



**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. The Practice PAT is administered every Tuesday and Thursday at 9:00 AM. 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 an appointment or without the aforementioned items. No Exceptions.**

### **Fees**

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

- \$35—Physical Abilities Test **OR**
- \$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 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 AGILITY TEST**

**Phase 1**

- 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 2**

- 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 3**

- 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)

**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

## **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.
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.

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**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.

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## **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

### **COMPONENTS OF THE PHYSICAL AGILITY TEST**

#### **Phase 1**

- 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 2**

- 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 3**

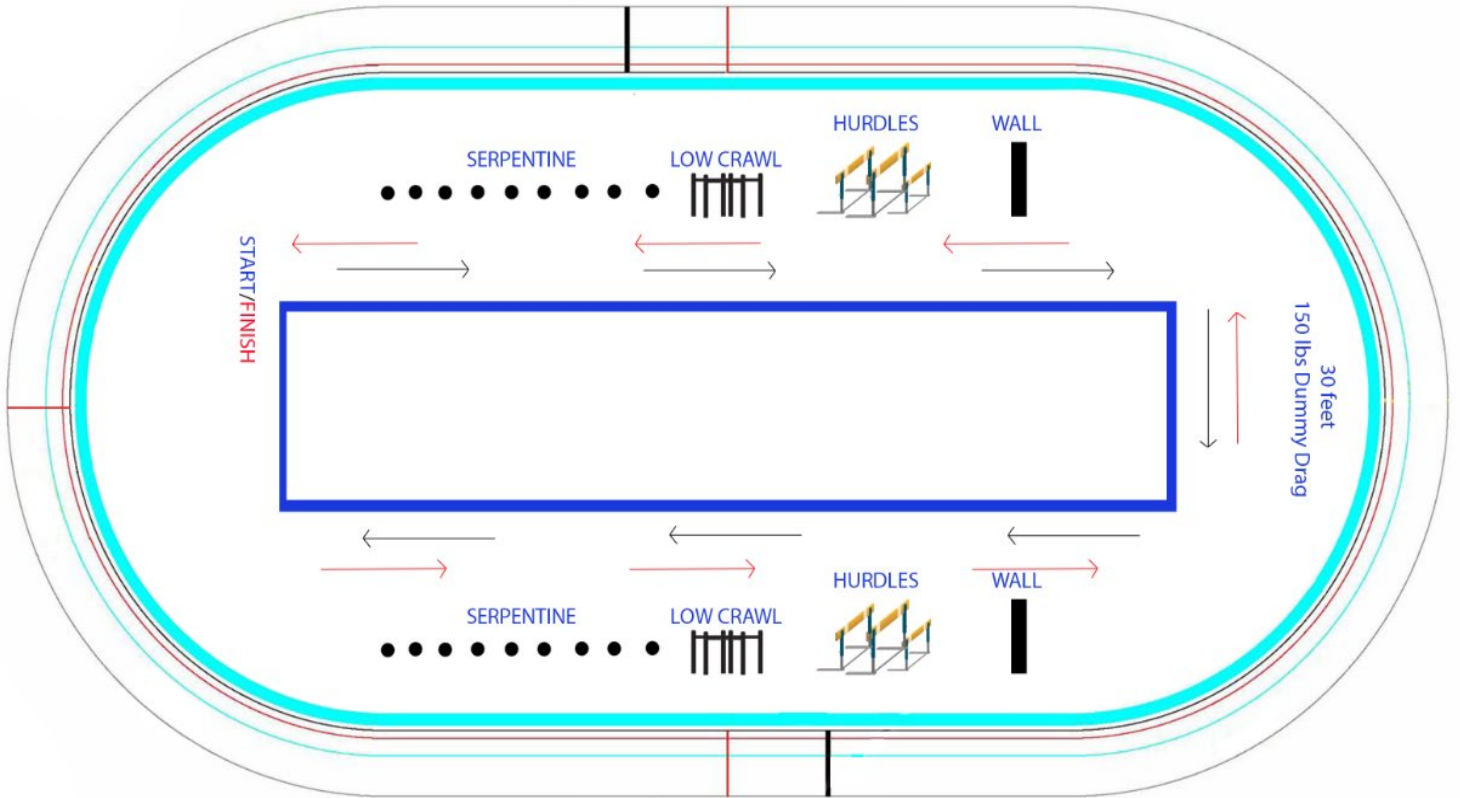
- Obstacle Course: Pass or Fail
  - Objective: Assess candidates' agility, coordination, and problem-solving skills
  - Requirement: Candidates must navigate through a series of obstacles within 3 minutes (traverse)

### **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 COURSE LAYOUT





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

- Law Enforcement
- Corrections

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**

- Retest
- Test

Evaluation: Pass / Fail

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 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



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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 - Call the Bursar’s Office to make the payment over the phone.
  - 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:** \_\_\_\_\_

- Law Enforcement Practice Test + Physical Abilities Test (\$45)
- Law Enforcement Physical Abilities Test Only (\$35)
- Duplicate Test Results (\$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 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: \_\_\_\_\_