



**THE ASSESSMENT CENTER**  
Miami Dade College  
School of Justice  
Public Safety, and Law Studies

## **PHYSICAL ABILITIES TEST INFORMATION**

### **Schedule**

The Physical Abilities Test (PAT) is administered every Tuesday and Thursday at 9:00 AM at Miami Dade College North Campus by appointment only. Please send email [nac@mdc.edu](mailto:nac@mdc.edu) to request your appointment date. 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 (included in package):

- Completed Physician's Medical Consent Form (must be signed by a Physician)
- Physical Abilities Test Data Sheet
- Signed Liability Waiver
- Government Issued Picture ID (i.e., Driver's License)
- Payment form and receipt from the Bursar's Office

**North Campus, Building 1, Room 1154**

**Telephone Number: (305) 237-9310**

**Email - [northbursars@mdc.edu](mailto:northbursars@mdc.edu)**

**Hours: Mon—Thurs 8:00 A.M.—7:00 P.M.; Fri 8:00 A.M.—4:30 P.M.**

**Candidates will not be allowed to participate in the Practice PAT or PAT without and appointment or without the aforementioned items. No Exceptions.**

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

**For more information on Physical Abilities Test, please contact The Assessment Center:**

(305) 237-1476 | [nac@mdc.edu](mailto:nac@mdc.edu)



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

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Mi.: \_\_\_\_\_

Last Four # SSN: \_\_\_\_\_ Agency: \_\_\_\_\_

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

### **COMPONENTS OF THE PHYSICAL ABILITIES TEST (PAT)**

#### **Part 1:**

##### **Phase A**

- Push-Ups: Pass or Fail
  - Objective: Evaluate upper body strength and endurance
  - Requirements: Candidates must complete 10 push-ups without pause
- Sit-Ups: Pass or Fail
  - Objective: Assess core strength and endurance.
  - Requirement: Candidates must complete 15 assisted sit-ups within 45 seconds

##### **Phase B**

- Half-Mile Run: Pass or Fail
  - Objective: Evaluate cardiovascular endurance and speed
  - Requirement: Candidates must complete a half-mile run within 6 minutes and 30 seconds

##### **Phase C**

- Obstacle Course: Pass or Fail
  - Objective: Assess candidates' agility, coordination, and problem-solving skills
  - Requirement: Candidates must navigate through a series of obstacles within 3 minutes (traverse)

#### **Part 2: (must be completed same day of passing Part 1 (above) of the PAT or within 30 days thereafter)**

##### **Phase A**

- Swim Test: Pass or Fail
  - Objective: Evaluate swimming ability
  - Requirements: When instructed by the instructor, the candidate will push off the wall and swim 25 yards to the opposite side of the pool. Upon reaching the other side, the candidate will touch the wall, immediately turn around, push off the wall again, and swim 25 yards back.
- Disqualifiers for the swim test
  - If the applicant touches the bottom of the pool at any point during the swim test.
  - If the applicant uses the lane divider for support at any time.
  - If the applicant hangs on the wall for more than 5 seconds while turning around to swim back.
  - If the applicant does not follow the instructions of instructors.
- Additional Information
  - The applicant may swim using any stroke.
  - The following items are the only ones allowed:
    - Swim goggles (goggles that cover only the eyes), swim cap, earplugs, nose plugs

**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: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Physician License Number: \_\_\_\_\_

Licensing State \_\_\_\_\_

Office Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

\_\_\_\_\_  
Physician's Stamp

## HOW TO PREPARE FOR THE PHYSICAL ABILITIES TEST (PAT)

The Physical Abilities Test (PAT) you are about to take requires maximum effort. The time it takes to complete the test will be recorded as your test effort. Pacing yourself will be important for the successful completion of the test. Proper preparation is imperative to ensure your success. The PAT serves as a vital component of the selection process for candidates applying for the Basic Law Enforcement.

### HYDRATION AND NUTRITION

It is recommended to take ample fluid two to three days prior to testing. Consume a light meal two-to-three hours prior to testing to maintain energy level.

### STRIVE FOR EXCELLENCE

Remember, your optimal performance is encouraged. Manage your pace cautiously and best of luck.

### OBJECTIVES

1. To assess candidates' agility, strength, and endurance
2. To ensure candidates possess the physical capabilities necessary for succeeding in the Basic Law Enforcement Physical Conditioning program

### **Part 1:**

#### Phase A

- Push-Ups: Pass or Fail
  - Objective: Evaluate upper body strength and endurance
  - Requirements: Candidates must complete 10 push-ups without pause
- Sit-Ups: Pass or Fail
  - Objective: Assess core strength and endurance.
  - Requirement: Candidates must complete 15 assisted sit-ups within 45 seconds

#### Phase B

- Half-Mile Run: Pass or Fail
  - Objective: Evaluate cardiovascular endurance and speed
  - Requirement: Candidates must complete a half-mile run within 6 minutes and 30 seconds

#### Phase C

- Obstacle Course: Pass or Fail
  - Objective: Assess candidates' agility, coordination, and problem-solving skills
  - Requirement: Candidates must navigate through a series of obstacles within 3 minutes (traverse)

### **Part 2 (must be completed same day of passing Part 1 (above) of the PAT or within 30 days thereafter)**

#### Phase A

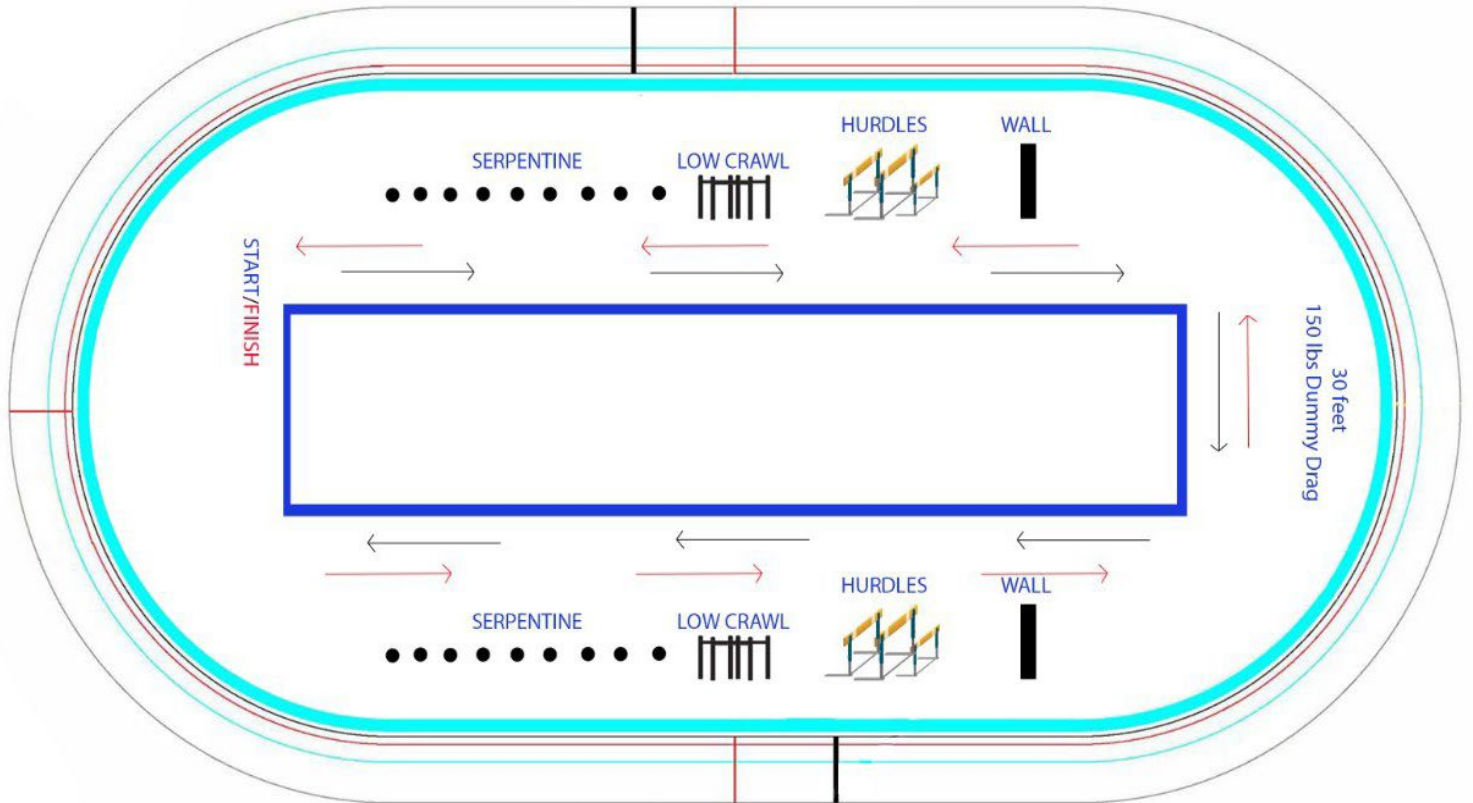
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## **EVALUATION:**

1. The PAT will be administered by trained personnel in a controlled environment
2. Each component will be timed and scored according to predefined criteria
3. Candidates will be provided with clear instructions and demonstrations before undertaking each task
4. Candidates will be given 3 attempts to pass these physical abilities test. Failure to pass the PAT test will result in the candidate being deferred to an opportunity to retake the PAT test and attend a BLE class provided later on.

The Physical Abilities Test outlined in this proposal is designed to ensure that the candidate is prepared for the 60- hour Basic Law Enforcement Physical Conditioning Program. By adhering to the outlined protocols, we aim to identify individuals who demonstrate the requisite agility, strength, and endurance necessary for success upon acceptance into the Basic Law Enforcement Program.

# PHYSICAL ABILITIES TEST (PART 1) COURSE LAYOUT





**JOB RELATED PHYSICAL ABILITIES TEST**  
**TESTING DATA SHEET**

Law Enforcement

Test Date: \_\_\_\_\_

Agency: \_\_\_\_\_ Independent: \_\_\_\_\_

Name: \_\_\_\_\_ Last Four # SSN : \_\_\_\_\_

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

**Stop here. Next section to be completed by Training Advisor**

**MDC, SOJ BLE Candidates – Evaluation**

- PASS
- FAIL
- Retest (Full PAT – Failed Part 1)
- Retest (Swimming Only – Passed Part 1)

**Independent / Sponsored Candidates – Evaluation**

- PASS (without Swimming)
  - PASS (with Swimming)
  - Retest (Full PAT – Failed Part 1)
  - Retest (Swimming Only – Passed Part 1)
- \*Agency does NOT require swimming portion. Candidate Signature: \_\_\_\_\_

Test administrator’s Initials: (1) \_\_\_\_\_ (2) \_\_\_\_\_

Date: \_\_\_\_\_

Comments and Observations: \_\_\_\_\_

\_\_\_\_\_  
Training Advisor Lloyd Mitchell  
Physical Fitness Coordinator



**THE ASSESSMENT CENTER**  
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(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 Abilities 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



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 nac@mdc.edu

# PAYMENT FORM

## PHYSICAL ABILITIES TEST

### LAW ENFORCEMENT

**Instructions**

- Step One - Complete all of the required fields below.
- Step Two - Once you are finished, save and print.
- Step Three - Visit the Bursar's Office to make the payment prior to your test.
  - North Campus, Building 1, Room 1154
  - Telephone: (305) 237-9310 – Select Option #1 for North Campus
  - Hours: Mon—Thurs 8:00 A.M.—7:00 P.M.; Fri 8:00 A.M.—4:30 P.M.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Last Four # SSN: \_\_\_\_\_

Email Address: \_\_\_\_\_

- Law Enforcement Physical Abilities Test (includes practice test) + Swimming (\$90.00)
- Law Enforcement Physical Abilities Test (practice test not included) + Swimming (\$80.00)
- Law Enforcement Physical Abilities Test + practice test included (no Swimming) (\$55.00)
- Law Enforcement Physical Abilities Test (practice test and swimming not included) (\$45.00)
- Swimming Test Only (\$45.00)
- Duplicate Test Results (\$15.00)
- Missed Appointment Fee (\$15.00)

I, \_\_\_\_\_ understand the following:

- The Physical Abilities Test fee **must** be paid prior to arriving at the testing site.
- It is my responsibility to call or visit the Bursar's Office to make my payment.
- Payment must be made by credit or debit card.
- All fees are **non-refundable and non-transferable.**
- Receipts are valid for **thirty (30) days** from payment date.

Candidate Signature: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Bursar's Authorization to Collect Test Fee for Physical Abilities Test

ASSESSMENT CENTER						
QUAL	OPERATING UNIT	FUND CODE	ICS	DEPT ID	CAMPUS CENTER	GL CODE
N31201	NH01	301	4A22001	350090	1000	40920

Payment Receipt \_\_\_\_\_ Cashier Name \_\_\_\_\_

Cashier Signature \_\_\_\_\_ Date: \_\_\_\_\_

AC Staff \_\_\_\_\_ Date: \_\_\_\_\_

