

PART-TIME ELIGIBILITY & INTENT TO BEGIN PART-TIME TRAINING

PEACE OFFICER STANDARDS AND TRAINING BOARD

PFN 13

INSTRUCTIONS

The Part-Time Eligibility & Intent to Begin Part-Time Training form is used when an agency is sponsoring an individual who is applying to start the required training to become a licensed part-time peace officer.

This form is not required when the agency is hiring an officer who already has a valid part-time peace officer license.

Specific instructions for completing the form are as follows:

Name

The name of the newly sponsored person should be printed in this area. It is preferred that the name be printed last name first, first name, then the middle initial.

Social Security Number

The Social Security Number of the sponsored individual should be printed in this area.

Home Address

The complete home address of the sponsored individual is printed here.

Law Enforcement Agency and Administrator Name

The name of the sponsoring law enforcement agency and the administrator's name should be printed in these spaces.

Driver's License Information

The driver's license number and the state of issue should be placed in the appropriate boxes. A checkmark should be placed in the "Yes" box after receiving the driver's license abstract(s).

If any criminal traffic arrests, convictions or implied consent violations are indicated on the abstract(s), each entry should be listed on this form along with the date and jurisdiction. The disposition of any entry on the abstract(s) should be obtained and a copy attached to this form.

Criminal History Record Checks

As a part of the background investigation, State law requires that the background check includes a fingerprint check done both on the state level and through the FBI. The blue colored applicant fingerprint cards should be submitted to the records section of the Bureau of Criminal Investigation along with a request to conduct the record checks.

Once the results of the North Dakota fingerprint record check are received, a checkmark should be placed in the "Yes" box next to "North Dakota". Once the results from the national record check are received from the Bureau of Criminal Investigation, place a checkmark in the "Yes" box next to "Federal Bureau of Investigation."

If any criminal arrests or convictions are indicated on the record checks, each entry should be listed on this form along with the date and jurisdiction. The disposition of any entry on the record checks should be obtained and a copy attached to this form.

Psychological and Medical Examinations

Name of Psychological Provider

The name of the POST Board approved provider (doctor or clinic) who conducted the psychological evaluation should be printed in this area.

Date

The date that the psychological evaluation was completed should be printed in this area.

Results

Place a checkmark in the appropriate box with the results of the evaluation (acceptable, marginal or unacceptable).

Doctor/Medical Facility

The name of the doctor and medical facility that performed the examination should be printed in this area. .

Medical Exam Completed (Date)

The date that the medical examination was completed should be printed in this area.

Note: The agency administrator should retain all reports and documents pertaining to the psychological evaluation and medical examination. Do not send copies to the POST Board. This form is the only record that should be sent to the Board.

Agency Administrator's Signature

The agency administrator must sign the form in this area.

Date Signed

The date that the form is signed should be printed on this line.

A copy of this form should be retained by the agency. The original and other necessary papers should be sent to:

POST Board
PO Box 1054
Bismarck ND 58502-1054



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Date: _____ (Note: All training required for the part-time license must be completed within 2 years of this date.)

Applicant Name (last, First, Mi)	Social Security No.
Home Address (including City, State, and Zip Code)	
Law Enforcement Agency	Administrator Name

Driver's License Information

Driver's License No.	State:	DOB
Driver's License Abstract(s) Obtained <input type="checkbox"/> Yes <input type="checkbox"/> No		

List any Criminal Traffic Arrests, Convictions or Implied Consent Violations Regardless as to final Disposition (Include Dates and Jurisdictions)

Criminal History Record Checks

Fingerprint Criminal History Has Been Conducted (North Dakota) <input type="checkbox"/> Yes <input type="checkbox"/> No	Fingerprint Criminal History Has Been Conducted (FBI) <input type="checkbox"/> Yes <input type="checkbox"/> No
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List any Criminal Arrests and Convictions Regardless as to Final Disposition (Include Dates and Jurisdictions)

Psychological and Medical Examinations

Name of Psychological Provider	Date	Results <input type="checkbox"/> Acceptable <input type="checkbox"/> Marginal <input type="checkbox"/> Unacceptable
Doctor/Medical Facility	Medical Exam Completed (Date)	

Attach information concerning the disposition of arrests and convictions listed on this form.
Attach criminal history records check letter from BCI.
This form should be sent to:

POST Board
PO Box 1054
Bismarck ND 58502-1054

 Administrator Signature

 Date