



3500W – Public Service Careers
Lansing Community College
P. O. Box 40010
Lansing, Michigan 48901-7210
Phone: (517) 483-1394 or (517) 483-9608
Fax: (517) 483-9766

Dear Candidate:

Enclosed you will find the Lansing Community College's Candidate Physical Ability Test (CPAT) pre-enrollment test application and physician's health screening forms.

Your application along with payment must be completed and received by Lansing Community College Cashier's Office by 4:00 p.m. the Monday preceding the test: Payment may be in the form of cash, money order, certified check or a Visa or Master card for payment for the physical skills test. Full payment is expected when application is made. **PERSONAL CHECKS WILL NOT BE ACCEPTED.** Please note: The maximum registration may be reached prior to the deadline. Cancellations must be made by the Monday deadline in order to receive a refund or credit toward a future date.

On the day of the test, all persons must report to Lansing Community College located at 5708 Cornerstone Dr. Lansing, Michigan at 8:00 a.m. sharp or if your orientation packet had a time on it please arrive 30 minutes before the listed time.

Do not mail the physicians health-screening form. This must be brought with you the day of testing along with your driver's license. No one will be permitted to test without this document. You will need to wear or bring comfortable gym attire (long pants) and athletic shoes.

The Physician's Health Screening Form must include the Michigan medical license number and include the physician's signature with date. **Please take note that a Physician's Assistance signature will not be accepted.** This form is effective for 180 days, if the candidate needs to retest after that 180 day period, a new Health Screen form will be needed.

Payment may be made in the form of cash, money order, certified check, Master Card, or Visa (Make checks payable to Lansing Community College)

IN PERSON

Cashiers Office
Gannon Building (Main Campus)
400 N. Washington Square
Lansing, MI
Phone: 517-483-1272
(Drop Box is available after hours)

FOR VISA/MASTERCARD

Phone (517-483-1005
Office hours – 8:00am – 4:00pm M – F

If you have questions, please contact the Public Service Careers Department at 517-583-1394 or 517-483-9608.

Lansing Community College
Candidate Physical Ability Test (CPAT)
APPLICATION

You must be 18 years of age or older to participate in this test.

Testing Site: _____

Requested Test Date: ____/____/____
Mo. Day Year

Name: _____
Last First M.I.

Official Use Only Academy Fee	
Paid	Initial
_____	_____

Telephone: __ (____) _____

Driver's License Number: _____ State _____

You will receive a certificate of completion that will be valid for 90 days. After the 90 days, you must re-test to validate your certificate of completion.

If you fail this examination you may retake the test at a later date at any of the CPAT testing sites.

Lansing Community College
Candidate Physical Ability Test (CPAT)

PHYSICIAN'S HEALTH SCREENING FORM

Examinee's Name (print) _____

Address: _____ Social Security Number * ____ - ____ - ____

City, State, Zip: _____ Driver's License No. _____

Note to Examining Physician: *Examinee's who take a Physical Fitness Examination will have to perform the following exercises.*

1. **STRENGTH:** Frequently perform physical activities requiring ability to push/pull/carry objects weighing 185 pounds while wearing firefighter protective equipment and self-contained breathing equipment weighing approximately 50 pounds.

2. **PERSONAL:** Rely on senses of sight, sound, smell, and touch to help determine the nature of the emergency, maintain personal safety, and make critical decisions in a confused, chaotic, and potentially life-threatening environment throughout the duration of the operation.

3. **COORDINATION:** Constantly perform gross body coordination such as walking, running, climbing on high places, moving on slippery surfaces while carrying equipment, and while wearing complete firefighter protective equipment. Perform fine motor skills such as the operation of tools and equipment, calibration of sensitive monitoring devices, delivery of first aid to injured patients.

4. **MOBILITY:** Physical ability to maneuver in confined spaces, haul hose lines, climb 100' ladders and maneuver up, over, and around or through restrictive objects.

Note: The examining physician must sign below and provide the required information for this form to be valid.

This health screening is valid for a period of 180 days from the date of the examination.

My health screen of the above identified person reveals no apparent reason why this examinee cannot safely participate in the physical exercise described above.

Physician's Signature

Date

Physician's Name (printed)

(_____) _____
Phone No.

Medical License No.

Street

City

State

Zip

Examinee: You must bring this ORIGINAL form with you, signed and completely filled out by your physician when you come to take this pre-enrollment fitness examination.

Examinee's Signature

Date

***This information is confidential. Disclosure of confidential information if protected by the Federal Privacy Act.**



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CPAT PRACTICE WAIVER

I _____ acknowledge that the Orientation
(Your Name)

and practice for the Lansing Community College's CPAT test was made
available to all candidates on an equal basis.

I _____ expressly waive attendance
(Your Name)

knowingly and on a voluntary basis the opportunity to participate in the
Orientation and practice program to be held at Lansing Community College
on _____.

Signed _____

Date _____

Witnessed by: _____

Date _____

**THIS FORM MUST BE MAILED TO JEFF HUBER BEFORE THE ARRANGED
PRACTICE DATES.**

**JEFF HUBER
3500W PUBLIC SERVICE CAREERS
LANSING COMMUNITY COLLEGE
PO BOX 40010
LANSING, MI 48901-7210**