



Law Enforcement Training Center
Emergency Services Div., Woodfin Campus
24 Canoe Ln. Asheville NC 28804

Basic Law Enforcement Training (BLET) Enrollment Information

Begin the process at <https://www.abtech.edu/admissions/admissions-overview> . Click “Apply Now” and complete the online AB Tech College Application. Applicant will complete the college Financial Responsibility Agreement and a residency determination and obtain a Residency Certification Number (RCN) which is needed to complete the application and enrollment process. If you already have an RCN, you will be prompted to enter it during the enrollment process. **Regardless of previous AB Tech attendance, each applicant must complete both the online and written registrations.** For more information about the residency requirement, please visit www.ncresidency.org .

Required Enrollment Documentation (Ref. 12 NCAC 9B .0203)

- Valid Driver’s License, Birth Certificate (Original or certified copy), and Social Security Card
- Candidate Data Sheet
- Official (sealed) transcripts indicating high school completion. Documentation from a high school correspondence course through a for-profit entity is NOT acceptable.
 - Sealed transcripts should be either hand-delivered when the enrollment packet is submitted **OR** mailed directly to:
AB Tech / Woodfin
Attn: Marty A. McNeely
Director, Law Enforcement Training
24 Canoe Lane
Asheville NC 28804
- College transcripts (Optional, may be submitted as an unofficial copy).
- DD214: Certificate of Release or Discharge from Active Duty (If applicable)*
- Certified Criminal Records Checks from all counties and states of residence since age 16, including military service
- Copy of Driving History from all states of residence since age 16, including military service. This can be an unofficial copy obtained from the NC DMV website.
- TABE results indicating minimum 10th grade reading level (See TABE information below)
- AB Tech Application for Admission form (required in addition to the online application)
- AB Tech Release of Information (FERPA) form



Law Enforcement Training Center
Emergency Services Div., Woodfin Campus
24 Canoe Ln. Asheville NC 28804

- BLET Sponsorship form (Required by NC Administrative Code)
- Americans with Disabilities Act (ADA) Reasonable Accommodation Request form
- F1(LE): Medical History Statement
- F2(LE): Medical Examination Statement
- F3(LE): Law Enforcement Personal History Statement
- Medical Release and Questionnaire (AB Tech form; not part of F1(LE) & F2(LE))
- AB Tech Release Agreement / Waiver of Liability form

Information Disclosure

AB Tech is committed to creating an environment of respect, integrity and support for every student. It strives to create a safe, diverse, and inclusive academic environment, and honors the candidate's right to privacy under The Family Educational Rights and Privacy Act, or FERPA (20 U.S.C. § 1232g; 34 CFR Part 99). The BLET School Director is required by NC Administrative Code to provide to NC Criminal Justice Education and Training Standards Commission certain pieces of candidate information, and discloses such information in accordance with college policy and applicable statutes.

TABE Testing for BLET

BLET applicants must pass a reading comprehension test at 10th grade level or higher within twelve months of the BLET course start date. To schedule a TABE test appointment, contact:

- Cindy Ingle at AB Tech / Woodfin (828-782-2355) cynthiaringle@abtech.edu
- Director Marty McNeely (828-782-2841) martyamcneely@abtech.edu

Program Acceptance

Maximum class capacity is determined by the NC Criminal Justice Education and Training Standards Commission. Qualified applicants are accepted into the BLET program on a first-come, first-served basis, with those currently employed by a law enforcement agency being given priority consideration. Once deemed qualified for admission, the candidate will receive information on textbooks, uniforms, and other relevant matters. Contact Cindy Ingle at (828) 782-2355 to schedule an appointment with BLET staff to review and submit your completed BLET enrollment packet at least three (3) weeks prior to the scheduled start date. Incomplete, late-submitted, or falsified packets may be declined at the discretion of the School Director.



Law Enforcement Training Center
Emergency Services Div., Woodfin Campus
24 Canoe Ln. Asheville NC 28804



Law Enforcement Training Center
Emergency Services Div., Woodfin Campus
24 Canoe Ln. Asheville NC 28804

Candidate Name _____

Preferred course: Year _____ Spring / Fall Day / Night

- _____ Candidate Data Sheet
- _____ Valid Driver's License* _____ Birth Certificate* _____ Social Security Card*
- _____ TABE results: minimum 10th grade reading level (completed within 12 months of course start)
- _____ AB Tech Application for Admission (AB Tech online registration and Residency Certification also)
- _____ Americans with Disabilities Act (ADA) Reasonable Accommodation Request
- _____ AB Tech Release of Student Information (FERPA)
- _____ BLET Sponsorship Form
- _____ High School transcripts (Sealed, official copy)
- _____ Copy of HS diploma or equivalent credential (OPTIONAL)
- _____ College transcripts (OPTIONAL)
- _____ DD214: Certificate of Release or Discharge from Active Duty (If applicable) *
- _____ Certified Copy of Criminal Records Check (all counties / states of residence since age 16)
- _____ Copy of Driving History (all states of residence since age 16)
- _____ F1(LE): Medical History Statement (Signed / dated by candidate and Medical Professional)
- _____ F2(LE): Medical Examination Statement (Signed / dated by Medical Professional)
- _____ F3(LE): Law Enforcement Personal History Statement (Does NOT need to be notarized)
- _____ Medical and Tuberculosis Questionnaire (AB Tech form; not part of F1{LE} & F2{LE})
- _____ AB Tech Release Agreement / Waiver of Liability



Law Enforcement Training Center
Emergency Services Div., Woodfin Campus
24 Canoe Ln. Asheville NC 28804

BLET Candidate Data Form

**Disclosure of information is voluntary. Information is maintained for instructor access and use course-related matters. Information is shared only for course-related or emergency purposes.*

Name _____
Last First Middle

Date of Birth _____ Last 4 SSN _____

Physical Home Address _____

City, State and Zip _____

Mailing Address (If different than above) _____

City, State and Zip _____

Home phone () _____ Cell phone () _____

Email _____

Emergency Contact

Name _____ Phone _____

Relationship _____

Residency Confirmation Number _____

Sponsoring Agency _____



Asheville-Buncombe Technical Community College Application for Admission

Colleague ID _____

340 Victoria Road, Asheville, NC 28801 (828) 398-7900 website: www.abtech.edu

Notice: If any of this information changes, notify the Admissions Office immediately. Information on race and gender is optional and used for statistical purposes only. Answer all questions completely and accurately and sign. Incomplete forms may delay your acceptance.

PLEASE PRINT: NAME _____

LAST

FIRST

MIDDLE or MAIDEN

ADDRESS _____

CITY

STATE

ZIP CODE

COUNTY (if in NC) HOME TELEPHONE WORK OR CELL TELEPHONE (optional, circle which one) EMAIL ADDRESS (Required)

BIRTHDATE / /

Month Day Year

GENDER: F M

Are you Hispanic or Latino? Yes No [Not Required To Answer - Used for statistical data only] (Hispanic/Latino: Mexican, Puerto Rican, Cuban, Central or South American or other Spanish origin or culture, regardless of race)

RACE (Circle One or More)[Not Required To Answer - Used for statistical data only]: 1. American Indian/Alaskan 2.Asian 3. Black or African American 4. Native Hawaiian or Other Pacific Islander 5. White

Expected Entrance Date: Year Fall Spring Summer Admissions Status (Check one) First time Freshman Returning Student

What is your main educational goal at A-B Tech (Circle one of the items below) Still in High School Transfer Student

[GR] To obtain an associate degree, a diploma, or a certificate [EN] To enhance my job skills for a new field of work [PE] To take courses for personal enrichment and interest

[EP] To enhance my job skills in my present field of work [TR] To take courses to transfer to another college [GU] Unknown / Undecided

Status (Circle One): United States Citizen Permanent Resident Alien Non-Immigrant Alien

Residency: Foreign Country of Origin _____ Type of Visa (Please show Visa for our records) _____

Complete your NC Residency Determination application by going to www.ncresidency.org. Upon completion, you will be assigned a Residency Certification Number (RCN). You will need to submit your RCN along with this application to enroll at A-B Tech.

Please enter RCN: _____

Law Enforcement Training Center
Emergency Services Div., Woodfin Campus
24 Canoe Ln. Asheville NC 28804

SOCIAL SECURITY NUMBER _____ Your social security number is used as your unique identifier for the state residency system.



Law Enforcement Training Center
Emergency Services Div., Woodfin Campus
24 Canoe Ln. Asheville NC 28804

Military Service? Yes No If yes, which branch of service were you in?
 Air Force Army Coast Guard Marines National Guard Navy

Emergency Contact Name _____ Phone Number _____
Father's Highest Education Level: _____ Mother's Highest Education Level: _____

INSTITUTIONS ATTENDED INFORMATION

Last High School Attended: _____ State _____
Did you graduate (Circle one) Yes No Start Date _____ End Date _____ or Date expected to graduate _____
High School Status (Circle One): Adult High School Diploma* Certificate of Completion High School Equivalency (HSE)*
High School Graduate Not a High School Graduate Still in High School

* Where did you get your HSE or Adult High School Diploma _____ Date _____
Education Level: _____ Grade _____ Diploma _____ Associate Degree _____ Bachelor _____ Masters _____ Doctorate _____

College(s) Attended: _____ State _____ 2 yr or 4 yr _____ Did you graduate? _____ Dates Attended: _____

Circle your employment status: R-Retired UN-Unemployed E2-Employed Part-Time E4-Employed Full-Time
Have you ever taken any Continuing Education classes at A-B Tech CC _____ If yes, when _____
Do you plan to attend day, night or both _____ Intended Load (Circle one) Full time Part time

I certify that I am a graduate of an accredited high school, adult high school, HSE program or am 18 years old or older. I also certify that my responses are true to the best of my knowledge, pursuant to reasonable inquiry where needed, and I am aware that presentation of false information may result in denial of admission or dismissal after admission.

Signature _____ Date _____

Asheville-Buncombe Technical Community College is accredited by the Southern Association of Colleges and Schools Commission on Colleges to award associate degrees, diplomas and certificates. Contact the Commission on Colleges at 1866 Southern Lane, Decatur, Georgia 30033-4097 or call 404-679-4500 for questions about the accreditation of Asheville-Buncombe Technical Community College.

Throughout the year, A-B Tech's employees or agents may take photographs of students and school activities. These photographs may appear in various A-B Tech materials including A-B Tech's website, newsletters, brochures and other marketing and advertising materials. If you do not want your photograph or image to be included in these or other promotional materials, please contact A-B Tech Director of Community Relations & Marketing Kerr Glover at (828) 398-7117.



Law Enforcement Training Center
Emergency Services Div., Woodfin Campus
24 Canoe Ln. Asheville NC 28804

Americans with Disabilities Act (ADA) Request for Reasonable Accommodation

Asheville-Buncombe Technical Community College complies with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990, and abides by decisions of the NC Criminal Justice Education and Training Standards Commission to provide students with disabilities every reasonable opportunity to participate in commission-mandated courses. Applicants may request a reasonable accommodation for a diagnosed disability in order to attend training, and such requests must be submitted as soon as possible to the School Director and so that it may be forwarded to the Commission for review. AB Tech does not make pre-admission inquiries about an applicant’s disability, therefore, medical documentation of the disability and an explanation of the requested accommodation (written no more than 3 years prior to the date of request) must accompany the applicant’s written request so that the Commission can make an informed decision. Disclosure of disability information is voluntary, but failure to disclose may result in request being denied. Information will be provided to the NC Criminal Justice Education and Training Standards Commission, AB Tech Disability Services, and persons / entities as required by law to meet the applicant’s needs.

Applicants can get more information about disability services by contacting the Student Advising and Support Services office in the K. Ray Bailey Student Services Center on AB Tech’s Victoria Road (main) campus at 828-398-7581 or via e-mail at supportservices@abtech.edu.

_____ I wish to request a reasonable accommodation under the Americans with Disabilities Act and will provide sufficient documentation from a medical professional to the college or CJ Standards in support of this request.

_____ I do not wish to request a reasonable accommodation under the Americans with Disabilities Act.

Applicant print, sign and date _____

Witness print, sign and date _____



Law Enforcement Training Center
Emergency Services Div., Woodfin Campus
24 Canoe Ln. Asheville NC 28804

Release of Student Information

Student ID#: ___/___/___/___/___/___ Student Name: _____

By signing below, I authorize A-B Tech to release information regarding my student record to the individuals listed below. This includes (but is not limited to) information related to my class schedule, attendance, grades, advising, etc. I understand the individuals below must have my Student ID# in order to conduct any College business on my behalf, and it is my responsibility to provide this number to them. This release replaces all previous authorizations and is in effect from the date signed until I submit a request revising or revoking the release of information.

This form does *not* include the release of any financial aid information to individuals other than the student. Due to strict federal privacy guidelines related to the security of student financial information, A-B Tech will not release account-specific financial aid information to anyone other than the student.

Information may be released to the following individuals:

Name: _____	Relationship to me: _____
Name: _____	Relationship to me: _____
Name: _____	Relationship to me: _____
Name: _____	Relationship to me: _____

Student Signature

Date

Office Use Only
1. Check photo ID (required; form must be submitted by student)
2. Scan to Applications/4 Privacy

Revised 3/13/18



Law Enforcement Training Center
Emergency Services Div., Woodfin Campus
24 Canoe Ln. Asheville NC 28804

Basic Law Enforcement Training (BLET) Sponsorship Form

The below law enforcement agency agrees to sponsor the below applicant in a delivery of Basic Law Enforcement Training (BLET) at Asheville-Buncombe Technical Community College (AB Tech).

- Sponsorship neither implies nor guarantees an offer of future or continued employment with this or any other law enforcement agency. The sponsoring agency assumes no legal or financial responsibility to the applicant unless currently employed.
- A background check performed by or presented to the sponsoring agency reveals nothing that would exclude the applicant from employment as a NC law enforcement officer.
- The sponsoring agency is unaware of anything about the applicant that might reflect negatively upon the agency, AB Tech, or the law enforcement profession.
- The sponsoring agency reserves the right to immediately terminate sponsorship should the applicant engage in any conduct that might discredit the agency, AB Tech, or the law enforcement profession. Termination of sponsorship renders the applicant ineligible for continued BLET enrollment.

_____ Applicant is a current employee of this sponsoring agency.

_____ Applicant is NOT a current employee of this sponsoring agency.

LE Agency _____ Date signed _____

Executive / Designee Name & Position _____

Executive / Designee Signature _____

Applicant:

I agree to the above conditions and fully accept the risks associated with Basic Law Enforcement Training. I hold harmless, release, and discharge from liability the above agency and its agents and employees from any and all claims, dangers, or causes of actions, in perpetuity, resulting from or arising out of my voluntary enrollment and participation in the BLET program at AB Tech. This sponsorship may be immediately terminated by the above agency, thus making me ineligible for continued BLET enrollment, should I engage in any conduct that brings discredit upon the sponsoring agency, AB Tech, or the law enforcement profession.

Applicant print and sign _____

Date signed _____

Candidate Last 4 of SSN _____



Law Enforcement Training Center
Emergency Services Div., Woodfin Campus
24 Canoe Ln. Asheville NC 28804

Insert Following Documents in Order

Official (Sealed) Copy of High School Transcripts

HS transcripts from a correspondence course through a for-profit entity are not acceptable per NC Administrative Code. See Page 1 regarding delivery instructions.

Copy of College Transcript (Optional)

Copy of DD214

Military veterans only; Bring ORIGINAL or CERTIFIED COPY. BLEET staff will make a copy and return original to you.

Certified Copy of Criminal History Check

(All counties / states lived in since age 16, military service included)

Certified Copy of Driving History

(All states lived in since age 16, military service included. Can be unofficial copy from NCDMV website)

F1(LE): Medical History Statement

(Signed / dated by applicant and Medical Professional)

F2(LE): Medical Examination Statement

(Signed / dated by Medical Professional)

F3(LE): Law Enforcement Personal History Statement

(Complete the entire form. It does **NOT** need to be notarized)

F1(LE), F2(LE) and F3(LE) forms can be found at

<https://ncdoj.gov/law-enforcement-training/criminal-justice/forms-and-publications/#114-wpfd-law-enforcement> .



Law Enforcement Training Center
 Emergency Services Div., Woodfin Campus
 24 Canoe Ln. Asheville NC 28804

Medical Questionnaire

62

Name _____ Age _____ Social Security No. _____ Phone No. (all applicable) _____

Address: _____
 Street City State Zip

Emergency Contact: _____ () _____ ()
 Name Phone No. Alternate Phone No.

Family Physician: _____ () _____
 Name Phone No.

Insurance? YES NO

Blood Type _____

IN ADDITION TO THIS QUESTIONNAIRE, A PHYSICAL EXAMINATION PERFORMED BY A PHYSICIAN IS REQUIRED.

Has a doctor ever said you have heart trouble?	YES	NO
Have you ever had sharp pain or heavy pressure in your chest as a result of exercise, walking or physical activity such as climbing stairs?	YES	NO
Have you ever had rapid heart beats or palpitations?	YES	NO
Have you ever had a real or suspected heart attack?	YES	NO
Have you ever felt faint or had spells of severe dizziness?	YES	NO
Have you ever had problems with breathing?	YES	NO
Has a doctor ever said you have asthma?	YES	NO
Do you take or have you ever taken medication for breathing problems including asthma?	YES	NO
What allergies do you have?		
Do you have diabetes?	YES	NO
Do you have high blood pressure?	YES	NO
Have you ever taken medicine to lower blood pressure?	YES	NO
Have you ever taken medication to lower cholesterol?	YES	NO
Have you ever taken nitroglycerine or other tablet for chest pain?	YES	NO
Have you ever had an electrocardiogram (EKG) that was not normal?	YES	NO
Are you overweight?	YES	NO
Are you under a lot of stress?	YES	NO
Do you smoke?	YES	NO
Do you have any physical condition, impairment or disability (including muscle and joint problems) that should be considered before starting an exercise program?	YES	NO
When was your last physical exam?		
Has any blood relative (parent, brother, sister) had a heart attack or coronary disease prior to the age of 30?	YES	NO
Do you ever feel tingling, numbness or loss of feeling in arms, hands, feet?	YES	NO
Is there a good physical reason not mentioned here why you should not follow an activity program even if you wanted to?	YES	NO
What is the most strenuous activity you regularly do?		
How often do you participate in this activity?		

I understand that the above information will be kept confidential and that it is to be used solely for the purpose of planning a fitness program for me. I certify that the answers are true and complete. If on the basis of one or more of the answers an instructor anticipates a potential medical problem arising from class activities, he or she may require a physician's "permission to participate."

Signature _____ Date _____
 Witnessed _____ Date _____

Tuberculosis Risk Questionnaire

- | | | |
|--|-----|----|
| 1) Were you born outside the USA in one of the following parts of the world: Africa, Asia, Central America, South America or Eastern Europe? | Yes | No |
| 2) Have you traveled outside the USA and lived for more than one month in one of the following parts of the world: Africa, Asia Central America, South America or Eastern Europe? | Yes | No |
| 3) Do you have a compromised immune system such as from any of the following conditions: HIV/AIDS, organ or bone marrow transplantation, diabetes, immunosuppressive medicines (e.g. prednisone, Remicade), leukemia, lymphoma, cancer of the head or neck, gastrectomy or jejeunal bypass, end-stage renal disease (on dialysis), or silicosis? | Yes | No |
| 4) Have you ever done one of the following: used crack cocaine, injected illegal drugs, worked or resided in jail or prison, worked or resided at a homeless shelter, or worked as a healthcare worker in direct contact with patients? | Yes | No |
| 5) Have you ever been exposed to anyone with infectious tuberculosis? | Yes | No |

Tuberculosis Symptom Questionnaire

Do you currently have any of the following symptoms?

- | | | |
|--|-----|----|
| 1) Unexplained cough lasting more than 3 weeks | Yes | No |
| 2) Unexplained fever lasting more than 3 weeks | Yes | No |
| 3) Night sweats (sweating that leaves bedclothes and sheets wet) | Yes | No |
| 4) Shortness of breath | Yes | No |
| 5) Chest Pain | Yes | No |
| 6) Unintentional weight loss | Yes | No |
| 7) Unexplained fatigue (very tired for no reason) | Yes | No |



Law Enforcement Training Center
Emergency Services Div., Woodfin Campus
24 Canoe Ln. Asheville NC 28804

Release Agreement / Waiver of Liability

For and in consideration of my admission into the Basic Law Enforcement Training (BLET) program at Asheville-Buncombe Technical Community College (AB Tech), I, the undersigned, state and affirm the following:

- 1) My enrollment in the BLET program is free and voluntary, and I am fully aware my participation carries certain risks of stress, discomfort and/or injury. I accept the risks associated with participation in this program and hold blameless the college and/or its employees.
- 2) I have no known limitations that, with or without reasonable accommodation, will prevent me from participating in training activities related to the BLET program in which I seek to be enrolled. It is my duty to notify AB Tech, through the School Director, course instructor or other appropriate college official, by the most direct means available, of any injury sustained during training, or of any change in my mental or physical health that might impair my ability to safely participate in training evolutions.
- 3) I understand the BLET program may involve periods of physical stress, including but not limited to weekly physical training (PT), chemical control devices (OC pepper spray, tear gas, and/or "Mace"), electronic control devices (TASER), direct physical confrontational activities (ASP baton training), subject control techniques, and Simunitions (paintballs). I am also aware I will experience occasional mental stresses intended to prepare me for employment as a law enforcement officer, and I know of no personal physical or mental limitation that will prevent me from safely participating in these training activities.
- 4) By my signature below, for myself, my heirs, assigns and representatives, I hereby waive, release, give up, surrender, and quit-claim in perpetuity any and all claims of liability against Asheville-Buncombe Technical Community College, its trustees, administration, faculty, instructors, staff, volunteers, other college-affiliated personnel and sponsoring law enforcement agency, intended to recover from any of the above persons or entities any money, damages, judgement, or other thing of value as a result of any accident, incident or event growing out of or in any way connected with the Basic Law Enforcement Training program at Asheville-Buncombe Technical Community College.

DO NOT SIGN THIS FORM UNTIL PACKET IS REVISED BY BLET STAFF

Candidate print, sign and date _____

BLET staff print, sign and date _____