



**RHODE ISLAND DEPARTMENT OF PUBLIC SAFETY**  
**Municipal Police Training Academy**

Community College of Rhode Island — Flanagan Campus  
1762 Louisquisset Pike, Lincoln, RI 02865-4585  
Telephone: (401) 722-5808 — Fax: (401) 722-3151



Colonel Ann C. Assumpico  
Superintendent, Rhode Island State Police  
Director, Department of Public Safety

Lieutenant Christopher J. Zarrella  
Executive Director  
Municipal Police Training Academy

**Provisional Police Officer Certification Checklist**

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Department: \_\_\_\_\_

- I. **Conditional Offer of Employment**
- II. **Application Form (Notarized)**
  - Photograph (Attached to Application)
- III. **Medical Examination Report (within six (6) months)**
- IV. **Medical History Statement**
- V. **Background Investigation (also includes the following)**
  - National De-Certification Index (NDI)
  - Mental Health Report Form
  - Mental Health Authorization for Release of Information
  - General Authorization for Release of Information
- VI. **Background Investigation Verification Form**
- VII. **H.S. Diploma/GED/or College diploma or transcript**
- VIII. **Copy of Driver's License**
- IX. **FBI Fingerprint Card**
- X. **Fitness Pre-Screening Form (within 12 months)(only if required)**

**XI. Psychological Exam Report**

**XII. Documentation**

- **Current Resume to include all departmental assignments**
- **Copy of Police Academy graduation certificate**
- **Copy of Police Academy curriculum (from graduation date)**
- **Copy of all Continuing Education certificates**

Department Liaison Officer: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail \_\_\_\_\_

Completed by: \_\_\_\_\_ Rank: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of appointing authority: \_\_\_\_\_ Date: \_\_\_\_\_