



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 Scott N. Raynes
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: _____