



MINNESOTA BOARD OF
PEACE OFFICER STANDARDS AND TRAINING
1600 UNIVERSITY AVENUE, SUITE 200
SAINT PAUL, MINNESOTA 55104-3825

TEL: (651) 643-3060
FAX: (651) 643-3072
www.post.state.mn.us

APPLICATION FOR RECIPROCITY EXAMINATION

Please read the data practices advisory on back before submitting. Print or type the information requested. The application and a non-refundable \$105.00 fee must be submitted **at least three weeks in advance of the date you wish to take the exam.**

I. PERSONAL DATA

Applicant's Name (Last, First, Middle)		Social Security Number
Street Address, City, State, Zip		
Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Phone ()

II. PLEASE CHECK WHICH APPLY: (The following terms have been defined in the memo accompanying this application.)

- ☐ Yes ☐ No 1. Have you been employed as a certified or licensed law enforcement officer within the past six years?

If you answered "no" to question 1, you are not eligible for reciprocity in Minnesota.

- ☐ Yes ☐ No 2. Have you worked at least three years as a law enforcement officer since successful completion of basic police training and do you have a post-secondary degree?

OR

- ☐ Yes ☐ No 3. Have you worked at least five years as a law enforcement officer since successful completion of basic police training?

If you answered "no" to both questions 2 and 3, you are not eligible for reciprocity in Minnesota. If you answered "yes" to either question 2 or 3, complete A, B and C below.

A. Name and location of basic training academy or school:

B. Dates attended: _____ to _____

C. Number of hours in the basic training course? _____

_____ 4. Date licensed or certified as a law enforcement officer. If you have a post-secondary degree is it a two-year, four-year or graduate degree?

☐ Yes ☐ No 5. Have you ever been issued a license by the Minnesota POST Board?

☐ Yes ☐ No 6. Have you ever had your peace officer license or certification suspended or revoked?

III. LAW ENFORCEMENT EMPLOYMENT HISTORY

Agency/State and Position Held	Start Date	End Date
_____	_____ to _____	
_____	_____ to _____	
_____	_____ to _____	

(Use additional paper if necessary)

☐ Yes ☐ No May we contact your present or former employer(s)?

IV. ENCLOSE THE FOLLOWING DOCUMENTS WITH THIS APPLICATION:

1. Proof of state certification or license.
2. Proof of employment: full-time, full powers of arrest, at least 2 years out of the last 6 years.
3. Basic training certificate that shows length of course in hours.
4. Post-secondary degree diploma or transcript, if applicable. (Do not send continuing education or refresher certificates.)
5. A non-refundable exam fee of \$105.00 (payable to POST Board).

Incomplete applications will be returned without being processed. You will be notified by letter when your application has been approved. Upon notification of your eligibility to take the Reciprocity Exam, please call the POST Board at (651) 643-3060 to schedule a date and time.

V. CRIMINAL CONVICTION DATA VERIFICATION

MN RULES 6700.0700, subpart 1, F (3), precludes certain individuals from licensure if convicted of any felonies or any of the following crimes or equivalent as an adult.

It is necessary that you provide the information requested below accurately. Conviction of any of the crimes listed below will disqualify an applicant for eligibility.

☐ Yes ☐ No Have you been convicted of a felony since you became 18 years old?

<input type="checkbox"/> Yes <input type="checkbox"/> No	609.224	Assault in the fifth degree
<input type="checkbox"/> Yes <input type="checkbox"/> No	609.2242	Domestic Assault
<input type="checkbox"/> Yes <input type="checkbox"/> No	609.23	Mistreatment of persons confined
<input type="checkbox"/> Yes <input type="checkbox"/> No	609.231	Mistreatment of residents or patients
<input type="checkbox"/> Yes <input type="checkbox"/> No	609.2325	Criminal Abuse (vulnerable adult)

- | | | |
|--|----------------|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 609.233 | Criminal Neglect (vulnerable adult) |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 609.2335 | Financial Exploitation (vulnerable adult) |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 609.234 | Failure to report (maltreatment of a vulnerable adult under MN STAT 626.557) |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 609.324 | Other prohibited acts (prostitution related) |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 609.465 | Presenting false claims |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 609.466 | Medical assistance fraud |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 609.52 | Theft (Including petty crimes) |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 609.72 Subd. 3 | Disorderly conduct (re: vulnerable adult) |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 243.166 | Registration of predatory offenders |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 243.167 | Registration under the predatory offender registration law for other offenses |

- ☐ Yes ☐ No Have you ever been convicted of any of the crimes listed above in another state or federal jurisdiction, or under a local ordinance that would be a conviction if committed in Minnesota? (If yes, include full details on a separate sheet of paper and attach to this form.)

VI. AFFIRMATIONS AND SIGNATURES. *Signature must be notarized.*

- I affirm that the information on this application is true and complete to the best of my knowledge. All statements made on this application are subject to review and verification.
- I have read the statement on the use of data collected on this application.

Subscribed and sworn to before me this

_____ day of _____, 20_____.

Applicant's Signature

Notary's Signature

(02/15)

THIS PAGE IS AN ADVISORY ONLY. IT IS NOT NECESSARY TO
RETURN THIS PAGE WITH YOUR COMPLETED APPLICATION.

Use of Data Collected by the POST Board on This Application Form

This application is used to assist the POST Board (POST) in determining your eligibility to take the Reciprocity Licensing Examination.

If you are granted licensure, the information you provide on this application is considered public data pursuant to Minn. Stat. § 13.41, subd. 5. The public data will be available to any one who makes a request for the data.

While your application, once you have obtained licensure, is considered public data, certain information on that form cannot be released. That information includes:

1. Your social security number, which is protected by federal law and Minn. Stat. § 13.355;
2. Your home address, which is classified as private data under Minn. Stat. § 13.41, subd. 3; and
3. The name of the state agency, statewide system, or political subdivision that employs you as a licensed peace officer, which is classified as private data under Minn. Stat. § 13.41, subd. 3.

If you apply for licensure, but do not receive a license, only your name is considered public data under Minn. Stat. § 13.41, subd. 2 and 3.

You are not legally required to provide any of the requested information; however, if you do not, we will be unable to process your application and you will not be eligible to take the Reciprocity Licensing Examination.