



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

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 www.post.state.mn.us

Peace Officer Licensing Examination Application

Please read the included data practices advisory before submitting this application. You may apply online from the Minnesota Board of Peace Officer Standards and Training website www.post.state.mn.us using "Online Services" or submit your application by mail. Along with your application submit a non-refundable examination fee of \$105.00. You will be notified by email when your application is approved.

I. APPLICATION TYPE

Initial Peace Officer Licensing Examination Application (check this box "yes" if this is your first time taking this examination)	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Retake Peace Officer Licensing Examination Application (check this box "yes" if this is your second or third time taking this examination)	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Retake Peace Officer Licensing Examination Application requiring a remedial plan (check this box "yes" if this is your fourth time taking this examination that requires a remedial plan)	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Reinstatement Peace Officer Licensing Examination Application (check this box "yes" if you previously passed the licensing examination and your eligibility to be licensed has expired) Check this box if this is a retake:	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>

II. PERSONAL DATA

Applicant's Name – (Last – First – Middle)	Date of Birth:
Address:	
City:	State:
Social Security Number:	Zip Code:
Email Address:	Contact Number:
()	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female

III. PREVIOUS EXAMINATION INFORMATION (If applicable)

Date Taken: _____
Date Taken: _____
Date Taken: _____

If required:
Date Remedial Plan Submitted: _____
Date remedial Plan Approved: _____

IV. POST-SECONDARY DEGREE

What is the highest degree you have been awarded:
(AA, BA, BS, MS, etc.): _____

What school awarded this degree:
Name of university or college: _____
Date awarded: _____

V. PROFESSIONAL PEACE OFFICER EDUCATION (PPOE)

Name of university or college that provided the professional peace officer education (PPOE):

Name of school that provided the Skills component of the PPOE (may be the same as above):

VI. PPOE COORDINATOR APPROVAL (Initial and Retake)

I affirm the above named individual meets the educational requirements for the Peace Officer Licensing Examination.

Signature: _____ Date: _____

Name: _____
Printed

VII. PPOE COORDINATOR APPROVAL (Remedial)

I affirm the above named individual has met with me to discuss his/her areas of deficiency on the previous Peace Officer Licensing Examination. In my judgment, this individual is prepared to retake the examination.

Signature: _____ Date: _____

Name: _____
(PRINTED)

VIII. REQUEST FOR TESTING ACCOMMODATION

If you have a disability requiring a testing accommodation contact the Minnesota Board of Peace Officer Standards and Training and obtain a "REQUEST FOR TESTING ACCOMMODATION" form.

IX. CRIMINAL CONVICTION DATA VERIFICATION

Minnesota Rules 6700.0700 subpart 1. F. (3), precludes licensure of individuals convicted as an adult of any felony or any of the following crimes or their equivalent as an adult.

If your answer to any of the following questions is yes, do not submit this form. You are ineligible to take the licensing examination.

Have you ever been convicted of:	Yes	No
Any felony	<input type="checkbox"/>	<input type="checkbox"/>
MSS 609.224 - Assault in the Fifth Degree	<input type="checkbox"/>	<input type="checkbox"/>
MSS 609.2242 - Domestic Assault	<input type="checkbox"/>	<input type="checkbox"/>
MSS 609.231 - Mistreatment of Residents or Patients	<input type="checkbox"/>	<input type="checkbox"/>
MSS 609.2325 Criminal Abuse (Vulnerable adult)	<input type="checkbox"/>	<input type="checkbox"/>
MSS 609.233 - Criminal Neglect (Vulnerable adult)	<input type="checkbox"/>	<input type="checkbox"/>
MSS 609.2335 - Financial Exploitation (Vulnerable adult)	<input type="checkbox"/>	<input type="checkbox"/>
MSS 609.234 – Failure to Report (Maltreatment of a vulnerable adult under MSS 626.557)	<input type="checkbox"/>	<input type="checkbox"/>
MSS 609.324 – Other Prohibited Acts (Prostitution related)	<input type="checkbox"/>	<input type="checkbox"/>
MSS 609.465 – Presenting False Claims	<input type="checkbox"/>	<input type="checkbox"/>
MSS 609.466 – Medical Assistance Fraud	<input type="checkbox"/>	<input type="checkbox"/>
MSS 609.52 – Theft (Includes petty crimes, NOT petty misdemeanors)	<input type="checkbox"/>	<input type="checkbox"/>
MSS 609.72 Subdivision 3 – Disorderly Conduct (RE: Vulnerable adult)	<input type="checkbox"/>	<input type="checkbox"/>
MSS 243.166 – Registration of Predatory Offenders	<input type="checkbox"/>	<input type="checkbox"/>
MSS 243.167 – Registration under the Predatory Offender Registration Law for other offenses	<input type="checkbox"/>	<input type="checkbox"/>
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 complete details on a separate sheet of paper and attach to this application)	<input type="checkbox"/>	<input type="checkbox"/>

X. AFFIRMATIONS AND SIGNATURES

<ul style="list-style-type: none"> • I affirm the information on this application is true and correct to the best of my knowledge (All statements made on this application are subject to review and verification). • I have read the data practices advisory included with this application. • I understand that data provided on this application will be shared with the exam vendor for purposes of administering/processing the exam and I consent to the use of that data for that purpose. 	
_____	_____
Applicants Signature	Date

Note: **You will be notified by email when your application is approved after which you will be able to confirm a testing date. An incomplete application cannot be processed and will be returned for completion.**

Data Practices Advisory

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

This application is used to assist the POST Board in determining your eligibility to take the Peace Officer 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 anyone 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 Peace Officer Licensing Examination.