MEDICAL CONSENT FORM
TO PARTICIPATE IN BASIC PHYSICAL ABILITY TEST**

Dear Physician:

RE:

Last Name: _____ First Name: _____ Mi.: _____

Last 4 Digits SSN: _____ Agency: _____

This letter is to inform you of the above named applicant's intention to participate in the Pre-Academy Physical Ability Test. The primary goal of this test is to determine if the applicant is capable of performing MINIMUM standards appropriate for Law Enforcement/Corrections.

The test will consist of a series of job-related physical performance tests that are designed to measure balance, flexibility, muscular endurance and strength, anaerobic capacity, and fine motor skills. These tests will require MAXIMUM effort and will include the following activities:

- A. Exit vehicle distance
- B. 220 yard run
- C. Obstacle course
(40 inch Police barricade,
Hurdles 24/12/18 inches,
Pylon zig-zag, low crawl)
- D. Dummy drag (150 lbs.) 100 ft.
- E. Obstacle course (repeat)
- F. 220 yard run (repeat)
- G. Revolver trigger pull (6 each hand)
- H. Re-enter vehicle

PHYSICIAN PLEASE COMPLETE THE FOLLOWING SECTION

I have examined the above named applicant and evaluated his/her medical history. On the basis of my evaluation, I recommend that:

_____ Subject can participate without restrictions.

_____ Participation is not advisable at this time.

Signature of Physician: _____ Date: _____

Office Address: _____ Telephone #: _____

License Number: _____



Physician's Stamp

If you have any further questions please contact me at (305) 237- 8292
Training Advisor Lloyd Mitchell
Physical Fitness Coordinator
Room # 8202-6

LOCAL PHYSICIAN INFORMATION

Criminal Justice Testing Center for Law Enforcement & Correctional Officers

Notice to Applications: If you do not have your own physician – Medical Doctor (M.D.), or Doctor of Osteopathy (D.O.), licensed in the State of Florida, you may choose to contact one of the physicians listed on this page.

1. Call physician's office for an appointment. The customary charge is \$15 - \$25.
2. When making an appointment, inform the physician that you are an applicant from Miami Dade College, Criminal Justice Testing Center.
3. Request Physician to complete and sign the "PHYSICIAN'S STATEMENT FORM" on the reverse side of this page.

Juan A Enriquez MD
Clinic Center
3800 West 12th Avenue
Hialeah, FL 33012
305-557-7777

Mon-Tues-Thurs 9:00 a.m. – 5:00 p.m.
Friday 9:00 a.m. – 3:00 p.m.

Family Medical Clinic (FMC)

9000 SW 137 Avenue
Miami, Florida 33186
305-603-7824

Mon-Thurs: 9 a.m.- 7p.m
Friday: 9:00 a.m. – 4:00 p.m.
Saturday: 9:00 a.m. – 3:00 p.m.

Urgent Family Care

5673 SW 137th Ave
Miami, FL 33183
(305) 385-3949

Dates: Monday-Friday
Hours: 8:00 a.m.-8:00 p.m.



Miami Dade College Assessment Center
 11380 N.W. 27TH Avenue RM 8324
 Miami, FL 33147
 (305) 237-1476
 NAC@MDC.EDU



JOB RELATED PHYSICAL ABILITY TEST
TESTING DATA SHEET

Law Enforcement

Test Date: _____

Corrections

Agency: _____ Independent: _____

Name: _____ Social Security #: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Age: _____ Height: _____ Weight: _____

Race: _____ Male Female

NOTE: PHOTO I.D. MUST BE PRESENTED UPON REQUEST

I, _____, in consideration of being allowed to take the job related test, do hereby agree and a vow that I shall not hold liable the school of Justice should I incur any injuries or disabilities. I have been orientated to the course, given the opportunity to view a video tape of the course, and have had any questions satisfactorily answered regarding the test.

Date

Signature

Retest

Test

Test Score: _____ / _____ Evaluation: Pass/ Fail

Test administrator's Initials: (1) _____ (2) _____

Comments and Observations: _____

Training Advisor Lloyd Mitchell
Physical Fitness Coordinator

INTRODUCTION

The Physical Ability test you are about to take requires a maximum effort. The time it takes to complete the test be recorded as your test effort. Pacing yourself will be important for the successful completion of the test.

FLUIDS:

Consume plenty of fluids 2-3 days prior to testing. Consume a light meal 2-3 hours prior to testing.

YOUR BEST EFFORT IS ENCOURAGED!

PACE YOURSELF AND GOOD LUCK!

The Physical Abilities Test (PAT) is administered on MDC North Campus, outside of Building 9. The cost is \$30 for the test and \$45 for the test and practice. These fees must be PRE-PAID with the Bursar's Office before the test. Contact the Assessment Center to schedule your appointment.

The PAT measures specific physical abilities through participation in a series of tasks which are listed as follows:

1. Exit vehicle
2. 220 yard run
3. Obstacle course:
 - a. 40 inch barricade climb
 - b. 24 inch, 12 inch, and 18 inch hurdles
 - c. Serpentine (9 cones)
 - d. Low crawl
4. Dummy drag (150 lbs.) for 100 yards
5. Repeat obstacle course
6. Repeat 220 yard run
7. Open trunk
8. Trigger Pull using "Dry-fire- Safe gun" (6 finger pulls with each hand)
9. Enter trunk and replace the "Dry-fire- Safe gun" and a police radio / re-enter vehicle

The test is conducted in a continuous manner resulting in a total composite score.

EVALUATION:

Above course must be completed in a time of 6 minutes 4 seconds or less.

PASS or **FAIL**



MDC Assessment Center Visitor Entry Questionnaire

The safety of our employees, students, and visitors remain the Assessment Centers (AC) overriding priority. To prevent the spread of COVID-19 and reduce the potential risk of exposure to our employees and visitors, we are conducting a simple screening questionnaire. Your participation is important to help us take precautionary measures to protect you and everyone in the facilities in accordance with CDC guidelines. Thank you for your cooperation.

Visitor's Name:	Personal Phone Number (mobile/home)
Reason for visit:	Person(s) You Are Meeting With:
Email Address:	

Self-Declaration by Visitor	
1	Have you returned from any country outside of the US within the last 14 days? Yes <input type="checkbox"/> No <input type="checkbox"/>
2	Have you had close contact with or cared for someone diagnosed with COVID-19 within the last 14 days? Yes <input type="checkbox"/> No <input type="checkbox"/>
3	Have you been in close contact with anyone who has traveled within the last 14 days to any country outside of the US? Yes <input type="checkbox"/> No <input type="checkbox"/>
4	Have you experienced any cold or flu-like symptoms in the last 14 days (to include fever, cough, sore throat, respiratory illness, difficulty breathing)? Yes <input type="checkbox"/> No <input type="checkbox"/>

If the answer is "yes" to any of the questions, we will postpone your appointment for 14 days.

Signature (visitor): _____ Date: _____

Any questions should be directed to knewness@mdc.edu.



THE ASSESSMENT CENTER
Miami Dade College
School of Justice, Public Safety,
and Law Studies
(305) 237-8012
nac@mdc.edu

LIABILITY WAIVER
PHYSICAL ABILITIES TEST
LAW ENFORCEMENT

I, _____, do hereby agree to release Miami Dade College, The School of Justice Department, The Assessment Center, and all employees thereof, from any and all claims and liability for personal injury or damages arising from my activities while performing the Law Enforcement Physical Ability Test on the premises of Miami Dade College, North Campus.

By my execution here of this _____ day of _____, 20____, I hereby certify I have read and understand the above agreement.

Signature

Date

Name (Printed)

Address

City, State, Zip

Last Four Digits of SSN

Primary Phone Number

In case of emergency, please contact:

Name of Contact Person

Phone number of Contact Person