Title 31: Public Safety

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Preface

adopted - 07/1993

The 1993 regular session of the Mississippi Legislature enacted legislation to establish the funding, training and education of emergency telecommunicators. Governor Kirk Fordice signed House Bill No. 901 which provided for the Emergency Telecommunications Training Program (ETTP) and the law became effective 1 July 1993.

The Emergency Telecommunications Training Program established the Board of Emergency Telecommunications Standards and Training (BETST) to implement the law and its provisions. The Act directed the Board on Law Enforcement Officer Standards and Training (BLEOST) to provide the BETST with administrative and fiscal support and designated the Director of the BLEOST to serve as staff director of the Board of Emergency Telecommunications Standards and Training. Currently, the BETST falls under the jurisdiction of Public Safety Planning, a division of the Department of Public Safety.

This “Professional Certification Policy and Procedures Manual” describes the policies and procedures the Board of Emergency Telecommunications Standards and Training has established concerning the employment and training of emergency telecommunicators in Mississippi. This manual is promulgated pursuant to authority granted the Board of Emergency Telecommunications Standards and Training by Chapters 310, 321, 484 and 536, General Laws of Mississippi. The policies and procedures therefore have the force and effect of law and are written for the guidance of agency heads and personnel officers of emergency telecommunicator institutions whose personnel come under the jurisdiction of the Emergency Telecommunications Training Program (ETTP).

Please direct any questions you may have about this manual to:

Mississippi Department of Public Safety/Division Of Public Safety Planning/
Office of Standards and Training
1025 Northpark Drive
Ridgeland, MS 39157

Telephone (601) 977-3777; Facsimile - (601) 977-3773

e-mail addresses

BETST, BJOST & BLEOST
Robert Davis, Director - rdavis@dps.ms.gov
Dianne Berry - dberry@dps.ms.gov
Tim Brown - tlbrown@dps.ms.gov
Alan Gray - agray@dps.ms.gov
Bob Morgan - bmorgan@dps.ms.gov
Michael Nash - mnash@dps.ms.gov
Donna Rogers - drogers@dps.ms.gov
Tonya Whitehead - twhitehead@dps.ms.gov
Gussie Stutts - gstutts@dps.ms.gov
Bebea Boney - bboney@dps.ms.gov
Irene Turner - iturner@dps.ms.gov

Juvenile Facility Monitoring Unit (JFMU)
Donald Beard - dbeard@dps.ms.gov
Jason Dillon - jdillon@dps.ms.gov
Teresa Wash - twash@dps.ms.gov

adopted - 07/1993
Title The Office of the Board of Emergency Telecommunications Standards and Training

Legal Authority The Mississippi Code as Annotated establishes the Emergency Telecommunications Training Program in Chapter 5 Section 19-5-301 through 19-5-317.

Purpose Our purpose is to establish and implement a dynamic emergency telecommunications training program to deliver appropriate training at the beginning of and during a telecommunicator's career. In addition to programs established for emergency telecommunicators, the Board of Emergency Telecommunications Standards and Training establishes a minimum standard of training and certification for personnel involved in the answering and dispatching of calls to law enforcement, fire and emergency medical services.

Composition The board consists of twelve (12) members including one representative from each of the following:

The Mississippi Law Enforcement Officer's Training Academy

The State Fire Academy

The Mississippi Chapter of the Association of Public Safety Communications Officials, Incorporated

The Mississippi Chapter of the National Emergency Number Association

The State Board of Health, Emergency Medical Services Division

The Mississippi Justice Information Center

The Mississippi Sheriff's Association

The Mississippi Law Enforcement Officers' Association

The Mississippi Fire Chief's Association

The Mississippi Association of Chiefs of Police

The Mississippians for Emergency Medical Services Association

A representative from the county wherein a nuclear facility is located

Each member organization shall have one (1) vote in the selection of training programs, for a total of twelve (12) votes. A majority vote shall decide all matters brought before the board.
Organizational Chart of the Office of Standards and Training


Support Division
- Accreditation
  (601) 977-3782
- Compliance Monitoring
  (601) 977-3776; 3780; 3774
- Certification Procedure
  (601) 977-3776; 3780
- Curriculum
  (601) 977-3776; 3780; 3774
- Evaluation
  (601) 977-3776; 3780
- Data Analysis
  (601) 977-3776; 3780

Training Division
- In-service Training
  (601) 977-3776; 3780; 3774
- Instructor Certification
  (601) 977-3776; 3780; 3783
- Juvenile Facility Monitoring Unit
  (601) 977-3775
- Records and Forms
  (601) 977-3776; 3780; 3774
Definitions

Herein are defined certain terms used in this Professional Certification Policy and Procedures Manual.

1. **Basic 911 Service** - A telephone service terminated in designated Public Safety Answering Points accessible by the public through telephone calls dialed to the telephone number 911. Basic 911 is a voice service and does not display address or telephone number information.

2. **Board** - Shall mean the Board of Emergency Telecommunications Standards and Training.

3. **Board Director** - Shall mean the Director of the Division of Public Safety Planning.

4. **Break in Service** - Any period of time when an individual is not an emergency telecommunicator as defined in this policy.

5. **Certificates** - Shall mean certificates issued only to fully qualified telecommunicators.

6. **Certified** - Shall mean the Board has acknowledged that all requirements mandated by this policy and the Emergency Telecommunications Training Program have been achieved and that a certificate has been issued as documentation of the same.

7. **E911 Service** - A telephone exchange communications service whereby a Public Safety Answering Point (PSAP) designated by the county or local communication district may receive telephone calls dialed to the telephone number 911. E911 Service includes lines and equipment necessary for the answering, transferring and dispatching of public emergency telephone calls originated by persons within the serving area who dial 911. Enhanced 911 Service includes the displaying of the name, address and other pertinent caller information as may be supplied by the service supplier.

8. **Equivalency of Training** - Shall mean the assessment of an applicant's emergency telecommunications training, education, experience and qualifications.

9. **Lateral Transfer** - A transfer by a certified emergency telecommunicator to a different telecommunicator agency.

10. **Methods for responding to emergency calls** - The emergency telephone system shall, when so authorized by a vote of a majority of the qualified electors of the county voting on the proposal in an election held for that purpose, be designed to have the capability of utilizing at least one (1) of the following three (3) methods in response to emergency calls:

    a. **Direct Dispatch Method** - A telephone service to a centralized dispatch center providing for the dispatch of an appropriate emergency service unit upon receipt of a telephone request for such services and a decision as to the proper action to be taken, including an E911 system.
b. **Relay Method** - A telephone service whereby pertinent information is noted by the recipient of a telephone request for emergency services and is relayed to appropriate public safety agencies or other providers of emergency services for dispatch of an emergency service unit.

c. **Transfer Method** - A telephone service which receives telephone requests for emergency services and directly transfers such requests to an appropriate public safety agency or other provider of emergency services.

11. **Moral Turpitude** - Any conduct or pattern of conduct contrary to justice, honesty, honor, modesty or good morals that would tend to disrupt, diminish or otherwise jeopardize public trust and fidelity in emergency telecommunications.

12. **Probationary Period** - A period of one year from the initial date of hire as a telecommunicator in the original appointment. The one-year period cannot be enlarged by additional/multiple appointments. Individuals acquire an additional one-year period following a break in service of more than two years.

13. **Public Safety Answering Point (PSAP)** - Any point of contact between the public and the emergency services such as a 911 answering point or, in the absence of 911 emergency telephone service, any other point of contact where emergency telephone calls are routinely answered and dispatched or transferred to another agency.

14. **Telecommunications Employer** - Shall mean the agency which employs the emergency telecommunicator.

15. **Telecommunicator** - Any person engaged in or employed as a telecommunications operator by any public safety, fire or emergency medical agency whose primary responsibility is the receipt or processing of calls for emergency services provided by public safety, fire or emergency medical agencies or the dispatching of emergency services provided by public safety, fire or emergency medical agencies and who receives or disseminates information relative to emergency assistance by telephone or radio.

16. **Training Packet** - Shall mean the Board-adopted forms used to collect information necessary for certification and enrollment in a basic course.
Chapter 01: Applicant Evaluation, Employment and Certification Procedures


Purpose

100 This section establishes policy and procedure for certification of emergency telecommunicators.

Policy

101 The board shall certify as emergency telecommunicators those persons who meet the employment guidelines established in accordance with Mississippi Code as Annotated Section 19-5-353.

101.01 Certification under the Emergency Telecommunications Training Program (ETTP) is limited by law to emergency telecommunicators only. An emergency telecommunicator is defined in the statute [Section 19-5-303 (m) and Section 19-5-357 (5)] as any person who is:

1. Engaged in or employed as a telecommunications operator by any public safety, fire or emergency medical agency or public or private entity or business, company or corporation,

2. Responsible for the receipt or processing of calls for emergency services provided by public safety, fire or emergency medical agencies,

3. Charged with the dispatching of emergency services provided by public safety, fire or emergency medical agencies,

4. Responsible for disseminating information relative to emergency assistance by telephone or radio,

5. On duty for an average of eight (8) hours or more per month.

101.02 All emergency telecommunicator applicants must meet the following guidelines to be employed as an emergency telecommunicator:

1. Be at least eighteen (18) years of age,

2. Be a high school graduate or obtain a GED (refer to Chapter-01, Section-102, Subsection-102.01, Paragraph-4 for full description),

3. Be a U. S. citizen,

4. Be capable of performing the duties under conditions inherent to the profession, and

5. Be of good moral character as evidenced among other things by having neither
a conviction nor a plea of guilty or nolo contendere, probation, pre-trial diversion or payment of any fine for a felony or a misdemeanor involving moral turpitude. Fitness for service as it relates to moral character must be verified by an appropriate background investigation. *(See Background Investigations)*

101.03 Individuals who meet both the definition for an emergency telecommunicator in 101.01 above and who meet the minimum employment guidelines in 101.02 above are eligible to be employed as an emergency telecommunicator.

1. Such emergency telecommunicators must successfully complete prescribed training and obtain certification within a certain time period.

   a. Persons in the employment of any public safety, fire, 911 PSAP or emergency medical agency as a telecommunicator on 1 July 1993, shall have three years to be certified in the minimum training standards courses provided they have been employed by such agency for a period of more than one year prior to 1 July 1993. *(Since the Board of Emergency Telecommunications Standards and Training became operational in April 1994, the deadline date for these telecommunicators would be April 1997.)*

   b. Persons employed for less than one year prior to 1 July 1993 shall be required to have completed all the requirements for minimum training standards within a one-year time period. *(Since the Board became operational in April 1994, the deadline date would be April 1995.)*

   c. Any person hired as an emergency telecommunicator after July 1, 1993 shall complete the minimum training standards within twelve (12) months of their employment or within twelve months from the date that the Board shall become operational. *(Since the Board became operational in April 1994, the deadline date would begin in April 1995.)*

2. The one-year or three-year probationary periods, whichever applies, are cumulative in nature and can not be enlarged by additional or multiple employments. If a telecommunicator transfers from one agency to another prior to certification, the total time served will count toward the one-year or three-year periods. For example, in the case of a one-year probationary period, if a telecommunicator began employment and quit after three months, that person would have nine months remaining upon subsequent employment. The full one-year period may only be reinstated upon a break in service of two years or more.

101.04 The ETTP makes no provision to waive, enlarge, or extend the one-year or three-year periods nor does the Act authorize the Board of Emergency Telecommunications Standards and Training to waive, enlarge or extend the one-year or three-year periods. The Act does however make provision to penalize agencies that employ emergency telecommunicators without obtaining certification beyond the one-year or three-year periods. These penalties include a loss of emergency telecommunicator powers and authorization to receive a salary. To avoid these penalties, agencies should consider all contingencies in the planning of the evaluation, employment and
training of their personnel.

Procedures

102 All emergency telecommunicator employers shall follow these steps in the evaluation, employment and certification of emergency telecommunicators.

102.01 The employing agency must evaluate each emergency telecommunicator applicant to ensure each meets the minimum employment criteria prior to employment. This evaluation must include:

1. A complete background investigation (See Background Investigations). This investigation is a critical factor in determining whether emergency telecommunicator applicants meet the requirements established under the ETTP. The primary purpose of the investigation is to provide the emergency telecommunicator employer with enough factual information to determine that a candidate would ensure the continued public trust in the competence and reliability of the department.

2. The submission of the applicant's fingerprints to the Criminal Information Center of the Mississippi Department of Public Safety as a part of the background investigation. This can only be done through the emergency telecommunications agency's law enforcement parent or through a law enforcement agency which is served by that particular telecommunications agency.

Note: Non-criminal justice agencies with emergency telecommunicators (i.e., fire, EMS) may be impeded by FBI policy. Such agencies should make every effort to submit fingerprints through the local law enforcement agency (i.e., as part of a public safety contract). Agencies who find themselves unable to submit fingerprints to CIC may obtain a waiver of this requirement until possible state legislation is passed. All agencies are reminded that they must complete a background check. Examples of this may come in the form of local driver's license checks or from calls to previous employers. (See Background Investigations).

Do not send fingerprints to the Board or to the training course directors. Neither of these entities will forward your applicant's prints.

3. A review of the official Certificate of Release or Discharge From Active Duty, DD Form 214 for all applicants who have military service. Individuals must have been discharged from the armed forces under honorable conditions.

4. A review of appropriate official documents to certify successful completion of high school or the general equivalency degree (GED). High School graduate is defined as graduating from a secondary school in an accredited school district having earned the required Carnegie units and successfully completed any and all subject area testing as specified by the Mississippi Department of Education in the year the diploma was awarded.
a. Accredited schools include those accredited by the Departments of Education from each State, the Private School Association from each State, the Association of Christian Schools International, the Southern Association of Colleges and Schools (SACS) or one of the six regional bodies of the Association of Colleges and Schools.

b. If an applicant has not obtained a high school diploma from an accredited school, the applicant must obtain a GED through the Mississippi Department of Education or obtain an equivalent score on a GED test administered by the American Council on Education.

c. Applicants may provide a standardized test score on the ACT of 15 or higher in lieu of a GED score.

5. A review of appropriate official documents to certify age and citizenship.

6. A review of appropriate documents to verify current certification status for those applicants transferring from another emergency telecommunications agency or jurisdiction.

Telecommunicators who transfer from another Mississippi emergency telecommunications agency with a valid certificate (w/break in-service of less than two years) must continue to meet all the minimum employment standards. Therefore, agencies must conduct a background investigation of all applicants to include those telecommunicators who may already hold certification.

102.02 Once the employer has verified all the minimum employment standards and has employed the candidate, the employing agency shall create and maintain an individual personnel file containing a release of information form signed by the applicant, documentation of the aforementioned minimum employment specifics, and documentation of the background investigation (i.e. official diplomas, birth certificate, DD Form 214, naturalization forms, FBI fingerprint report, etc.). The individual personnel file shall be maintained by the agency as long as the named telecommunicator is employed as an emergency telecommunicator officer within the agency. The agency head shall readily make the contents of the file available to the Board of Emergency Telecommunications Standards and Training upon receipt of a written request.

102.03 Emergency telecommunications agencies must notify The Board of Emergency Telecommunications Standards and Training within thirty days of the date of hire of any emergency telecommunicator. This notification shall be in the form of an Emergency Telecommunicator Application for Certification. The Board of Emergency Telecommunications Standards and Training will use this form to determine if the applicant meets the minimum employment and training standards required for certification.

Note: “Application for Certification” forms may be submitted through Standards
and Training’s internet based “Forms & Certification Management System” (https://www.state.ms.gov/mspost/). Agencies must submit a “MSPOST Client Agency Information” form by mail, facsimile or email to request a User ID and to be assigned a password. The form can be completed on-line from the Office of Standards and Training’s portion of the MS Department of Public Safety’s web-site (http://www.dps.state.ms.us). In order to submit any other forms on an individual in the web-based system, an “Application for Certification” must first be submitted and approved for that individual.

Warning: MCA § 97-7-10 Fraudulent Statements and Representations provides for severe penalties for misrepresentations or fraudulent statements to a Board. This statute authorizes a fine of up to ten thousand dollars ($10,000) and a jail sentence of up to five (5) years. Further, the Emergency Telecommunications Training Program authorizes the Board in MCA § 19-5-353 (8) to cancel and recall any certificate obtained through misrepresentation or fraud.

1. The agency head is responsible for conducting a background investigation. The investigation should reveal whether the applicant is a certified emergency telecommunicator or an emergency telecommunicator who has not obtained certification in Mississippi.

   a. The Application for Certification Form shall be submitted for either telecommunicators who have not obtained certification in this state or telecommunicators who have had a break in service of two years or more. The Application for Certification must be signed by the agency head or an authorized designee.

   b. If the telecommunicator has been certified and has a break in service of less than two years, the agency head must submit an Application for Certification form to transfer the certification. This form must also be signed by the agency head or an authorized official.

   c. Agency heads must designate persons to sign BETST forms in writing. Such authorizations shall be submitted to the Board.

   d. If the applicant for certification is the agency head, (i.e. Chief or director) forms must be signed by the next individual in the chain of command such as a mayor or college dean.

2. To obtain credit for completion of Board-approved training courses, agencies must submit appropriate documentation with the Application Form. Appropriate documentation shall consist of a copy of a training certificate, a score sheet or a letter authenticated by a course instructor. Credit may also be granted for completion of an advanced training course.

3. The employing agency must submit an Application for Certification within thirty days. The application lists several questions with a choice of a "yes" or "no" answer for each question. The form explains that answering "yes" may not
necessarily disqualify an applicant from certification. Further, the application contains a statement to be signed by the applicant and a statement to be signed by the emergency telecommunications agency head or designee.

a. Any question (items 1 - 10 ) that has a "yes" answer must be explained in writing to the board. All crimes (regarding questions 4 and 5) must be reported. The only exceptions to this requirement are traffic offenses where the fine is less than one hundred dollars ($100.00) and where the applicant has had fewer than four (4) traffic offenses within the preceding twenty-four (24) months. (Excluding drug or alcohol related offenses).

b. Traffic offenses where the fine was more than one hundred dollars ($100.00) or offenses that involve drugs or alcohol must be reported and explained. If the applicant has had four (4) or more traffic offenses within the previous twenty-four (24) month period, the date and disposition of each offense must be listed.

c. All other types of offenses are crimes and must be reported, regardless of the fine, pleas entered, or the adjudication status. This would include but is not limited to cases that are non adjudicated, nolle prossed, dismissed or acquitted.

d. Employers may choose to write an explanation on the form itself or enclose a separate sheet if additional space is needed to provide a full explanation. Explanation of crimes or related matters should include date of the offense and the status of the case.

4. Agencies should submit documentation of course training if applicable. No other forms or documents should be sent to the Board unless requested by the staff in writing. Other diplomas, in-service training certificates, birth records, fingerprint cards etc. should be retained in the agency personnel file.

102.04 The Board Certification Section shall review each set of forms submitted to the Board. The Certification Section:

1. Shall determine that all appropriate forms are included.

2. Shall analyze each document to verify certification specifics which the Board must consider in accordance with established policy and procedure.

3. Shall determine the Certification Status of each applicant;
   a. Eligible for transfer of current certification (break in service is less than two years) to another emergency telecommunications agency,
   b. Eligible for certification after completion of a Board-approved training course, or
c. Not eligible for certification.

4. Shall communicate with the employing agency in writing to clarify information as needed and to inform the agency of the applicant's certification status.

5. Shall track progress toward completion of assigned training of all applicants.

102.05 After the staff has notified the agency head of the applicant's certification status, the agency head must then ensure that all arrangements are made to enroll the telecommunicator in an appropriate training program. Once the applicant has successfully completed the prescribed training and the Board has approved the individual or group of applicants, the staff will distribute certificates and provide reimbursement of authorized expenses.

102.06 Individuals aggrieved by the actions of the BETST staff may request to present their request before the Board at a regularly scheduled meeting. Such requests must be presented to the staff in writing not later than 10 working days prior to the next regularly scheduled Board meeting.
Chapter 02: Professional Certificates

Purpose

100 This section establishes policies and procedures governing professional certificates.

Policy

101 Vested by law with ownership of and full responsibility for emergency telecommunicator's certificates, the board's policy is to ensure that certificates are issued only to fully qualified telecommunicators and revoked when appropriate and that all certificates are accounted for at all times. The law specifies that any certificate for an emergency telecommunicator issued as a result of the Emergency Telecommunicator Training Program is the property of the board. Although the certificate is issued in the name of the individual telecommunicator, the board shall place the certificate in the stewardship of the employer and shall retain the right to require return of the certificate to the board. The employer shall not transfer a certificate issued by the board to any person or agency except through the board director.

Procedures

102 All emergency telecommunications employers included under the Emergency Telecommunicator Training Program as described in this Policy and Procedures Manual should follow these steps in safekeeping certificates issued to their employees by the board.

102.01 The employer, upon receiving the certificate from the board director, should record the certificate number and the date issued in the employee's personnel file.

102.02 The certificate should remain in the physical custody of the employer at a site which houses agency operations. The employer may provide the employee with a photo-static copy of the certificate.

102.03 The certificate, if defaced, destroyed, misplaced, or stolen while in the stewardship of the employer, will normally be replaced with a photo-static copy. The production of duplicate certificates shall be minimized. The staff will evaluate each incident prior to the issuance of a duplicate certificate.

102.04 The employer should return the certificate to the board director, along with a complete Termination/Reassignment form, within ten working days after:

1. the employee no longer meets all of the qualifications for employment;

2. the employee has been either convicted of or pleaded guilty or nolo contendere, probation, pre-trial diversion or payment of any fine to a felony or a crime involving moral turpitude (the employer shall provide official documentation of
such conviction);

3. receiving written notice from the board of evidence that the certificate was obtained through misrepresentation or fraud;

4. the employee dies, resigns, laterally transfers or is terminated;

5. the employee takes leave or is assigned leave from actual performance of emergency telecommunicator duties from the employer for any reason for an indefinite period or for a period planned to last more than twelve months;

6. receiving written notice from the board that the certificate shall be returned for other due cause as determined by the board.

102.05 The staff shall decide the disposition of a certificate within a reasonable time after receiving notice that a certificate has been returned. The staff may decide to:

1. delay consideration of the return of the certificate;

2. inactivate the certificate;

3. assign stewardship of the certificate to a new emergency telecommunicator employer or;

4. cancel/recall a certificate, if issued in error or through misrepresentation or fraud.

102.06 In the case of lateral transfer, the staff shall forward the certificate to the appropriate employer.

102.07 The staff shall maintain the certificate and all other file information of telecommunicators who have died or whose certificates have been inactivated in the board files.

102.08 When the staff has inactivated a certificate because a telecommunicator:

1. is no longer in emergency telecommunications employment as described in this Policy and Procedures Manual,

2. is on indefinite leave or leave for more than one year, or

3. for other reasons, the Board Director may reactivate the certificate when the certified telecommunicator resumes employment for the employer who returned the certificate or under a new emergency telecommunications employer included under the Emergency Telecommunications Training Program. In either case, the employer may initiate the reactivation process by forwarding a new Application for Certification (Parts I, II and III) to the board director. The board director shall forward a reactivated certificate to the employer.
102.09 When the certificate of a telecommunicator certified by statute remains inactivated for more than four years, the certificate shall lapse. Upon receiving a request to reactivate the certificate, the board director shall notify the employer by letter that the certificate has lapsed and that the employee must re-qualify for certification by the board in order to be employed as a full-time emergency telecommunicator for more than one year.

102.10 The Professional Certificates issued by the Board shall expire three years from the date of certification of the area(s) of discipline (911, EMS, fire, law enforcement). At that time, the Board will require the telecommunicator to have completed training in accordance with the existing standards for re-certification (see Chapter 11: Re-Certification of Emergency Telecommunicators).

102.11 The Board hereby relegates to the staff the authority to certify and recertify all emergency telecommunicators upon satisfactory completion and verification of all requisite training.

102.12 The Board further authorizes the staff to issue Professional Certificates on the first day of each month and furnish a list at the Board meetings for official recognition of certification.
Chapter 03: Recall or Cancellation of Certificates

adopted - 07/1993; rev - 01/2005

100 **Purpose**  This section establishes policy and procedures governing the recall or cancellation of the professional certificate of an emergency telecommunicator.

101 **Policy**  The Board reserves the right to cancel and recall any certificate when:

101.01 The certificate was issued by administrative error;

101.02 The certificate was obtained through misrepresentation or fraud;

101.03 The holder has been convicted or entered either a plea of guilty or a plea of nolo contendere, received probation, pre-trial diversion or payment of any fine to a crime involving moral turpitude;

101.04 The holder has been convicted, or entered either a plea of guilty or a plea of nolo contendere, received probation, pre-trial diversion or payment of any fine to a felony; or

101.05 Other due cause as determined by the board.

1. The board has established standards and qualifications by rule and regulation for the employment of emergency telecommunicators as they relate to the competence and reliability of persons to discharge the responsibilities of that position of public trust. These standards address minimum age, education, training, citizenship, good moral character and experience.

2. Any condition, conduct or action that would breach the established minimum standards or would greatly diminish the public trust in the competence and reliability of an emergency telecommunicator would be actionable as due cause for recall or cancellation of a certificate.

101.06 Staff may take administrative action to suspend, recall, cancel or revoke a professional certificate for any of the purposes stated above. Upon taking administrative action, the certificate holder will be notified by the staff of such action and informed of his/her right to a hearing before the Board.

**Procedures**

102 The procedures listed herein shall be followed to ensure a fair and expedient hearing consistent with law.

102.01 The board staff shall open a certification review file upon the instruction of the director or the assistant director. The director or the assistant director may base the opening of a review file on a number of sources.

1. Routine activity by the board staff that discloses noncompliance with the ETTP
or established policy shall be considered as possible basis for opening a certification review file.

2. Emergency Telecommunicator agency heads may request in writing to the director or the assistant director that a certification review file be opened.

3. The investigative divisions of the state or a political subdivision thereof may request in writing to the director or the assistant director that a certification review file be opened.

   a. All such requests in 102.01(2) and 102.01(3) should be accompanied by documents to support the review request. All accepted materials shall become a part of the individual telecommunicator's application packet.

   b. The release of these materials shall be in accordance with the board's policy and the Open Meetings and Records Act.

102.02 Once the certification review file has been opened, the board staff shall be responsible for organizing the materials submitted as a result of the review process. The staff may correspond with the employer, official records clerks or investigative agencies to clarify information. The staff may also initiate a request through the director to the investigative division of the Office of the Attorney General for further investigative support if needed.

102.03 The staff will indicate whether criminal charges have been initiated and maintain a current status report for each opened certification review file. (Information on court dates, hearings, pleas, adjudication status and sentencing shall be maintained to enable the director to take immediate action once a case has been heard.)

102.04 The director or the assistant director shall review the status of all open certification review files on a regular basis. Once the director believes that there is sufficient cause to initiate a request for a board action or administrative action in the case, the director shall notify the Chair of the Board and request the formation of a certification review hearing or send a letter to the certificate holder notifying them of the administrative action. The action becomes effective in 30 days unless the certificate holder requests a hearing before the Board.

102.05 The Chair shall evaluate the review file and consider whether there is sufficient cause to support a belief in a reasonable basis for revocation. The Chair shall decide the need for expeditious action based on available information and establish a time frame for further activities. The Chair may elect to:

1. delay consideration pending further information;

2. proceed with a hearing to enable the full board to evaluate the case.

102.06 If the Chair decides to proceed with a hearing, the Chair shall contact the director to establish the hearing. The Chair may elect to hold the hearing at the next
regularly scheduled meeting or at a specially convened meeting for that purpose.

1. Once the date has been established for the hearing, the director shall notify the telecommunicator and the agency head by certified letter, return receipt requested of the hearing date. The letter shall state in clear terms that the board will decide at the designated meeting whether or not to recall or cancel the officer's certificate.

2. The letter will also:
   a. Notify the telecommunicator of the time and place of the meeting;
   b. Spell out the substance of the proposed reasons for recalling the certificate. c. Invite the telecommunicator to appear personally before the board to make a presentation on his certification.
   d. Advise the telecommunicator that he/she may bring people to give oral testimony or to provide assistance in the presentation.
   e. Advise the telecommunicator that he/she may have counsel assist and/or represent him/her at the hearing.
   f. Advise the telecommunicator that strict rules of evidence do not apply.
   g. Advise the telecommunicator that documents may be submitted for consideration. All copies of any official documents must be submitted under the county seal or notary public. Any written testimony must be presented in the form of duly sworn affidavits. All documents must be submitted to the board staff not later than five working days before the hearing.

102.07 At the appointed time, the chair shall convene the certification hearing. The chair or the vice chair shall be the presiding officer and control the course of the hearing. The board itself shall constitute the hearing panel.

1. The proceedings of the hearing shall be recorded electronically and a separate written record shall be prepared.

2. The board shall consider all oral and written material presented at the hearing.

102.08 At the conclusion of all presentations and arguments, the board may vote to enter executive session to deliberate the question of certification.

1. During deliberation the board shall first consider the factual charges against the telecommunicator and determine if the information presented supports the charges.

2. If the board finds that one or more of the charges are supported, then the board
shall consider whether to revoke the telecommunicator's certification.

3. The board action shall be reduced to writing and entered into the written record of the proceedings. This record shall report the board's findings of fact relative to each charge and the certification decision reached by the board.

102.09 The director shall notify the employing agency and the telecommunicator in writing of the board's decision. If the board recalled the certificate, the notification shall advise the employer that no person shall serve as an emergency telecommunicator during a period when that person's certificate has been canceled or recalled in accordance with Mississippi Code Annotated, Section 19-5-353 (8).

102.10 A telecommunicator aggrieved by the findings and order of the board may file an appeal with the chancery court of the county in which the telecommunicator was employed. The telecommunicator must submit written notice of the appeal and the appropriate venue to the board within thirty days after the date of the board's final order.
Chapter 04: Compliance Monitoring and Noncompliance

Purpose

100 This section establishes the policy and procedures for compliance monitoring and for addressing any instances of noncompliance that may come to the board’s attention.

Policy

101 The intent of the Legislature in enacting the Emergency Telecommunications Training Program (ETTP) was clearly to establish standards for the selection and training of emergency telecommunicators as soon as possible upon beginning the telecommunicator’s career. This action was for the benefit of all the people of the state in that trained telecommunicators could better meet the needs of a complex society. Due to that very complex nature of today’s society, coupled with the ever increasing demands for the services of the emergency telecommunications professional, the need for competent, capable and credible telecommunicators has never been greater. The issue of competence will become a much-debated topic in the nation’s courts as the incidence of litigation against emergency telecommunicators for negligence inevitably will begin to rise. To further exacerbate matters, emergency telecommunications agencies, towns, cities, counties and even state levels of government are being named by litigants for negligence. Simply stated, the potential penalty for failure to do the right thing at the right time is so great that the state and local governments can not afford to ignore the risks. In a large measure, training and standards reduce the risk potential for failure on the part of emergency telecommunicators. The board’s policy is to ensure that the established standards are enforced to the maximum extent practically possible and that telecommunicators receive needed training throughout their careers. As a part of ensuring that standards are met, the board will strive to encourage agencies and telecommunicators to achieve compliance by utilizing every asset and resource available to the board.

Procedures

102 The primary tools the board will use in compliance monitoring are the various forms in Appendix A of this manual. These forms provide the board information upon which to base decisions as to the eligibility of an applicant to become an emergency telecommunicator and the level of training required to meet or exceed the mandated requirement. The board will use other sources of information as necessary to determine who is serving as an emergency telecommunicator and whether or not the individual is certified and thereby authorized to serve.

Note: “Application for Certification” forms may be submitted through Standards and Training’s internet based “Forms & Certification Management System” ([https://www.state.ms.gov/mspost/](https://www.state.ms.gov/mspost/)). Agencies must submit a “MSPOST Client Agency Information” form by mail, facsimile or email to request a User ID and to be assigned a password. The form can be completed on-line from the Office of
Standards and Training’s portion of the MS Department of Public Safety’s web-site (http://www.dps.state.ms.us). In order to submit any other forms on an individual in the web-based system, an “Application for Certification” must first be submitted and approved for that individual.

102.01 Compliance shall be evaluated on both an individual and organizational basis.

1. The individual must supply information to the board through his employer. The employer must conduct a background investigation to verify the board certification specifics (see Application for Certification, Part III). This information will be reviewed by the staff to determine eligibility and training. Random checks of the information will be conducted to obtain independent verification. Once the review is completed, the board will inform the individual on the type of training required to obtain certification. The individual will have achieved compliance only after successful completion of the training and the board's formal action of certification. Individuals must obtain certification within one year after their date of hire or within three years if their date of hire was before July 1, 1992.

2. Emergency telecommunications agencies must establish a policy that ensures only authorized (certified) telecommunicators perform duties as a full-time emergency telecommunicator. In addition to this policy, the agencies must provide requested information to the board on a timely basis. The one year probation period should prove to be ample time to achieve certification for any emergency telecommunicator. Delays in submitting required paperwork and procrastinating in completing required training can easily result in noncompliance. No provisions are provided to waive, excuse or nullify the requirement to achieve certification within one year. Agencies who have telecommunicators who cannot achieve certification within the established time limit must reassign the affected individuals to other duties or terminate their employment.

102.02 The board staff will make every reasonable effort to assist agencies in achieving compliance. The staff, the board and the Emergency Telecommunicator Training Program (ETTP) exist to serve the needs of the emergency telecommunications community. Hopefully, a spirit of understanding and cooperation will prevail in order that the emergency telecommunications profession will continue to advance and obtain the recognition so richly deserved. The board will strive to keep lines of communication open and provide assistance in overcoming problems with the certification process before the probation period expires, thereby avoiding serious problems requiring drastic measures.

1. The staff will attempt to contact the agency head to resolve any conflicting information or problems with compliance.

2. The heads of related agencies such as the mayor, board of supervisors, etc., will be contacted as needed to resolve problems.

3. Communication with agencies shall be in writing with additional backup communication through the use of telephone and staff visits.
102.03 In addition to the information on compliance that the staff discovers through routine monitoring, the staff receives information from a variety of other sources, such as the media and citizen complaints. Information that indicates a potential compliance problem will be reviewed to determine if further information is required. Before taking any action on such information, the staff will attempt to verify the information with the agency head involved.

102.04 The board will make every effort to identify the need for compliance and assist those agencies in meeting the requirements of the Act prior to the expiration of the one year probation period.

1. If the board discovers that a violation of the Act has been committed (i.e., an individual performs emergency telecommunicator duties in excess of one year from their date of hire without obtaining board certification), the board will notify the agency head in writing of their potential liability. The board will further notify the State Auditor that public funds may have been paid out in violation of state law. A copy of this notification will be provided to the local executive officer.

2. In addition to the above measures, the board will not reimburse the training costs incurred by any agency who is not in compliance with the Act or the provisions of this Policy and Procedures Manual. Simply stated, the payment of an emergency telecommunicator’s salary when that person performs emergency telecommunicator duties in excess of one year (or three years past April 1994 if hired on or before July 1992) without obtaining certification is prohibited. Therefore, the board cannot reimburse any cost of salary incurred in excess of the one year (or three year) limits by a telecommunicator in training, even if the agency is otherwise in compliance. Also, the board cannot reimburse the salary of those certified individuals who receive mandated re-certification training beyond the expiration of their state certificates.

102.05 In the event an agency disagrees with the board as to the certification or re-certification process pertaining to their organization, the agency is encouraged to submit a request in writing to have a representative appear before the board at the next regularly scheduled meeting.
Chapter 05: Reimbursement of Training Costs

Purpose

100 This section establishes the policy and procedures governing the reimbursement of training costs to the emergency telecommunicators’ agencies governed by the Emergency Telecommunications Training Program.

Policy

101 The Emergency Telecommunications Training Program created the Board for the primary purpose of developing and implementing guidelines for the selection and training of emergency telecommunicators. Accordingly, the legislature mandated that the Board authorize, but only from such funds appropriated by the legislature, the reimbursement of all expenses associated with successful completion of such training. These include salary, allowable tuition, lodging, meals and travel expenses (if applicable). Reimbursement is authorized only for those agencies and subdivisions of the state who are in compliance with all provisions of the Act to include those policies and procedures established by the Board pursuant to the Act. (Mississippi Code 19-5-355 (1) and 19-5-357 (5) and (6))

101.01 While all expenses incurred for the completion of certification and re-certification training shall be fully reimbursed, if at any time a shortage of appropriated funds may become an issue, the priority for reimbursement funding shall be in the following order:

1. basic and EMD training;
2. mandated re-certification training;
3. elective re-certification training; and
4. advanced instructor training.

101.02 Reimbursement shall be allowable for telecommunicators in attendance at Board-approved training programs established at such agencies or institutions as the board may deem appropriate within one hundred (100) miles from the telecommunicator’s agency. A Justifiable written explanation must be provided to the Board requesting approval for reimbursement of training one hundred (100) miles or more from the telecommunicator’s agency.

101.03 A host agency/instructor must submit a "Course Certification Request" form to the Board for pre-approval of a course, course location and estimated costs. This information must be sent thirty (30) days prior to the date of the course. If a course must be cancelled or rescheduled the host agency/instructor must notify in writing the Board and any pre-registered students five (5) working days prior to the set date of the course. All approved courses will be posted on the Board’s Training Calendar.
Note: Course certification request forms may be submitted through Standards and Training’s internet based “Forms & Certification Management System” (https://www.state.ms.gov/mspost/). Instructors must submit a “MSPOST Client Agency Information form” by mail, facsimile or email to request a User ID and to be assigned a password. The form can be completed on-line from the Office of Standards and Training’s portion of the MS Department of Public Safety’s web-site (http://www.dps.state.ms.us). An “Application for Instructor Certification” must be submitted and approved on each instructor that is to use the web-based system prior to submitting any other forms.

101.04 The employing agencies of course students must meet the following requirements in order to be eligible to receive reimbursement:

1. agency must be an organization of the state or a political subdivision of the state;

2. telecommunicators attending training must work a minimum of eight (8) hours within a 30-day period;

3. agency must have adhered to the selection and training standards established by the board;

4. all administrative requirements must have been completed pursuant to this Policy and Procedures Manual to include all forms completed in full; these include the Application for Certification (Parts I, II and III), Eight-Hour Field Observation and the Reimbursement Worksheet; and

5. agency must have settled all accounts with the institution or location where training was conducted.

101.05 For the duration of training, the location of the institution shall be the assigned place of duty. Allowable costs of training as established by the Board are as follows:

1. Tuition costs shall be reimbursed at an amount set by the Board. The Board will review the costs for the training programs every six months and make any adjustments to the tuition allowance as needed. Tuition allowance includes all costs relating to instruction, such as, training materials, supplies, facility costs and instructor expenses.

2. Subsistence costs, which include lodging and meals, shall be eligible for complete reimbursement as long as they do not exceed the maximum daily allowance permitted under state law. Lodging prior to the first day of training is not reimbursable. If tuition costs includes meals, there will be no additional meal reimbursement unless a justifiable written explanation is provided to the Board. Receipts for lodging and meals must be provided with the “Request for Reimbursement” form.

3. The authorized base salaries of emergency telecommunicator students and
instructors are eligible for reimbursement for the period of the training courses. The salaries shall be computed based on the gross weekly salary of the most recent full month prior to course completion. Reimbursement includes compensation for a standard 40-hour week and will only be authorized for salaries paid for the performance of telecommunications duties. Courses completed after one-year from date of hire or after the three-year certification period will not be reimbursed salary costs.

4. **Travel expenses** shall be determined by multiplying the standard state mileage rate times the mileage for one round trip (and subsequent round trips if commuting). Agencies with more than one student enrolled in a course will be expected to car pool (up to four people per vehicle) and will receive travel for one vehicle.

5. **The board shall provide training reimbursement for all required mandated training only if the training program satisfies the requirements.** The board will designate the appropriate training program for certification purposes. If an applicant completes a course other than the designated course, the applicant will not be certified and the agency will not be reimbursed for training costs.

   **Note:** All out of state travel must be approved in writing by the Board prior to attending requested course.

6. Only successfully completed Board-approved training programs are allowable. The following programs and their areas of specialty have been approved by the Board.

   a. Either the Association of Public-Safety Communications Officials (APCO) 40-Hour Basic course or the National Emergency Communications Institute (NECI) 40-Hour Basic course, or the National Academies of Emergency Dispatch (NAED) 40-Hour Basic course is required to be certified as a Law Enforcement or Fire Service telecommunicator.

   b. Either the National Academy of Emergency Dispatch (NAED) 24-hour, the APCO EMD 32-hour, the NECI EMD 24-hour or the U.S. Department of Transportation (DOT) 24-hour EMD program is required to be certified as an Emergency Medical telecommunicator.

   c. The Mississippi Emergency Telecommunicator 16-hour Re-certification Course is required to be completed in the third year of initial certification.

   d. Elective training is required to be completed any time within the three-year certification period. Those courses or training exercises not normally offered by approved vendors shall be requested for approval by the Board staff in advance.

7. The Board will not reimburse the training costs of partially completed training or failed training. Telecommunicators may return after additional preparation to attempt to complete the course requirements. Reimbursement of training costs

of conferences or seminars offering multiple subject courses will be adjusted based on the telecommunicator’s attendance record.

**Procedure**

102 The Board staff shall review all the information available on each telecommunications class and determine the eligibility and amount of reimbursement to each agency.

102.01 The staff shall maintain a running balance of available funds which come from a service charge of Five Cents ($0.05) which is placed on each subscriber phone line within the State of Mississippi as of July 1, 1993 (Mississippi Code 19-5-357 (1)). The proceeds generated shall be primarily used to fund the minimum standards training program for public safety telecommunicators within the State. (Mississippi Code 19-5-357 (5))

102.02 The course instructors shall provide the staff an official roster of students within five working days of the day the class ends. The roster shall include the name, last four (4) digits of social security number and agency of each student for each day of instruction.

102.03 The course instructors shall notify the staff of any withdrawals or dismissals from training during the course of the program. The notification shall include whether the telecommunicator withdrew or was dismissed and the reason (i.e. deficiency in academics). If the telecommunicator was dismissed for a violation of course rules and regulations, the course instructor must provide a written report of the investigation into the incident.

102.04 Once the class is completed, the course instructor shall prepare a course roster which shall positively indicate that all students have met the course requirements (i.e. hours attended, test score). Course instructors shall grade each student’s test (passing score 70% for electives) and provide the staff with a copy of the test. Once the students complete the requirements, the course instructor shall issue a certificate of course completion to the student and notify the staff in writing. This notification must be received prior to any further certification processing or reimbursement.

102.05 The agencies in which the newly-trained emergency telecommunicators are employed shall submit a Reimbursement Worksheet to the Board completely filled out, signed and dated upon completion of the course. The agencies shall submit a Course Evaluation Form completed by the telecommunicator on each course completed.

**Note:** “Reimbursement Worksheet” forms may be submitted through Standards and Training’s internet based “Forms & Certification Management System” ([https://www.state.ms.gov/mspost/](https://www.state.ms.gov/mspost/)). Agencies must submit a “MSPOST Client Agency Information” form by mail, facsimile or email to request a User ID and to be assigned a password. The CJA information form can be completed on-line from the Office of Standards and Training’s portion of the MS Department of Public Safety’s
In order to submit a reimbursement worksheet or any other forms on an individual in the web-based system, an “Application for Certification” must first be submitted and approved for that individual.

102.06 The staff will determine the amount of the reimbursement based on the total of: Board-approved training costs, the applicant's documented base weekly salary, round trip mileage from the agency to the course location and lodging and meals (if applicable). Reimbursement, not to exceed the maximum daily allowance under state law, will be determined by the presence of all required forms, information and compliance with the Emergency Telecommunications Training Program.

102.07 After determining eligibility and amount of reimbursement, the board staff shall complete a Claim for Reimbursement form and submit the form to the agency head for review. The form shall contain the name and other personal data of the trainee, course attended, tuition, salary and travel costs (meals and food if applicable). The agency head shall review the form, sign and return the form within five working days of receipt. Any discrepancies, corrections or misinformation on the form should be annotated/corrected and the form returned unsigned. The staff shall correct the form and return it to the agency. It is imperative that this form be processed without delay as it is the basis for any funds the agency receives.

102.08 The staff will submit the Claim for Reimbursement to the Department of Finance and Administration for payment. The Board will maintain a copy of the claims and the warrants of payment in the board files.

102.09 Agencies should receive payment within forty-five (45) days of returning the Claim for Reimbursement form. If not, notify the Board staff.
Chapter 06: Standards of Training and Certification

Purpose

100 This section establishes policy and procedures governing the standards to be used in determining what constitutes successful completion of the Basic Emergency Telecommunications Training Program.

Policy

101 The Board-approved Basic Emergency Telecommunications Training Courses shall include classroom activity as well as hands-on skill certification. There are two types of courses used in the certification process. They are divided into:

101.01 law enforcement and fire service and

101.02 emergency medical.

1. The Association of Public-Safety Communications Officials (APCO) Basic 40-Hour and National Emergency Communications Institute (NECI) Basic 40-Hour, and the National Academies of Emergency Dispatch (NAED) Basic 40-Hour courses have been approved for basic emergency telecommunications training. For the emergency medical training the APCO 32-Hour, the NECI 32-Hour, the U.S. Department of Transportation (DOT), and the National Academy of Emergency Dispatch (NAED) EMD courses have been approved.

Procedures

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102.01 Minimum Standards of Training and Certification for Law Enforcement Telecommunicators/Dispatchers.

1. Current certification by APCO Institute 40-Hour Telecommunicator Training Program or NECI Basic Emergency Communication Officer 40-Hour Training Program, or NAED 40-Hour Emergency Telecommunicator Course, and

2. Successful completion of field observation (ride-along)** with a law enforcement field training officer (8 hours).

NOTE: This does not qualify the participant as an EMS telecommunicator, Fire Service telecommunicator or as a certified Mississippi Justice Information Center (MJIC) terminal operator.

102.02 Minimum Standards of Training and Certification for Fire Service Telecommunicators/Dispatchers.
1. Current certification by APCO Institute 40 - Hour Telecommunicator Training Program or NECI Basic Emergency Communication Officer 40-Hour Training Program, or NAED 40-Hour Emergency Telecommunicator Course, and

2. Successful completion of field observation (ride-along)** with a fire service field training officer (8 hours).

NOTE: This does not qualify the participant as an EMS telecommunicator, Law Enforcement telecommunicator or as a certified Mississippi Justice Information Center (MJIC) terminal operator.

102.03 Minimum Standards of Training and Certification for EMS Telecommunicators.

1. Successful completion of the National Academy of Emergency Medical Dispatch; APCO Institute of Emergency Medical Dispatch; U.S. Department of Transportation/National Highway Traffic Safety Administration - Emergency Medical Services Dispatch; or National Emergency Communications Institute - Emergency Medical Communications Officer training course.

2. Successful completion of the basic APCO, NECI course, or NAED course.

3. Field observation (ride-along)** Provide an overview of regulations and recommendations pertaining to emergency vehicle operation; provide an understanding of all records and reporting systems and forms utilized by the public safety agency; promote efficient and proper use of all radio communications equipment and systems that the public safety officer or EMT will utilize. (8 hours minimum)

4. Current certification in CPR by the American Heart Association or the American Red Cross or an equivalent nationally recognized organization.

NOTE: These methods of certification for an EMS telecommunicator do not qualify the participant as a Fire Service telecommunicator, Law Enforcement telecommunicator or as a certified Mississippi Justice Information Center (MJIC) terminal operator.

** Field observation (ride-along) is required of all Emergency Telecommunicators. The field observation may be conducted with the Telecommunicator's local agency provided there is adequate call volume and activity to provide an effective learning experience. In communities with less activity, consideration should be given to attaining field observation experience with more active agencies. The field observation (ride-along) should provide an overview of regulations and standard field operating procedures, recommendations pertaining to emergency vehicle operation; provide an understanding of all records and reporting systems and forms utilized by the agency; promote efficient and proper use of all radio communications equipment and systems that the public safety officer or EMT will utilize. A minimum of 8 hours of ride-along with a field training officer (FTO) is required for each separate area (law enforcement, fire service and EMS).
102.04 Mississippi Emergency Telecommunicator Training Program - Curriculum development is only one portion of a comprehensive emergency telecommunicator training program. Other topics of a comprehensive training program include:

1. Purpose of the training program
2. Objective of the training program
3. Description of the occupant
4. Competency of the MS Emergency Telecommunicator
5. Operational policies
6. Curriculum description
7. Course design
8. Planning Considerations
9. Class size
10. Students
11. Faculty
12. Program Director
13. Instructional Faculty
14. Class Schedule
15. Classroom
16. Didactic instruction
17. Lab (psychomotor skills demonstration)
18. Cost
19. References
20. Instructor's lesson plan
21. Testing and evaluating methods
22. Certification
23. Student records and identification
24. Field observation (ride-along)
Chapter 07: Standards for Successful Completion of the Emergency Telecommunications Training Program


Purpose

100 This section establishes policy and procedures governing the standards to be used by accredited training instructors in determining what constitutes successful completion of the Emergency Telecommunications Training Program for state certification.

Policy

101 The Board-approved Emergency Telecommunications Training Program shall include classroom activity and subsequent field observation (ride-along). Standards for successful completion of the ETTP program include:

101.01 A passing academic score as determined by the course vendor,

101.02 First-hand experience of field observation in an 8-hour ride along in a respective vehicle area of certification (law enforcement, fire or emergency medical). Those agencies which do not allow a telecommunicator ride-along with a field training officer, shall provide an alternative orientation program.

101.03 Failure to complete all of these standards will render the student ineligible for certification as an emergency telecommunicator until the deficiency has been corrected. The ETTP program must be completed as a whole unit of training. If individual portions of the training are not successfully completed within the one-year time period, the employer shall be personally responsible for that individual’s salary. The sequence of completion of 101.01 and 102.02 is not important.

Procedures

102

102.01 Admission/enrollment

1. For classroom training, the course instructor or host agency shall be charged with the registration of students into the respective basic and emergency medical dispatch (EMD) classes. Registration shall include those students who currently perform telecommunicator duties with a public safety, law enforcement, fire or EMS agency.

102.02 Readmission procedure

1. Any student who is dismissed or voluntarily withdraws from a basic or EMD training course may be eligible for readmittance for training at a future date as
long as it is within the one-year period of the date of employment.

102.03 **Academic** Students must achieve a final passing academic score as determined by the vendor to successfully complete the basic and/or EMD course.

1. The course instructors shall administer the appropriate vendor test plan to evaluate the student's retention of knowledge attained in the course.

   a. The test plan for the law enforcement and fire telecommunicator certification must include all of the essential areas of one of the following Board-approved basic courses:

      i. Association of Public-Safety Communications Officials (APCO) 40-Hour Basic course;

      ii. National Emergency Communications Institute (NECI) 40-Hour Basic course.

      iii. National Academies of Emergency Dispatch (NAED) 40-Hour Emergency Telecommunicator Course

   b. The test plan for the emergency medical telecommunicator certification must include either of the APCO Basic, NECI Basic, or NAED Basic as well as all of the essential areas of one of the following Board-approved EMD courses:

      i. APCO 32-hour "Basic EMD Certification Course",

      ii. NECI 24-Hour “Emergency Medical Communications Officer" course, iii.

         National Academy of Emergency Dispatch (NAED) 24-hour EMD course, iv.


2. The test plan must ensure re-dress of missed questions for each student. This effort will be directed toward making the student academically self-sufficient after the training program.

3. Any student who fails to achieve a passing academic average as determined by the course vendor will not be allowed to attain state certification. Students who are dismissed from a training course for academic reasons may re-enroll in the next available class.

102.04 **Scoring Procedures**

1. For classroom training, all testing mechanisms shall be scored under supervision of the course instructor or course vendor using prescribed procedure.

2. Students shall be given feedback on their performance for every graded event.
Missed answers shall be covered with each student.

102.05 Every student who successfully completes any type of training course will receive a vendor certificate, signed by the course instructor and/or other appropriate official, which evidences successful completion of the course. In addition, the course instructor or course vendor will send a copy of the vendor certificate and the course roster to the Board for purposes of state certification.

102.06 **Field Observation** Field observation (ride-along) is required of all Emergency Telecommunicators. The field observation may be conducted with the Telecommunicator's local agency provided there is adequate call volume and activity to provide an effective learning experience. In communities with less activity, consideration should be given to attaining field observation experience with more active agencies. The field observation (ride-along) should provide an overview of regulations and standard field operating procedures, recommendations pertaining to emergency vehicle operation; provide an understanding of all records and reporting systems and forms utilized by the agency; promote efficient and proper use of all radio communications equipment and systems that the public safety officer or EMT will utilize. A minimum of 8 hours of ride-along with a field training officer (FTO) is required for each separate area (law enforcement, fire service and EMS).
Chapter 08: Learning Objectives for Emergency Telecommunications Training Courses

Purpose

100 This section establishes policy and procedures governing the learning objectives which are expected to be achieved by Board-approved training courses in order to attain successful completion of the Basic Emergency Telecommunications Training Program.

Policy

101 The Basic Emergency Telecommunications Training Courses shall include classroom activity as well as hands-on skill certification. The primary portion of the training curriculum shall come from the approved courses of national organizations which are considered the standards in the industry. The course instructor is also allowed time during the course to conduct practical training as is deemed necessary.

101.01 Based on the Job Task Analysis study of Public Safety Telecommunicators, a list of essential tasks have been identified and transformed into basic learning objectives that need to be presented in the training of emergency telecommunicators. These include (1) basic objectives for all telecommunicators, (2) supplemental objectives for law enforcement and fire service telecommunicators and (3) supplemental objectives for emergency medical service telecommunicators.

1. The basic learning objectives of a Public Safety Telecommunicator (PST), which encompasses the disciplines of law enforcement, fire service and emergency medical service, include:

   a. Identify the essential skills which will enable you to be an effective and efficient PST.

   b. Identify the role of a PST.

   c. Identify the legal issues/exposure of the PST.

   d. Identify the role of the FCC and its rules and regulations in the work of a PST.

   e. Identify the liability and limits on the PST for release of improper legal advice or information.

   f. Identify the effects of stress on the role of the PST and techniques which can be used to counteract these negative effects.

   g. Describe the effects of stress on the PST and techniques used as coping mechanisms.
2. The learning objectives of Interpersonal Communications include:
   a. Identify the definition which best describes the act of verbal and electronic communication.
   b. Identify the techniques used to "control" an interview.
   c. Identify five of the seven steps necessary for communication to take place.
   d. Identify three of the five steps used when giving feedback.
   e. Identify three of the five techniques for improving verbal communications.
   f. Identify three of the seven techniques used to improve listening skills.
   g. Identify three of the five styles of responding to questions.
   h. Identify the concept of empathy.
   i. Identify the four basic communications skills.
   j. Discuss customer service strategies.
   k. Identify cultural issues which may hinder or help effective communications.
   l. Demonstrate by using the telephone, how to handle the following: (1) the angry caller and (2) language barrier.

3. The learning objectives of Medical/Legal issues and Civil Liability include:
   a. Identify the definition of a Duty to Act.
   b. Identify the definition of a Standard of Care.
   c. Identify the four elements of negligence.
   d. Identify an act of commission.
   e. Identify an act of omission.
   f. Identify the definition of civil liability.
   g. Identify the four requirements of a successful tort claim.
   h. Identify the two types of civil liability faced by telecommunicators.
   i. Identify two of the three items in the communications center which can assist in liability protection.
j. Define what situations create PST/customer privilege.

k. Describe proper procedures to communicate confidential patient information.  l. Describe local procedures for documentation and record keeping.

4. The learning objectives for Radio Techniques include:
   a. Identify the three primary segments of the radio spectrum that are used for public safety communications.
   b. Match "skip" with its correct definition.
   c. Match "repeater" with its correct definition.
   d. Match "clipping" with its correct definition.
   e. Identify the types of radios used by public safety agencies.
   f. Demonstrate how long a telecommunicator should transmit without releasing the transmitter switch.
   g. Identify the three steps taken before transmitting on a radio.
   h. Demonstrate the speed at which information should be broadcast.

5. The learning objectives of Call Handling Techniques include:
   a. Given a call transcript, identify the who, what, when, where and how within the information provided.
   b. Describe what information is needed to assist responders in locating an incident.
   c. When an exact address is not known by the caller, identify what information will assist responders.
   d. Identify the concept of positive call termination.
   e. Identify the two addresses the reporting party may give you.
   f. Demonstrate the use of repetitive persistence when managing the hysterical caller.
   g. Describe ways to help children provide address locations.
   h. Describe methods used to deal with callers suffering from mental conditions.

6. The learning objectives of 9-1-1 systems include:
a. Identify three benefits public safety agencies receive from E-9-1-1.

b. Demonstrate three ways that telecommunicators handle or route E-9-1-1 calls.

c. Identify two of the three features of a basic 9-1-1 system.

d. Identify the two primary features of an enhanced 9-1-1 system. e. Define "public safety answering point" and "emergency call".

f. Demonstrate the proper technique to dispatch in the following simulations:

i. Hazardous Materials Incident

ii. Barricaded Person/Hostage

iii. Search and Rescue

iv. Emergency Medical Dispatch

7. The learning objectives of the use of a TDD or TTY include:

a. Define the acronyms TDD and TTY.

b. Identify the formats used for communication via a TDD or TTY. c. Demonstrate the methods used to identify a TDD or TTY call.

d. Identify the code used when placing a TDD or TTY caller on hold while emergency assistance is dispatched.

e. Identify the code used when it is the other person's turn to communicate on a TDD or TTY.

f. Identify the code used to signify the end of a conversation on a TDD or TTY. g. Identify the code used when you are hanging up or completing a TDD or TTY call.

h. Identify two things to consider when receiving an operator-assisted call.

i. Demonstrate the ability to take control of a call and obtain the six W's of information gathering.

j. Demonstrate positive call termination.

k. Demonstrate the proper use of a TDD and TTY.
I. Demonstrate taking an emergency call using the TDD.

m. Discuss the need for TDD and TTY in the Communications Center.

8. The supplemental learning objectives for Law Enforcement and Fire Service Telecommunicators include:

a. Match "peace officer" with its correct MS definition.

b. Match "corrections officer" with its correct MS definition.

c. Match "parole and probation officer" with its correct MS definition.

d. Identify three of the four governmental levels of law enforcement found in Mississippi.

e. Match "offense" with its correct MS definition. f.

   Match "crime" with its correct MS definition.

f. Match "civil" law with its correct MS definition.

h. Identify the differences between the County Sheriff's Office and a City Police Department.

i. Match "correctional facility" with its correct MS definition. j.

   Identify the primary function of a "civil deputy".

k. Identify the reasons why confidentiality is an important factor to the telecommunicator.

l. Demonstrate the ability to differentiate between civil and criminal complaints. m.

Given a simulation, differentiate between different kinds of crime and determine the specific nature of a call. n.

Define the following terms:

i. Emergency Response Officer

ii. Emergency Alerting System

   All Points Bulletin or BOLO

o. Identify and explain the resources available to a dispatcher other than those of a public safety agency, e.g. Poison Control, Child Welfare, Search and Rescue, State Fire Marshall's Office, etc.
p. Identify four of the seven areas where law enforcement and fire service dispatchers expose themselves to liability.

q. Identify four of the six ways law enforcement and fire service dispatchers can protect themselves and their agency from lawsuit.

9. The learning objectives for using the National Crime Information Center (NCIC) and the Mississippi Justice Information Center (MJIC) include:

a. Explain and apply to simulated situations policies and procedures which govern the use of and access to NCIC and MJIC.

b. Explain the major security issues related to NCIC/MJIC.

c. Identify limits in the use of NCIC/MJIC information and liability attached hereto.

10. The learning objectives for helping ensure responder safety include:

a. Identify the telecommunicator's #1 awareness priority. b.

   Define "welfare check".

c. Identify four of the six pieces of "safety" information that should be gathered and relayed to responding units if possible.

d. Identify three procedures that, if performed, would aid in officer safety on traffic stops.

e. Identify three of the five indicators that a problem may exist at the scene. f.

   Identify three of the six steps that the telecommunicator can take to assist in officer safety.

g. Identify the procedure used when fire and/or emergency medical services are dispatched to a scene when law enforcement intervention is needed.

h. Explain the idea of a "safety" update and when it should be done.

101.02 In addition to understanding the learning objectives for Public Safety Telecommunicators, those telecommunicators whose duties involve the dispatching of emergency medical vehicles require more specialized instruction.

1. The basic learning objectives of Emergency Medical Dispatch include:

a. Identify the concept of emergency medical dispatch.

b. Given three examples, identify the need for giving pre-arrival instructions.
c. Identify information which should be relayed to the responding EMS providers.

d. Demonstrate the ability to take control of a call using directed interview techniques.

e. Demonstrate the proper use of an EMD Card System.

2. The learning objectives for the roles and responsibilities of an EMS dispatcher include:

a. Identify the primary roles of the Emergency Medical Dispatcher.

b. Identify the levels of EMS personnel that provide pre-hospital medical care.

c. Identify the levels of EMT certification.

d. Define and identify how EMD cards are authorized for use.

e. Discuss the process of becoming trained and certified as an EMD telecommunicator in Mississippi.

3. The learning objectives for Medical Response Telephone Techniques include: a.

Identify the essential information that must be obtained from every caller.

b. Define three types of callers.

c. Identify methods to prompt and efficient gathering and dissemination of information.

d. Discuss commonly held misconceptions regarding medical dispatching.

e. Define and demonstrate the use of repetitive persistence.

f. Define and differentiate Post Dispatch versus Pre-Arrival Instructions.

4. The learning objectives for Post Dispatch and Pre-Arrival Instructions include:

a. Identify the concept of emergency medical dispatch.

b. Given three examples, identify the need for giving post dispatch and/or pre-arrival instructions.

c. Identify three of the six pieces of information which should be relayed to the responding EMS providers.

d. Demonstrate the ability to take control of a call using directed interview techniques.
techniques.

e. Demonstrate the proper use of an EMD card system.

5. The learning objectives for a general medical background include:

   a. Define symptom.

   b. Define sign.

   c. Demonstrate how to determine pulse rate.

   d. Identify what low blood pressure may indicate concerning a patient's condition.

   e. Demonstrate how to determine the status of a patient's respiration.

   f. Identify the normal human body temperature.

   g. Identify the three characteristics of the patient's skin which can be used to determine patient status.

   h. Explain the function of respiration.

   i. Explain the function of the circulatory system.

   j. Identify the correct location of the human heart.

   k. Explain the function of arteries.

   l. Explain the function of veins.

   m. Identify the normal clotting time.

   n. Discuss how to determine a patient's level of consciousness.

   o. Define breathing difficulty.

   p. Define shock.

   q. Identify the signs and symptoms of shock.

6. The learning objectives for Legal Considerations include:

   a. Define liability.

   b. Define negligence.

   c. Define duty as it relates to EMS dispatching.
d. Define breach of duty as it relates to EMS dispatching.

e. Identify those guidelines which are used by a judge in a court case to determine the standard of care.

f. Define injury.

g. Define proximate cause.

h. Identify the three circumstances which provide for exemption from liability under the "Good Samaritan" law.

i. Identify and define the two types of consent.

j. Define abandonment.

**Procedures**

102 Once an emergency telecommunicator is hired by an agency or private company, it is that employer’s responsibility to get the telecommunicator certified. The process for meeting the requirements for certification is derived from the ability to know and perform the learning objectives as defined in the Job Task Analysis. These skills should be acquired from formal classroom instruction as provided by Board-approved courses.
Chapter 09: Certification Based on Equivalency of Training

**Purpose**

100 This section establishes policy and procedures governing the certification of emergency telecommunicators who have an established record of experience, training and education. The Board will establish procedures to review the record of those telecommunicators whose certification has lapsed and those telecommunicators who have training and experience in another jurisdiction (i.e. another state).

**POLICY**

101 The Board shall evaluate each applicant’s documented record of experience and training. The accomplishments in each area shall be weighed to compare the applicant’s credentials with the current standards for professional certification.

101.01 The state certification of any emergency telecommunicator shall lapse after a break in service of more than four years. Telecommunicators who have successfully completed a training course equivalent (as deemed by the Board staff) to the currently accepted Board courses, have completed the Eight-Hour Ride Along and meet established employment guidelines, will be eligible for certification upon completion of the required paper work.

101.02 All individuals applying for certification from another jurisdiction must have been certified and completed an acceptable emergency telecommunicator training course similar to those presently required by this Board. An acceptable training course would be one that meets or exceeds the approved state standard for mandated training and includes comparable training as that provided by Board-approved training courses. This would include similar course work subject matter and length of time the material is presented. If there is subject matter found to be lacking in the course in question, then the Board staff would review and make a ruling as to meeting the minimum standards.

101.03 In situations where the course predated state statutory requirements for emergency telecommunications training or the course was administered by a federal agency, the course curriculum will be compared to one that is approved by the Board.

101.04 In reviewing a course to be compared, the Board staff will measure the curriculums offered during the same period in this state. In addition to the courses listed, the staff will review the standards for successful graduation, the duration of the course, and the training delivery method. The course must equal or exceed the existing standards to be considered an acceptable course.

**Procedures**
All procedures applicable to certification for newly employed emergency telecommunicators must be followed in seeking certification based on equivalency of training. In addition to the forms for the certification process, the employer shall provide documentation of emergency telecommunicator training (copies of certificates, etc.). The Board staff will authenticate all documents submitted to the Board from other jurisdictions. The employer shall be prepared to submit the curriculum for training completed in another jurisdiction and the staff will retain for the Board files.
Chapter 10: Instructor Certification


Purpose

100 This section establishes policy and procedures governing the standards and qualifications to be used to certify or approve instructors for Board-approved training.

Policy

101 All persons instructing emergency telecommunicators in Basic, EMD or Recertification courses must be certified as an instructor by the Board of Emergency Telecommunications Standards and Training (BETST). All persons instructing elective training must be approved and/or certified as an instructor by the BETST.

Procedures

102 Minimum requirements for certification of training instructors for Basic, EMD or Recertification courses.

102.01 Application Individuals desiring to instruct in BETST-approved courses must thoroughly complete a formal application. Applications from currently employed telecommunicators must be submitted to their agency director (i.e. police chief, sheriff, etc.). That director will review and forward the endorsed application to the Board for consideration. Applicants who are former telecommunicators (self-sponsored) will forward their endorsed application to the Board for consideration. Each nominee for certification must meet the following requirements:

102.02 Education and Experience All instructor applicants must show educational and public safety experience equal to one (1) of the following:

1. a. A high school graduate or GED and five (5) or more years of experience as an Emergency Telecommunicator,
   b. Two (2) years of college and four (4) or more years of experience as an Emergency Telecommunicator,
   c. A bachelor’s degree and three (3) or more years of experience as an Emergency Telecommunicator.

2. Basic Training - All applicants must have completed a 40 hour Board-approved Basic Telecommunicator Course. All applicants desiring to instruct EMD must have completed the Emergency Medical Dispatch course.

3. Sufficient Knowledge of Subject Matter The applicant must demonstrate an adequate history as determined by the Board based on training, education,
experience, professional credentials and/or proficiency skills suitable to the topic of instruction of which certification is being sought. Applicants must have been employed as a telecommunicator or must have instructed telecommunicator courses within the past 5 years.

4. Knowledge of Instruction The applicant shall be cognizant of the methods of instruction and the aids available. Instructors must be able to clearly present the course material and meet the objectives outlined by the Board. New applicants must have attended and completed an approved 40 hour Instructor Development Course.

102.03 Instructor Training Attendance Approval Prior to any individual attending a Board-approved instructor training course for emergency telecommunications, that individual shall obtain written approval from the Office of Standards and Training.

1. Once an instructor application is submitted and approved, then an individual may attend a Board-approved instructor course.

2. After completing the instructor course, the instructor applicant must assist in one formal classroom type course under the observation of a certified instructor. The certified instructor must provide the Board with an evaluation of the instructor applicant’s performance. After successfully completing the instructor course and receiving a favorable evaluation the instructor applicant will be eligible for certification by the Board.

3. Instructors conducting the 16 Hour Recertification course must have conducted at least three (3) Basic and/or EMD classes as documented by the Board staff and completed an instructor orientation program on the issue of recertification.

4. An instructor may conduct training only in the vendor course in which he/she has been certified to instruct. The medical portion of an Emergency Medical Dispatch course must be taught by an individual possessing EMT, Paramedic, or higher level critical-care medical training.

102.04 Expiration - All instructor certifications expire three (3) years from the date of issue.

102.05 Activity - All instructors shall remain active during their period of certification. Each instructor shall conduct three (3) Board-approved telecommunications courses (Basic, EMD, State Recertification) within each 36-month period of their certification. Modular courses (commonly referred to as “self-paced” courses) which do not require formal classroom instruction on the part of the instructor do not count towards this requirement. Failure to meet this requirement will result in a non-renewal of instructor credentials at the expiration of certification period.

1. Agencies which elect to send an employee to an instructor training course and do not agree to allow that person to instruct individuals from outside agencies, will not be reimbursed by the Board for that employee’s attendance.

2. The Board will provide reimbursement for attendance to instructor certification
training when the following two conditions are met:

a. The employee’s agency head, through the signature on the back of the instructor application, agrees to allow said individual to instruct employees of other agencies, and

b. The employee conducts one formal classroom-type course in which that person is a primary or secondary instructor in the course.

102.06 Compliance - Instructors shall maintain a current status and remain in compliance with the provisions set forth by their respective course originators as well as the Board of Emergency Telecommunications Standards and Training.

1. Instructors shall adhere to the minimum training requirements of the course originators when conducting a course including the number of hours and the materials covered.

2. Instructors shall sign a Memorandum of Understanding from the Board which clarifies what is expected of them when conducting a Basic, EMD or Recertification course on behalf of the Board and the requirement to evaluate and assist instructor applicants.

102.07 Evaluation - The instructor shall be evaluated periodically by the BETST staff or other qualified individuals on dimensions determined by the Board. Evaluations shall remain on file at the Standards and Training office.

102.08 Renewal - Individuals applying for renewal of instructor certification must complete a formal application for renewal. The issuance of a renewal certificate will depend on meeting the following requirements:

1. The renewal application shall be thoroughly completed and signed by the applicant and his/her agency director.

2. The instructor must provide documentation that he/she has conducted a minimum of three Board-approved curriculum courses in a formal classroom setting during the certification period expiring.

3. The instructor must provide documentation of his/her continuing knowledge and experience in the requested area of recertification.

102.09 Property of certificates As with the professional certificate, the instructor certificate remains the property of the Board. The possession and stewardship of the certificate is the responsibility of the sponsoring agency. The Board may revoke any instructor certificate upon a showing of just cause, which includes, but is not limited to:

1. Administrative error in issuance,

2. Falsification of any information on the application,
3. Failure to complete the prescribed internship,

4. Conviction or entering a plea of either guilty or nolo contendere, being fined, ordered into probation or pre-trial diversion in relation to a felony or a misdemeanor involving moral turpitude,

5. Mistreatment, abuse or improper behavior involving a student,

6. Consistent failure to follow Board-approved training guidelines, learning objectives and lesson plans (where established) and

7. Any other actions detrimental to professional emergency telecommunications training.

102.10 Staff may take administrative action to suspend, recall, cancel or revoke a professional certificate for any of the purposes stated above. Upon taking administrative action, the certificate holder will be notified by the staff of such action and informed of his/her right to a hearing before the Board.

103 Minimum requirements for the approval of instructors for elective training.

103.01 Sufficient Knowledge of Subject Matter The applicant must demonstrate an adequate history as determined by the Board based on training, education, experience, professional credentials and/or proficiency skills suitable to the topic of instruction of which certification is being sought.

103.02 Knowledge of Instruction The applicant shall be cognizant of the methods of instruction and the aids available. Instructors must be able to clearly present the course material and meet the objectives outlined in the course. New applicants must have attended and completed an approved 40 hour Instructor Development Course. New applicants seeking approval to instruct elective training must make a presentation before the Board describing their knowledge of the subject matter and knowledge of instruction on the objectives of the course(s) they desire to teach.

103.03 Approval of New Course(s) Instructors submitting new courses for Board approval must make a short presentation before the Board describing the course objectives or request a Board member to make the presentation. Board members may present the course objectives of a course proposed by their agency. If the Board determines that the course meets the training needs of a telecommunicator, the Board will approve the course to be taught as a pilot program. The staff or board member will monitor all proposed courses and bring their findings back to the Board for final action. Existing courses will be evaluated on an ongoing basis. Course approval requests by instructors from out of state must submit their professional credentials and course objectives to a Board or staff member for presentation.

103.04 Application Individuals desiring to instruct in BETST-approved elective courses must thoroughly complete a formal application.

103.05 Instructors certified for elective training shall maintain compliance with all BETST policies and procedures. Instructors must conduct three approved courses per year to
remain on the active elective instructor list. (Basic, EMD, State Recertification Course does not apply) Instructors are expected to hold regional classes due to travel restrictions.

103.06 Instructors approved for elective training shall revise curriculum and tests every 3 years and submit to the Board for approval with their recertification application.

104 Approval of Course(s) The “Emergency Telecommunicator Course Certification Request” form must be submitted to the Board thirty (30) days before the start date of the course. The instructor’s credentials, course objectives and narrative description of the course must be included. If the course/instructor is approved the Board staff will post the approval on the training calendar.

Note: Course certification request forms may be submitted through Standards and Training’s internet based “Forms & Certification Management System” (https://www.state.ms.gov/mspost/). Instructors must submit a “MSPOST Client Agency Information form” by mail, facsimile or email to request a User ID and to be assigned a password. The form can be completed on-line from the Office of Standards and Training’s portion of the MS Department of Public Safety’s web-site (http://www.dps.state.ms.us). An “Application for Instructor Certification” must be submitted and approved on each instructor that is to use the web-based system prior to submitting any other forms.
Chapter 11: Re-Certification of Emergency Telecommunicators


Purpose

100 This section establishes policy and procedure for re-certification of emergency telecommunicators.

Policy

101 The board shall re-certify those emergency telecommunicators who continue to meet the employment guidelines established in accordance with Mississippi Code as Annotated Section 19-5-353 as well as having completed the prescribed continuous training requirements established henceforth.

101.01 Re-certification under the Emergency Telecommunications Training Program (ETTP) shall be limited to those emergency telecommunicators who have received their initial three-year state certifications through the Mississippi Board of Emergency Telecommunications Standards and Training.

Procedures

102 All emergency telecommunicator applicants for re-certification shall complete the following steps to maintain their current certification status with the Board:

102.01 Applicants for telecommunicator re-certification shall submit a fully-completed (1) Application for Re-certification and (2) Re-certification Report prior to expiration of their BETST professional certificate.

Note: “Application for Re-Certification” forms may be submitted through Standards and Training’s internet based “Forms & Certification Management System” (https://www.state.ms.gov/mspost/). Agencies must submit a “MSPOST Client Agency Information” form by mail, facsimile or email to request a User ID and to be assigned a password. The CJA information form can be completed on-line from the Office of Standards and Training’s portion of the MS Department of Public Safety’s website (http://www.dps.state.ms.us). In order to submit any other forms on an individual in the web-based system, an “Application for Certification” must first be submitted and approved for that individual.

102.02 An emergency telecommunicator shall complete a minimum of 48 hours of approved elective training every three (3) years prior to the expiration date of their professional certificate. Each emergency telecommunicator shall review their training needs with their supervisor on a continuous basis and complete training as needed. Continuous education shall consist of the following:

1. The Board approved 16-hour, Re-certification Course (initial three year certification period only)
a. The two-day class curriculum shall consist of those subject areas deemed by the Board to be the most essential to maintaining thorough knowledge in the profession.

b. The two-day class shall be conducted by a Mississippi-certified instructor who has conducted at least three basic and/or EMD classes as documented by the Board staff as well as completed an Instructor Orientation Program on the issue of re-certification.

c. Registration for the two-day class shall be arranged between the instructor/coordinator and the individual agencies which employ the re-certification candidates.

d. The allowable tuition reimbursement for the two-day course shall be established by the Board on an annual basis.

e. The two-day course shall not have in excess of 30 students per instructor without receiving prior Board approval.

f. Reimbursement for the two-day course shall consist of all of the same allowable expenses as initial certification (salary, tuition, lodging, meals, mileage). This is contingent upon submission of the Application for Recertification, the Re-certification Report and a Reimbursement Worksheet.

g. The two-day course shall be completed in the third year of certification. This shall mean between the 25th and 36th months of certification.

2. Completion of at least 48 hours of elective training from no fewer than six subject areas over the three-year certification period. The 16 hour Re-certification course will provide one subject area credit and 16 hours of elective training. (subject area requires a minimum of four (4) hours)

a. A checklist of approved training programs will be provided by the Board from which the candidate may choose. Verification of elective training must be acknowledged in writing by the agency head or their designee via the Recertification Report.

b. Any courses or conference seminars which are not on the list of elective subject areas but are requested to be taken for this purpose must receive prior approval from the Board as counting toward meeting re-certification requirements. Only two (2) conferences may be used to obtain credit per recertification period. The Board will review conference schedules and determine the amount of subject area credits and elective hours to be granted per conference.

c. Reimbursement for elective training shall consist of all of the same expenses as initial certification (salary, tuition, lodging, meals, mileage) only up to the point of meeting re-certification requirements or on a first-come first-served basis, which shall be determined by the date of application. Reimbursement
requests for any elective training may be submitted immediately upon completion of such.

Note: All out of state travel must be approved in writing by the Board prior to attending requested course.

d. Elective training may consist of in-house and/or online training if so desired by an agency. Proof of training shall be maintained by the agency in its personnel files. In-house or online elective training shall not exceed two (2) credits (eight [8] hours per credit) per re-certification period. BETST course rosters shall be submitted to the Board for in-house or online training credits.

e. Completing another Basic and/or EMD course similar to that taken for initial certification is not creditable as a re-certification elective.

102.03 Once all appropriate paperwork and training has been completed and submitted to the Board, the emergency telecommunicator will be re-certified for another three years.

102.04 Any persons, who due to illness, class availability or other events beyond their control, could not attend the required two-day course in the third year or complete the required elective training, may serve with full pay and benefits in such a capacity until they can complete the training. Those requesting an extension of their time must petition the Board in writing and also must note how much re-certification training has been completed at that point in time.

102.05 Break-in-Service - There is herein established a set of re-certification guidelines for those state certified emergency telecommunicators who leave the profession and later return.

1. Telecommunicators who have a break-in-service of four years or more shall be required to complete the same certification requirements as those who are new to the profession. This shall include completing a basic and/or EMD course and the appropriate eight-hour field observations.

2. Telecommunicators who have a break-in-service of less than four years shall meet re-certification requirements within one year of being rehired. Telecommunicators who have a break-in-service of more than two years but less than four years shall be required to complete the 16 hour re-certification course. Any training requirements completed after the most recent certification date and prior to the break-in-service shall count towards re-certification.

a. If a telecommunicator’s certification lapses during their break-in-service, they shall have twelve (12) months upon return to complete re-certification requirements.

b. If a telecommunicator returns to the profession while their certification is still current, the certification period shall be extended an amount of time equal
to the break-in-service but not to exceed twelve (12) months.
§ 19-5-303. Definitions [Repealed effective July 1, 2014].

For purposes of Sections 19-5-301 through 19-5-317, the following words and terms shall have the following meanings, unless the context clearly indicates otherwise:

(a) "Exchange access facilities" shall mean all lines provided by the service supplier for the provision of local exchange service as defined in existing general subscriber services tariffs.

(b) "Tariff rate" shall mean the rate or rates billed by a service supplier as stated in the service supplier's tariffs and approved by the Public Service Commission, which represent the service supplier's recurring charges for exchange access facilities, exclusive of all taxes, fees, licenses or similar charges whatsoever.

(c) "District" shall mean any communications district created pursuant to Sections 19-5-301 et seq., or by local and private act of the State of Mississippi.

(d) "Service supplier" shall mean any person providing exchange telephone service to any service user throughout the county.

(e) "Service user" shall mean any person, not otherwise exempt from taxation, who is provided exchange telephone service in the county or state.

(f) "E911" shall mean Enhanced Universal Emergency Number Service or Enhanced 911 Service, which is a telephone exchange communications service whereby a Public Safety Answering Point (PSAP) designated by the county or local communications district may receive telephone calls dialed to the telephone number 911. E911 Service includes lines and equipment necessary for the answering, transferring and dispatching of public emergency telephone calls originated by persons within the serving area who dial 911. Enhanced 911 Service includes the displaying of the name, address and other pertinent caller information as may be supplied by the service supplier.

(g) "Basic 911" shall mean a telephone service terminated in designated Public Safety Answering Points accessible by the public through telephone calls dialed to the telephone number 911. Basic 911 is a voice service and does not display address or telephone number information.

(h) "Shared tenant services (STS)" shall mean any telephone service operation supplied by a party other than a regulated local exchange telephone service supplier for which a charge is levied. Such services shall include, but not be limited to, apartment building systems, hospital systems, office building systems and other systems where dial tone is derived from connection of tariffed telephone trunks or lines connected to a private branch exchange telephone system.

(i) "Private branch exchange (PBX)" shall mean any telephone service operation supplied by a party other than a regulated local exchange telephone service supplier for which a charge
is not levied. Such services are those where tariffed telephone trunks or lines are terminated into a central switch which is used to supply dial tone to telephones operating within that system.

(j) "Off-premise extension" shall mean any telephone connected to a private branch exchange or a shared tenant service which is in a different building or location from the main switching equipment and, therefore, has a different physical address.

(k) "Centrex" or "ESSX" shall mean any variety of services offered in connection with any tariffed telephone service in which switching services and other dialing features are provided by the regulated local exchange telephone service supplier.

(l) "Commercial mobile radio service" or "CMRS" shall mean commercial mobile radio service under Sections 3(27) and 332(d) of the Federal Telecommunications Act of 1996, 47 USCS Section 151 et seq., and the Omnibus Budget Reconciliation Act of 1993, Public Law 103-66. The term includes the term "wireless" and service provided by any wireless real time two-way voice communication device, including radio-telephone communications used in cellular telephone service, personal communication service, or the functional or competitive equivalent of a radio-telephone communications line used in cellular telephone service, a personal communication service, or a network radio access line. The term does not include service whose customers do not have access to 911 or to a 911-like service, to a communication channel suitable only for data transmission, to a wireless roaming service or other nonlocal radio access line service, or to a private telecommunications system.

(m) "Telecommunicator" shall mean any person engaged in or employed as a telecommunications operator by any public safety, fire or emergency medical agency whose primary responsibility is the receipt or processing of calls for emergency services provided by public safety, fire or emergency medical agencies or the dispatching of emergency services provided by public safety, fire or emergency medical agencies and who receives or disseminates information relative to emergency assistance by telephone or radio.

(n) "Public safety answering point (PSAP)" shall mean any point of contact between the public and the emergency services such as a 911 answering point or, in the absence of 911 emergency telephone service, any other point of contact where emergency telephone calls are routinely answered and dispatched or transferred to another agency.

(o) "Local exchange telephone service" shall mean all lines provided by a service supplier as defined in existing general subscriber tariffs.


§ 19-5-351. Board of Emergency Telecommunications Standards and Training; composition; terms; votes; Chairman and Vice Chairman; adoption of rules and regulations; meetings; reports; expenses.

(1) There is hereby created the Board of Emergency Telecommunications Standards and Training, which shall consist of twelve (12) members and shall operate with the
administrative assistance of the Office of Law Enforcement Planning, Department of Public Safety.

(2) The Board of Emergency Telecommunications Standards and Training shall consist of one (1) representative from each of the following: the Law Enforcement Training Academy; the State Fire Academy; the Mississippi Chapter of the Associated Public Safety Communications Officers, Incorporated; the Mississippi Chapter of the National Emergency Number Association; the State Board of Health, Emergency Medical Services Division; the Mississippi Justice Information Center; the Mississippi Sheriff's Association; the Mississippi Law Enforcement Officers' Association; the Mississippi Fire Chief's Association; the Mississippi Association of Chiefs of Police; the Mississippians for Emergency Medical Service Association; and a representative from the county wherein a nuclear facility is located. Each member organization shall have one (1) vote in the selection of training programs, for a total of twelve (12) votes. A majority vote shall decide all matters brought before the board.

(a) The initial term limits of the board shall be according to the following:

(i) Associated Public Safety Communications Officers' appointee, one (1) year. (ii) Mississippi Law Enforcement Officers' Association appointee, one (1) year. (iii) Mississippi Fire Chief's Association appointee, one (1) year.

(iv) National Emergency Number Association appointee, two (2) years. (v) Mississippi Sheriff's Association appointee, two (2) years.

(vi) Mississippians for Emergency Medical Service Association appointee, two (2) years. (vii) Mississippi Association of Chiefs of Police appointee, two (2) years.

(viii) The county wherein is located a nuclear facility shall have one (1) appointee for two (2) years.

(b) After the initial period, each appointee of the associations listed above shall serve for terms of four (4) years each, but may be replaced at any time by the association appointing such representative.

(c) The remaining four (4) members of the board shall serve at the discretion of the director of the agency represented.

(3) Members of the board shall serve without compensation but shall be entitled to receive reimbursement for any actual and reasonable expenses incurred as a necessary incident to such service, including mileage, as provided in Section 25-3-41, Mississippi Code of 1972.

(4) There shall be a chairman and a vice chairman of the board elected by and from the membership of the board. The board shall adopt rules and regulations governing times and places for meetings and governing the manner of conducting its business, but the board shall meet at least every six (6) months.
(5) The Director of the Office of the Board on Law Enforcement Standards and Training shall call an organizational meeting of the board not later than thirty (30) days after July 1, 1993.

(6) The board shall report annually to the Governor and the Legislature on its activities and may make such other reports as it deems desirable.

Sources: Laws, 1993, ch. 536, § 7, eff from and after July 1, 1993.

§ 19-5-353. Certification requirement for telecommunicators; minimum standards of training; suspension, cancellation, or recall of certificate; reprimands; notice, hearing and appeal; re-application; penalties for employment of telecommunicator not duly qualified; other training not precluded.

(1) The initial minimum standard of training for local public safety and 911 telecommunicators shall be determined by the Board of Emergency Telecommunications Standards and Training. All courses approved for minimum standards shall be taught by instructors certified by the course originator as instructors for such courses.

(2) The minimum standards may be changed at any time by the Board of Emergency Telecommunications Standards and Training.

(3) Changes in the minimum standards may be made upon request from any bona fide public safety, emergency medical or fire organization operating within the State of Mississippi. Requests for change shall be in writing submitted to either the State Law Enforcement Training Academy; the State Fire Academy; the Mississippi Chapter of the Associated Public Safety Communications Officers, Incorporated; the Mississippi Chapter of the National Emergency Number Association; the Mississippi State Board of Health, Emergency Medical Services Division; the Mississippi Justice Information Center; the Mississippi Sheriff's Association; the Mississippi Fire Chief's Association; the Mississippi Association of Chiefs of Police; or Mississippians for Emergency Medical Service.

(4) The minimum standards in no way are intended to restrict or limit any additional training which any department or agency may wish to employ, or any state or federal required training, but to serve as a basis or foundation for basic training.

(5) Persons in the employment of any public safety, fire, 911 PSAP or emergency medical agency as a telecommunicator on July 1, 1993, shall have three (3) years to be certified in the minimum standards courses provided they have been employed by such agency for a period of more than one (1) year prior to July 1, 1993.

(6) Persons having been employed by any public safety, fire, 911 PSAP or emergency medical agency as a telecommunicator for less than one (1) year prior to July 1, 1993, shall be required to have completed all the requirements for minimum training standards, as set forth in this act [Laws, 1993, ch. 536], within one (1) year from July 1, 1993. Persons certified on or before July 1, 1993, in any course or courses chosen shall be given credit for these courses, provided the courses are still current and such persons can provide a course completion certificate.

(7) Any person hired to perform the duties of a telecommunicator in any public safety, fire,
911 PSAP or emergency medical agency after July 1, 1993, shall complete the minimum training standards as set forth in this act [Laws, 1993, ch. 536] within twelve (12) months of their employment or within twelve (12) months from the date that the Board of Emergency Telecommunications Standards and Training shall become operational.

(8) Professional certificates remain the property of the board, and the board reserves the right to either reprimand the holder of a certificate, suspend a certificate upon conditions imposed by the board, or cancel and recall any certificate when:

(a) The certificate was issued by administrative error;

(b) The certificate was obtained through misrepresentation or fraud;

(c) The holder has been convicted of any crime involving moral turpitude; (d)

The holder has been convicted of a felony; or

(e) Other due cause as determined by the board.

When the board believes there is a reasonable basis for either the reprimand, suspension, cancellation of, or recalling the certification of a telecommunicator, notice and opportunity for a hearing shall be provided. Any telecommunicator aggrieved by the findings and order of the board may file an appeal with the chancery court of the county in which such person is employed from the final order of the board. Any telecommunicator whose certification has been cancelled pursuant to this act [Laws, 1993, ch. 536] may reapply for certification but not sooner than two (2) years after the date on which the order of the board cancelling such certification became final.

(9) Any state agency, political subdivision or “for profit” ambulance, security, or fire service company, that employs a person as a telecommunicator who does not meet the requirements of this act [Laws, 1993, ch. 536], or who employs a person whose certificate has been suspended or revoked under provisions of this act [Laws, 1993, ch. 536], is prohibited from paying the salary of such person, and any person violating this subsection shall be personally liable for making such payment.

(10) These minimum standards and time limitations shall in no way conflict with other state and federal training as may be required to comply with established laws or regulations.

(11) This section shall stand repealed on July 1, 2013.


§ 19-5-355. Approval and completion of training; training expenses; issuance of certification.

(1) When it shall be determined that training is required, a request for training shall be submitted to the Board of Emergency Telecommunications Standards and Training for approval of course, course location, estimated cost and base weekly salary of the telecommunicator to attend the course of instruction. Upon approval of training and
successful completion of the training course, all expenses associated with the obtaining of such training shall be reimbursed. The local government entity or emergency service provider shall be reimbursed for the full salary and benefits of each telecommunicator completing such training.

(2) Upon completion of any course required in these minimum training standards, each telecommunicator shall be issued a certificate which shall signify successful completion of such training. When all minimum standards training has been met, copies of certificates of course completion shall be forwarded to the Board of Emergency Telecommunications Standards and Training which will then issue "Certification of Minimum Standards" to such telecommunicator. Certifications shall be issued separately for law enforcement, fire and emergency medical service telecommunicators.

Sources: Laws, 1993, ch. 536, § 9, eff from and after July 1, 1993.


(1) After any telecommunicator has received his or her initial minimum standard of training and has been issued the “Certification of Minimum Standards,” such telecommunicator shall complete forty-eight (48) hours of continuing education courses every three (3) years. The continuing education courses, required pursuant to this subsection, must be approved by the Board of Emergency Telecommunications Standards and Training.

(2) The Board of Emergency Telecommunications Standards and Training shall reimburse each agency for the expense incurred by telecommunicators who attend approved continuing education courses as required by this section.

(3) For purposes of this section, “telecommunicator” means any person engaged in or employed as a telecommunications operator by any public safety, fire or emergency medical agency whose primary responsibility is the receipt or processing of calls for emergency services provided by public safety, fire or emergency medical agencies or the dispatching of emergency services provided by public safety, fire or emergency medical agencies and who receives or disseminates information relative to emergency assistance by telephone or radio.


§ 19-5-357. Telephone subscriber service charge to fund training; collection of charge; special fund; use of monies in fund; training expenses.

(1) From and after July 1, 1993, a service charge of Five Cents (5¢) shall be placed on each subscriber service line within the State of Mississippi. This service charge shall apply equally to both private and business lines and shall apply to all service suppliers operating within the State of Mississippi. This subscriber service charge level shall be reviewed periodically to determine if the service charge level is adequate or excessive, and adjustments may be made accordingly.

(2) Every billed service user shall be liable for any service charge imposed under this section until it has been paid to the service supplier. The duty of the service supplier to collect any such service charge shall commence upon the date of its implementation. Any such minimum
standards telephone service charge shall be added to, and may be stated separately in, the billing by the service supplier to the service user.

(3) The service supplier shall have no obligation to take any legal action to enforce the collection of any emergency telephone service charge. However, the service supplier shall annually provide the Board of Emergency Telecommunications Standards and Training with a list of the amount uncollected, together with the names and addresses of those service users who carry a balance that can be determined by the service supplier to be nonpayment of such service charge. The service charge shall be collected at the same time as the tariff rate in accordance with the regular billing practice of the service supplier. Good faith compliance by the service supplier with this provision shall constitute a complete defense to any legal action which may result from the service supplier's determination of nonpayment and/or the identification of service users in connection therewith.

(4) The amounts collected by the service supplier attributable to the minimum standards telephone service charge shall be deposited monthly into a special fund hereby created in the State Treasury. The amount of service charge collected each month by the service supplier shall be remitted to the special fund no later than sixty (60) days after the close of the month. A return, in such form as prescribed by the State Tax Commission and shall be filed with the Tax Commission, together with a remittance of the amount of service charge collected payable to the special fund. The service supplier shall maintain records of the amount of service charge collected for a period of at least three (3) years from date of collection. From the gross receipts to be remitted to the special fund, the service supplier shall be entitled to retain as an administrative fee, an amount equal to one percent (1%) thereof. This service charge is a state fee and is not subject to any sales, use, franchise, income, excise or any other tax, fee or assessment, and shall not be considered revenue of the service supplier for any purpose. All administrative provisions of the Mississippi Sales Tax Law, including those which fix damages, penalties and interest for nonpayment of taxes and for noncompliance with the provisions of such chapter, and all other duties and requirements imposed upon taxpayers, shall apply to all persons liable for fees under the provisions of this chapter, and the Tax Commissioner shall exercise all the power and authority and perform all the duties with respect to taxpayers under this chapter as are provided in the Mississippi Sales Tax Law except where there is a conflict, then the provisions of this chapter shall control.

(5) The proceeds generated by the minimum standards service charge shall primarily be used by the board pursuant to legislative appropriation to fund the minimum standards training program for public safety telecommunicators within the State of Mississippi. These funds shall be applied on a first-come first-served basis, which shall be determined by the date of application. All city, county and state public safety telecommunicators, including those employed by city and/or county supported ambulance services and districts, shall be eligible to receive these funds to meet minimum standards training requirements. No "for-profit" ambulance, security or fire service company operating in the private sector shall be qualified to receive these minimum standards training funds unless the company is on contract with a local government to provide primary emergency response. Law enforcement officers, fire and emergency medical personnel who are used as part-time or "fill-in" telecommunicators shall also be eligible to receive funding for this minimum standards training, provided they serve at least eight (8) hours per month as a telecommunicator. However, emergency medical personnel who are used as part-time or "fill-in" telecommunicators and are employed by any
for-profit ambulance company operating in the private sector shall be eligible to receive funding for the minimum standards training, provided they serve at least twenty (20) hours per week as a telecommunicator. These funds may also be expended by the Board of Emergency Telecommunications Standards and Training to administer the minimum standards program for such things as personnel, office equipment, computer software, supplies and other necessary expenses.

(6) The Board of Emergency Telecommunications Standards and Training shall be authorized to reimburse any public safety agency or emergency medical service, as defined in this act [Laws, 1993, Ch 536], for meals, lodging, travel, course fees and salary during the time spent training, upon successful completion of such course. Funds may also be expended to train certain individuals to become certified instructors of the various courses included in these minimum standards in order to conduct training within the State of Mississippi.

(7) If the proceeds generated by the minimum standards service charge exceed the amount of monies necessary to fund the service, the Board of Emergency Telecommunications Standards and Training may authorize such excess funds to be available for advanced training, upgraded training and re-certification of instructors. Any funds remaining at the close of any fiscal year shall not lapse into the State General Fund but shall be carried over to the next fiscal year to be used as a beginning balance for the fiscal requirements of such year.

(8) This section shall stand repealed on July 1, 2013.


§ 19-5-359. Requirement of service suppliers and other parties to provide access to basic or enhanced 911 service; time to comply.

(1) Any service supplier operating within the State of Mississippi shall be required to provide access to the locally designated PSAP by dialing the three (3) digits "911" from any telephone subscriber line within such service area. Where technically available, each service supplier shall, at a county's request, provide "Enhanced 911" services. Where this capability does not technically exist, "Basic 911" shall be available as a minimum.

(2) From and after December 31, 1993, any person, corporation or entity operating a "shared tenant service" type of telephone system shall be required to provide as a minimum the location and telephone number information for each and every extension or user on such "shared tenant" system to the regulated local exchange telephone service provider where the service provider can utilize such information in the delivery of "Enhanced 911" emergency telephone service. This information shall consist of data in a format that is compatible with the service supplier's requirements in order to provide such location and telephone number information automatically in the event a call to 911 is placed from such a system. It shall be the responsibility of the operator or provider of "STS" telephone services to maintain the data pertaining to each extension operating on such system.

(3) Any CMRS providers operating within the State of Mississippi shall be required to have all trunks or service lines supplying all cellular sites and personal communications network
sites contain the word "cellular" in the service supplier listing for each trunk or service line to facilitate operator identification of cellular and PCN telephone calls placed to 911.

(4) Any service suppliers engaged in the offering or operating of "Centrex" or "ESSX" telephone service within the State of Mississippi shall cause the actual location of all extensions operating in this service to be displayed at the PSAP whenever a 911 call is placed from said extension. This feature shall not be required in areas where Enhanced 911 is not in operation but shall be required should such area upgrade to Enhanced 911 service.

(5) Any local exchange telephone service suppliers offering "quick-serve" or "soft" dial tone shall provide address location information to the PSAP operating in the area where the "quick-serve" or "soft" dial tone is in operation so that the PSAP may have this address information displayed should a call to 911 be placed from such location. It shall be the responsibility of the service supplier to determine in which emergency service number area the "quick-serve" or "soft" dial tone is located.

(6) Any service suppliers operating within the State of Mississippi and providing Enhanced 911 telephone service shall have a reasonable time period, not to exceed five (5) years, to comply with data and operational standards as they are set forth by the National Emergency Number Association. This time period shall apply to data format, equipment supplied for PSAP use and for the length of time required for data updates relating to service user address information, emergency service number updates and other data updates as may be required.


§ 19-5-361. 911 service suppliers entitled to same limitations of liability as provided to state, state agencies and local governments.

Any Emergency 911 telephone service supplier and Emergency 911 CMRS provider operating within the State of Mississippi, its employees, directors, officers, agents and subcontractors, shall be entitled to receive the limitations of liability as provided to the state, or any agency or local government of the state, pursuant to Section 11-46-15, Mississippi Code of 1972.

Sources: Laws, 1993, ch. 536, § 12; Laws, 1998, ch. 531, § 10, eff from and after passage (approved April 8, 1998), and shall stand repealed from and after July 1, 2001.
Appendix A
Official Forms

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### EMERGENCY TELECOMMUNICATOR AGENCY ROSTER

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<th>Date of Employment (Month / Day / Year)</th>
<th>BETST Certificate #</th>
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**WARNING:** MCA § 97-7-10 “Fraudulent Statements and Representations” provides for severe penalties for misrepresentations or fraudulent statements to a board. This statute authorizes a fine of up to $10,000 and a jail sentence of up to 5 years.

**AFFIDAVIT**

I swear or affirm that this list is a complete and exhaustive list of all emergency telecommunicators as defined by Mississippi Code as Annotated § 19-5-303 who are currently employed by my organization.

Signature of Agency/Department Head: ___________________________ Date Signed: ___________________________
An emergency telecommunicator is defined as any person that is engaged in or employed as a telecommunications operator by any public safety, fire, emergency medical agency, public or private entity or business, company or corporation whose primary responsibility is the receipt or processing of calls for emergency services and who receives or disseminates information relative to emergency assistance by telephone or radio for an average of eight hours or more per month.

This form is to be completed by the employing agency/department and returned to this office within thirty days of receipt. Make as many copies of this form as needed. You may use your own computer generated form(s) only if it contains all the information that is requested on this form.

1. When completing this form type or print in ink.

2. Type the name of the employing agency/department and the phone number.

3. Enter the department's mailing address and the department's fax number (if applicable).

4. Enter N/A in the first space under Name if your department does not employ anyone who would be considered an emergency telecommunicator and return the form to the address listed below.

5. Record each emergency telecommunicator's full name (last, first and middle names), social security number, position or rank, date of employment as an emergency telecommunicator (month/day/year) and his/her certificate number found in the bottom left hand corner of the Board of Emergency Telecommunications Standards and Training (BETST) Professional Certificate. If the telecommunicator has not yet been certified by BETST, then leave blank.

6. This form must be signed and dated by the head of the agency, or the form must be signed and dated by someone with the authority to do so. If the later is the case, then we must have a letter, on file at this office, stating specifically who has such authority. This letter will have to be authorized by the head of the agency.

7. Once completed, signed and dated, return to the address below.

Mississippi Department of Public Safety/
Division of Public Safety Planning/ Office
of Standards and Training
1025 Northpark Drive
Ridgeland, MS 39157

Telephone (601) 977-3777; Facsimile - (601) 977-3773
EMERGENCY TELECOMMUNICATOR APPLICATION FOR CERTIFICATION - PART I

Read the Instructions on Page 2

In accordance with the MCA § 19-5-301 et al. Warning: MCA § 97-7-10 Fraudulent Statements and Representations - provides for severe penalties for misrepresentations or fraudulent statements to a Board. This statute authorizes a fine of up to $10,000.00 and a jail sentence of up to five (5) years. Further, the BETST Board is authorized in § 19-5-353 (8) to cancel and recall any certificate obtained through misrepresentation or fraud.

Name: ________________________  SSN: ________________________
Give Full Name - First Middle Last Title/

Date of Hire: ________ / _______ Date of Birth: ________ / _______ Rank: ________

Department: ________________________ Telephone: ________________________

Dept.'s Address: ________________________ Post Office Box or Street ________________________
City & Zip Code

Has the applicant ever been certified under the ETTP? No ( ) Yes ( ) Certificate Number ________________________

Type of certification requested: ______ Law Enforcement ______ Fire ______ EMS

Number of High Education, Years Completed _____, School Diploma _____ or GED _____, Degree(s) ________________________

Check the block to the left if the applicant has previously filed an employment record and training record with Standards and Training. If so, these items need not be completed.

EMPLOYMENT RECORD List all employment. Begin with your most previous employment and work back. Use an additional 8.5 x 11 sheet of paper if necessary.

<table>
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<th>Position</th>
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TRAINING RECORD List all completed telecommunicator/dispatcher training. Include copies of certificates of completion. Use an additional 8.5 x 11 sheet of paper if necessary.

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INSTRUCTIONS

MCA § 19-5-303 (m) - “Telecommunicator” shall mean any person engaged in or employed as a telecommunications operator by any public safety, fire, emergency medical agency whose primary responsibility is the receipt or processing of calls for emergency services provided by public safety, fire, emergency medical agencies or the dispatching of emergency services provided by public safety, fire, emergency medical agencies and who receives or disseminates information relative to emergency assistance by telephone or radio.

Complete Parts I, II and III of the “Application for Certification” form for each newly hired emergency telecommunicator/dispatcher and return it to the Board of Emergency Telecommunications Standards and Training (BETST) within thirty days of their date of hire.

Part I

Type or print in ink when completing this form. Record the applicant's full name, social security number, date of hire as a telecommunicator/dispatcher, date of birth, current position or rank, the name of the employing agency/department, the agency’s mailing address and telephone number. Indicate whether or not the applicant has ever been certified under the program by checking “yes” or “no” in the space provided. If the answer is yes, enter the applicant’s certificate number. Indicate the type(s) of certification being requested. State the number of years of education completed by the applicant. Check whether the applicant has a high school diploma or GED and denote any degrees earned other than a high school diploma or GED (i.e., BS - Bachelor of Science, BA - Bachelor of Arts, etc.)

List all past employment that has been held by the applicant, beginning with the applicant’s most previous employment and working back. Include the name of the employer, the position held, the city and state where employed, and the dates of said employment.

List all emergency telecommunicator/dispatcher training successfully completed by the applicant. Include copies of the certificates of completion and any other documentation available, such as a course curriculum.

Part II

This portion of the form must be completed by the applicant. **Circle** the answer that applies. A “yes” answer to any of these questions does not automatically bar anyone from obtaining certification. Any of the questions, items one (1) through ten (10) that are answered “yes” must be explained to the Board. The explanation must be typed or printed in ink on a separate eight and a half (8½") by eleven (11") inch sheet of paper, signed and dated by the applicant and include all related court documents.

All crimes must be reported, to include alcohol and drug related offenses. The only exceptions to this requirement are traffic offenses where the fine is less than one hundred dollars ($100.00) and where the applicant has had fewer than four (4) traffic offenses within the preceding twenty-four (24) months. All traffic offenses involving drugs or alcohol, are to be reported regardless of the fine. Any alternative to sentencing that has been decreed by any political subdivision must be reported including, but not limited to: pre-trial diversion, probation, fines, restitution, or community service. The applicant must sign and date “Part II - Applicant’s Background Investigation Review” before a Notary Public.

Part III

This part of the application must be completed by the head of the agency/department or someone with authority to sign in his/her name. There must be a letter on file, at this office, stating specifically who has the authority to sign in the department head’s name. This letter will have to be authorized by the head of said agency/department. Each procedure must be initialed by the agency head to indicate completion of said procedure. The applicant’s fingerprints must be submitted to the Criminal Information Center of the Mississippi Department of Public Safety (see the address below). If procedure number four (4) is not applicable to the telecommunicator in question enter N/A in the space provided. The “Application for Certification” form, Part III, must be signed and dated before a notary public by the agency head or someone with authority to sign in the agency head’s name.

Criminal Information Center/MJIC
Department of Public Safety
“Fingerprints”
3891 Highway 468 West
Pearl, Mississippi 39208
Telephone # - (601) 933-2600
PART II - APPLICANT’S BACKGROUND INVESTIGATION REVIEW

IMPORTANT, READ THE INSTRUCTIONS BEFORE COMPLETING THIS FORM

Circle One

1 Have you ever been a defendant in a court martial, Article 15, Captain’s Mast or other nonjudicial punishment? Yes No
2 Has a judgement ever been issued against you? Yes No
3 Have you ever declared bankruptcy? Yes No
4 Have you ever been arrested or charged with a crime? Yes No
5 Have you ever received any alternatives to sentencing such as probation before judgement, pretrial diversion, non-adjudication of guilt or have you ever had an expungement? Yes No
6 Have you ever been found guilty or pled guilty or no contest to a crime? Yes No
7 Have you ever been refused a surety bond or turned down for employment that required a surety bond? Yes No
8 Have you ever: (a) been suspended for any reason from any employment; (b) been terminated from any employment; (c) resigned to prevent termination from any employment; (d) resigned prior to, during or at the conclusion of any such investigation into your activities? Yes No
9 Have you ever been addicted to or hospitalized for the use of alcohol or drugs? Yes No
10 Have you ever had a certificate, license or privilege removed, revoked, suspended, or voluntarily relinquished the same under state, federal or other laws? Yes No

I, the undersigned do hereby authorize and direct any duly authorized representative of a public safety agency to provide the POST full and complete disclosure of any information, public and private, pertaining to myself or my employment as required by the POST regarding my certification and my qualifications to be a certified telecommunicator. It is my intent to provide full and free access to all information about me including my work record, background and reputation, military records, educational records, financial status, criminal history and/or arrest record, information in investigatory files, job performance, attendance records, complaints or grievances, records or recollections of attorneys whether representing me or another person in any case in which I have had an interest, polygraph examinations, internal affairs investigations, discipline files and files which are deemed to be confidential and/or sealed.

I further authorize and direct the POST to provide copies of said records and/or any other record or document contained or related to my certification application and record to any duly authorized representative of a public safety agency.

I hereby release the POST and its authorized agents, the public safety agency and its authorized agents and all others, individually and collectively, from any and all liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I understand that should any information of a criminal nature surface, the information may be turned over to the appropriate authorities.

I, the undersigned, do hereby swear and affirm that I am a citizen of the United States, by birth or naturalization, that I have never been convicted, pled guilty, pled nolo contendere, fined, ordered into probation or pre-trial diversion in relation to a felony or a misdemeanor involving moral turpitude, that I have a valid high school diploma or its equivalent, that my discharge (if any) from the Armed Forces was under honorable conditions, that I am of good moral character, that I have provided my employer with a full explanation (without any omissions) of each and every “yes” answer to the above questions, one (1) through ten (10) of Part II of the “Application for Certification” form, and that these explanations (if any) are attached to this form, that I am at least eighteen (18) years old, that I have read and understand this form, all the instructions contained therein and do hereby confirm that all of the information contained in this application and/or all other information I furnish in conjunction with my application is true and correct.

Witness my signature this, the ______ day of ________________, 20__. 

Applicant’s Signature ___________________________________________ Print Applicant’s Name ________________________________

NOTARY PUBLIC

I, the undersigned authority in and for ________________ County and State, do hereby attest that the above individual did personally appear before me. Who being by me first duly sworn on oath, depose and state that he or she is the individual named in Part II of the “Application for Certification and Background Investigation Review” form, and that the said individual signed Part II of the foregoing “Application for Certification and Background Investigation Review” form.

GIVEN under my hand and official seal this, the ______ day of ________________, 20__.

Notary Public ________________________________
PART III - AGENCY BACKGROUND INVESTIGATION REVIEW

Warning: MCA § 97-7-10 “Fraudulent Statements and Representations” provides for severe penalties for misrepresentations or fraudulent statements to a Board. This statute authorizes a fine of up to $10,000 and a jail sentence of up to 5 years. Further, the BETST is authorized in MCA § 19-5-353 (8) to cancel and recall any certificate obtained through misrepresentation or fraud.

The agency head or authorized signatory must initial (ex. - JD 1) the procedures that have been completed on the applicant named in this form. All the procedures are required to be completed with the possible exception of procedure number four (4). If the applicant has not served in the military enter N/A in the space provided.

1. A personnel file on the applicant has been created and is being maintained at this agency. The file includes a release of information form or a letter allowing the release of information signed by the applicant. Copies of all the documents referenced below, in items two (2) through six (6) of Part III of the “Application for Certification” form, are included in this file. This file will be maintained as long as the applicant is employed with this agency, and the file will be made available to the BETST upon receipt of a written request.

2. A complete background investigation on the applicant has been performed, has been reviewed by me and a copy of the background investigation is included in the applicant’s personnel file.

3. The applicant’s fingerprints have been submitted to the Criminal Information Center of the Mississippi Department of Public Safety as a part of the background investigation and a copy of the FBI report will be included in the applicant’s personnel file.

4. The applicant’s official Certificate of Release or Discharge From Active Duty (D.D. Form 214) has been reviewed by me and a copy is included in the applicant’s personnel file.

5. The applicant’s official documentation certifying successful completion of high school or completion of the General Educational Development (GED) Testing Program has been reviewed by me and a copy is included in the applicant’s personnel file.

6. I have reviewed appropriate official documents certifying the applicant’s age and citizenship and copies of said documents are included in the applicant’s personnel file.

I, the undersigned, do hereby swear and affirm that I or individuals under my supervision have made a thorough background investigation of this applicant, (print applicant’s name), including any answers of “yes” to questions one (1) through ten (10) in Part II of this form and written explanations for those answers are attached. I certify that all the procedures in Part III, one (1) through six (6), that are applicable to the officer in question have been completed, that to the best of my knowledge that the applicant is at least eighteen (18) years of age, that I have contacted each of the applicant’s past employers (if any), that I am satisfied that the applicant is of good moral character, that the applicant has never been convicted, pled guilty, pled nolo contendere, fined, ordered into probation or pre-trial diversion in relation to a felony or a misdemeanor involving moral turpitude, and that the applicant is a telecommunicator as defined in MCA § 19-5-303 (m).

Witness my signature this, the _______ day of __________________, 20___.

Agencies Head's/Authorized Signatory's Signature
Title

NOTARY PUBLIC

I the undersigned authority in and for ___________ County and State do hereby attest that the above individual did personally appear before me. Who being by me first duly sworn on oath, depose and state that he or she is the individual named in Part III of the “Application for Certification and Background Investigation Review” form, and that the said individual signed Part III of the foregoing “Application for Certification and Background Investigation Review” form.

GIVEN under my hand and official seal this, the _______ day of __________________, 20___.

Notary Public ________________________________
**Emergency Telecommunicator Application for Re-Certification**

**READ THE INSTRUCTIONS ON PAGE 2**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Last Four of SSN:</th>
<th>Give Full Name - First Middle Last</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date of Hire:</th>
<th>Date of Birth:</th>
<th>Rank:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Department:</th>
<th>Telephone:</th>
<th>Dept.'s Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Post Office Box or Street</td>
<td>City &amp; Zip Code</td>
<td></td>
</tr>
</tbody>
</table>

**Type of certification requested:** Law Enforcement  Fire  EMS  Certificate No. ____________

**Applicant’s Background Investigation Review**

Any of the following questions that are answered "yes" must be explained. Type or print the explanation in ink on a separate 8½” x 11” sheet of paper, it must be signed and dated by the applicant and include all related court documents. If "yes" answers were previously provided, make a note next to the answer below.

**Circle One**

1. Have you ever been a defendant in a court martial, Article 15, Captain’s Mast or other nonjudicial punishment?  Yes  No
2. Has a judgement ever been issued against you?  Yes  No
3. Have you ever declared bankruptcy?  Yes  No
4. Have you ever been arrested or charged with a crime?  Yes  No
5. Have you ever received any alternatives to sentencing such as probation before judgement, pretrial diversion, nonadjudication of guilt or have you ever had an expungement?  Yes  No
6. Have you ever been found guilty or pled guilty or no contest to a crime?  Yes  No
7. Have you ever been refused a surety bond or turned down for employment that required a surety bond?  Yes  No
8. Have you ever: (a) been suspended for any reason from any employment; (b) been terminated from any employment; (c) resigned to prevent termination from any employment; (d) resigned prior to, during or at the conclusion of any such investigation into your activities?  Yes  No
9. Have you ever been addicted to or hospitalized for the use of alcohol or drugs?  Yes  No
10. Have you ever had a certificate, license or privilege removed, revoked, suspended, or voluntarily relinquished the same under state, federal or other laws?  Yes  No

We, the undersigned, do hereby swear and affirm that we have read and do hereby confirm that all of the information contained in this application is correct, and that all other information furnished in conjunction with this application is true and correct.

Witness our signatures this, the ________ day of ________________, 20___.

<table>
<thead>
<tr>
<th>Applicant’s Signature</th>
<th>Print Applicant’s Name</th>
</tr>
</thead>
</table>

**Notary Public**

I, the undersigned authority in and for ______________________ County and State, do hereby attest that the above individuals did personally appear before me. Who being by me first duly sworn on oath, depose and state that they personally signed the foregoing “Application for Re-certification”.

GIVEN under my hand and official seal this, the ________ day of ________________, 20___.

Notary Public ______________________
**INSTRUCTIONS**

**Warning:** MCA § 97-7-10 Fraudulent Statements and Representations - provides for severe penalties for misrepresentations or fraudulent statements to a Board. This statute authorizes a fine of up to $10,000.00 and a jail sentence of up to 5 years. Further, the BETST Board is authorized in § 19-5-353 (8) to cancel and recall any certificate obtained through misrepresentation or fraud.

Complete this form for each emergency telecommunicator/dispatcher applying for re-certification and return it to the Board of Emergency Telecommunications Standards and Training (BETST) at the address below.

**MCA § 19-5-303 (m) - “Telecommunicator”** shall mean any person engaged in or employed as a telecommunications operator by any public safety, fire, or emergency medical agency whose primary responsibility is the receipt or processing of calls for emergency services provided by public safety, fire, emergency medical agencies or the dispatching of emergency services provided by public safety, fire, emergency medical agencies and who receives or disseminates information relative to emergency assistance by telephone or radio.

Type or print in ink when completing this form. Record the applicant's full name, last four of social security number, date of hire as a telecommunicator/dispatcher, date of birth, current position or rank, the name of the employing department, the department’s telephone number and the mailing address. Check the type(s) of certification being requested (i.e. - law enforcement, fire or emergency medical services certification). Enter the applicant's BETST Certificate number.

The “Applicant’s Background Investigation Review” portion of this form must be completed by the applicant. Applicants are expected to be truthful and forthcoming in completing the “background investigation review”. **Circle** the answer that applies.

A “yes” answer to any of these questions does not automatically bar anyone from obtaining re-certification. The Board may take into consideration all factors in making the decision whether to grant re-certification. Any of the questions, one (1) through ten (10) of the “Applicant's Background Investigation Review” that are answered “yes” must be explained to the Board. **The explanation must be typed or printed in ink on a separate 8.5 inch by 11 inch sheet of paper, signed and dated by the applicant and include all related court documents.**

**NOTE:** If the “yes” answer pertains to an incident that occurred after initial certification or has yet to be reported to the Board, then an explanation must be provided. If the pertinent “yes” answer was previously explained, then it should be noted next to the answer on this form.

All crimes must be reported, to include alcohol and drug related offenses. The only exceptions to this requirement are traffic offenses, excluding alcohol and drug related offenses, where the fine is less than one hundred dollars ($100.00) and where the applicant has had fewer than four (4) traffic offenses within the preceding twenty-four (24) months. **All traffic offenses involving drugs or alcohol are to be reported regardless of the fine.** Any alternative to sentencing must be reported where any type of punishment was handed down by any political subdivision including, but not limited to: probation, fines, restitution, or community service.

The applicant and the department head/authorized signee must sign and date the “Application for Re-certification” form before a notary public. If someone other than the department head signs this form then there must be a letter on file, at this office, stating specifically who has the authority to do so. The letter of authorization will have to be signed by the department head.
## Emergency Telecommunicator Checklist

**Name:** ________________________________  **Last Four of SSN:** ________________

**Department:** ________________________________________________________________

Indicate by checking or entering N/A, in the space provided, for each of the forms or courses listed below that have been completed by the individual named above. Include the completion date of the form or course where applicable.

<table>
<thead>
<tr>
<th>Check Here</th>
<th>Form or Course Completed</th>
<th>Date of Receipt or Completion</th>
</tr>
</thead>
<tbody>
<tr>
<td>_____</td>
<td>Application for Certification (Part I)</td>
<td></td>
</tr>
<tr>
<td>_____</td>
<td>Application for Certification (Part II &amp; Part III)</td>
<td></td>
</tr>
<tr>
<td>_____</td>
<td>Basic Course completed: APCO ____, NECI ____, NAED ____</td>
<td></td>
</tr>
<tr>
<td>_____</td>
<td>COPY OF CERTIFICATE</td>
<td></td>
</tr>
<tr>
<td>_____</td>
<td>EMD Course completed: APCO ____, DOT ____, NAED ____, NECI ____</td>
<td></td>
</tr>
<tr>
<td>_____</td>
<td>COPY OF CERTIFICATE</td>
<td></td>
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<tr>
<td>_____</td>
<td>Eight (8) Hour Field Observation (Law Enforcement)</td>
<td></td>
</tr>
<tr>
<td>_____</td>
<td>Eight (8) Hour Field Observation (Fire)</td>
<td></td>
</tr>
<tr>
<td>_____</td>
<td>Eight (8) Hour Field Observation (EMD)</td>
<td></td>
</tr>
<tr>
<td>_____</td>
<td><strong>ALL CERTIFICATION REQUIREMENTS COMPLETED</strong></td>
<td></td>
</tr>
<tr>
<td>_____</td>
<td>Reimbursement Request sent to Agency</td>
<td></td>
</tr>
<tr>
<td>_____</td>
<td>Reimbursement Request returned from Agency</td>
<td></td>
</tr>
</tbody>
</table>

Request for additional info and date ________________________________
EMERGENCY TELECOMMUNICATIONS CLAIM FOR REIMBURSEMENT FORM

Sign the affidavit below and return this claim for reimbursement form within 5 working days of receipt.

Affidavit:

I certify that I am a duly authorized official of the herein named department; that the claim is in all respects true, correct and has not heretofore been paid, and is in accordance with the Emergency Telecommunicator Training Program (ETTP), and with the policy and procedures promulgated therein. I further certify that I have not violated any of the provisions of applicable state law in incurring these items of expense, if included in this claim. I hereby make application for the maximum funds allowed to defray the cost of training the following described law enforcement officer(s).

Authorized
Signature: __________________________ Date: ________________ Rank/
Title: __________________________

Agency/
Department: __________________________ Phone Number: ________________

Agency's Address: __________________________
Post Office Box or Street Address City Zip Code

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<tbody>
<tr>
<td>1</td>
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<tr>
<td>2</td>
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<tr>
<td>3</td>
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<tr>
<td>5</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Name of graduate(s)</th>
<th>Dates of attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Last Four of Social security number(s)</th>
<th># of classroom hours per graduate</th>
<th># of hours of salary</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Date(s) of hire as a full-time law enforcement officer(s)</th>
<th>Salary(ies): Monthly Bi-weekly Weekly Hourly</th>
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<tbody>
<tr>
<td></td>
<td>$ $ $ $</td>
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</table>

<table>
<thead>
<tr>
<th>Board-certified school attended</th>
<th># of graduates</th>
<th>Tuition per graduate</th>
<th>Round-trip mileage</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Class number</th>
<th></th>
<th>Tuition per graduate</th>
</tr>
</thead>
<tbody>
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<td></td>
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<td></td>
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</table>

(Example)

I, the undersigned, do hereby duly authorize the disbursement of the above described reimbursement funds.

__________________________________________
Director of Standards & Training 

Date

MS Dept. of Public Safety/Div. Of Public Safety Planning/Office of Standards and Training 1025 Northpark Drive
### Emergency Telecommunicator Course Certification Request

**Agency/Instructor Submitting Request:**

**Agency/Instructor Address:**

**Course Title:**

**Course Location:**

**Address of Course:**

**Course Length:**

**Format:**

<table>
<thead>
<tr>
<th>Hours/Day</th>
<th>Days/Week</th>
<th>Number of Weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>_____</td>
<td>_____</td>
<td>_____</td>
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</table>

**Date(s) of Course**

<table>
<thead>
<tr>
<th>Start Time</th>
<th>End Time</th>
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<tbody>
<tr>
<td>_____</td>
<td>_____</td>
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</tbody>
</table>

**Enrollment Restrictions:**

**Maximum Number of Students:**

**Lodging Accommodations:**

<table>
<thead>
<tr>
<th>On Campus</th>
<th>Commercial</th>
<th>N/A</th>
<th>Cost:</th>
</tr>
</thead>
<tbody>
<tr>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>$ _____</td>
</tr>
</tbody>
</table>

**Meal Arrangements:**

<table>
<thead>
<tr>
<th>On Campus</th>
<th>Commercial</th>
<th>N/A</th>
<th>Cost:</th>
</tr>
</thead>
<tbody>
<tr>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>$ _____</td>
</tr>
</tbody>
</table>

**Tuition:** $ _____

**Method of Presentation (indicate all techniques used)**

Lecture - _____ Demonstration - _____ Simulation - _____ Role Playing - _____ Conference - _____ Other - _____

**Name(s) of instructor(s) (provide credentials), Course Objectives and Narrative Description of Course (use additional paper if necessary)**

**Training Aids Used:**

**Number of Instructors:**

**Text and Reference Materials:**

**Required Projects:**

**Method of Student Evaluation:**

**Name/Title of Person Making Request:**

**Phone number:**

**Date of Request:**

---

### BETST USE ONLY

**Received:**

- Outline
- Resumes
- Rosters
- Schedule
- Course Evaluation Certificates
- BETST Action:
  - Approved
  - Disapproved
  - Reason:
- Type of Training Attended:

**Reviewed by:**

**Course Number:**

---

**MS Dept. of Public Safety/Div. Of Public Safety Planning/Office of Standards and Training**

1025 Northpark Drive
Ridgeland, Mississippi 39157

Telephone #: (601) 977-3777, Fax #: (601) 977-3773
The Course Certification Request form is to be completed and submitted by the Coordinator/Instructor to BETST prior to the course being conducted.

Complete the sections of the form as indicated below.

**Agency/Instructor Submitting Request:** Self-explanatory.

**Agency/Instructor Address:** Self-explanatory.

**Course Title:** Enter the name of the course as it will be presented to trainees.

**Course Location:** Enter the physical location of the course (i.e., MLEOTA or Hattiesburg Days Inn).

**Address of Course:** Self-explanatory

**Course Length:** Enter the total number of training hours.

**Format:** Enter the number of hours per days and the number of days per week and number of weeks the course will be conducted.

**Date(s) of Course:** Enter the dates and the start/end time of the course.

**Enrollment Restrictions:** Enter any restrictions the class may have placed upon trainees. If none, so state.

**Maximum Number Students:** Enter the total amount of students allow in the class. If no maximum, enter none.

**Lodging Accommodations:** Self-explanatory.

**Lodging Cost:** Enter the amount being charged for lodging.

**Meal Arrangements:** Self-explanatory.

**Meal Cost:** Enter the amount being charged for meals.

**Address of Course:** Enter the street address.

**Tuition:** Enter the amount being charged for tuition.

**Method of Presentation:** Self-explanatory.

**Course Objectives and Narrative Description of Course:** List the objectives that will be covered during presentations. Provide a short narrative of the course. Use additional paper if necessary.

**Training Aids Used:** Enter the types of training aids that will be used during this course.

**Number of Instructors:** Self-explanatory.

**Text and Reference Materials:** Enter the names of source material used in this course.

**Required Projects:** Enter any projects required of the trainees.

**Method of Evaluation:** Enter the type of method use to evaluate the trainees completion of the course.

**Name, Title, E-Mail of Person Making Request:** Self-explanatory.

**Date of Request:** Self-explanatory.

Please return Course Certification Request thirty (30) days in advance of training to:

MS Dept. of Public Safety/Div. Of Public Safety Planning/ Office of Standards and Training
1025 Northpark Drive
Ridgeland, MS 39157

Telephone (601) 977-3777; Facsimile - (601) 977-3773
**EMERGENCY TELECOMMUNICATOR COURSE EVALUATION INSTRUMENT**

Name of 
Course: ___________________ Instructor(s): ___________________ Date: ____________

This questionnaire is a primary means used by BETST to gather information to assist in maintaining high quality courses. Your cooperation in completing this form is appreciated.

The following two questions regarding your agency and rank will provide the BETST staff information as to the composition of this class. Please **circle** the number representing the type of agency where you are employed.

6. Police Department    7. Sheriff’s Department   8. State   9. Other ___________________________ Please **circle** the number representing the response which most nearly describes your rank or title.


Using the following rating scale, please indicate the extent to which you agree or disagree with the following statements. Space is provided at the end of the questionnaire for your comments and/or suggestions. If you rate an item low, we would appreciate your comments in order that improvement may be made.

<table>
<thead>
<tr>
<th>Rating Scale</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Strongly Disagree</td>
<td></td>
</tr>
<tr>
<td>2. Disagree</td>
<td></td>
</tr>
<tr>
<td>3. Neither Agree nor Disagree</td>
<td></td>
</tr>
<tr>
<td>4. Agree</td>
<td></td>
</tr>
<tr>
<td>5. Strongly Agree</td>
<td></td>
</tr>
</tbody>
</table>

1. ______________ The course material was well organized and presented in a systematic manner.
2. ______________ The course content was relevant and up to date.
3. ______________ The course objectives and expectations for student achievement were clearly stated at the beginning of the course.
4. ______________ The course met the stated objectives.
5. ______________ The course provided me skills and/or knowledge which will help me in my current or future assignment.
6. ______________ The course was free from outside distractions (e.g., noise, interruptions).
7. ______________ The physical comforts were conducive to learning (e.g., seating arrangements, desk space, classroom conditions).
8. ______________ The course site was convenient (e.g., accessible to lodging, meals, transportation).
9. ______________ The instructor(s) clearly demonstrated a command of the subject matter.
10. ______________ The instructor(s) lectured at a level the student could understand.
11. ______________ The instructor(s) used a variety of methods of instruction in the course (i.e. - lecture, class discourse, role play, etc.).
12. ______________ The instructor(s) encouraged the students to ask questions and generally answered the questions satisfactorily.
Please identify any instructor(s) and/or block of instruction that may have been deficient and briefly describe the deficiency(ies).

COMPLETE QUESTIONS 13 AND 14 ONLY IF AN EXAMINATION WAS GIVEN.


13. ___ The examination was well prepared and emphasized important course material.

14. ___ There was consistency between course content and examination questions.

OVERALL EVALUATION


15. ___ How would you rate this course?

16. ___ How would you generally rate the effectiveness of the instructor(s)?

Please use this space for general comments or suggestions.
<table>
<thead>
<tr>
<th>Name of Trainee</th>
<th>LAST 4 ONLY OF Social Security #</th>
<th>Certified Telecommunicator</th>
<th>Name of Department/Agency</th>
<th>Hours Attended</th>
<th>Satisfactorily Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Yes</td>
<td>BETST Cert. #</td>
<td>No</td>
<td>Yes</td>
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</table>

Signature of Instructor/Coordinator: ____________________________

Date: ____________________________ Phone Number: ____________________________

Fax Number: ____________________________
The Course Roster form is to be completed and submitted by the course instructor/coordinator to BETST within five working days following completion of the course.

Complete each section of the form for each trainee attending the course. Ditto marks may be used where appropriate. Make as many copies of this form as needed.

**Page ___ Of ___**: Record the current page number followed by the total number of pages submitted.

**Course Name and Location**: Enter the title of the course and location where the course was conducted.

**Name of Instructor(s)**: Enter the name of the instructor(s) who presented the course.

**Course Date**: Enter the date of the training.

**Time of Course**: Enter the time the training began and ended each day.

**Name of Trainees**: Enter the names of all trainees enrolled in this course by last name, first name, and middle name or initial.

**Social Security Number**: Enter the last four numbers of the trainee's social security number. This number will be used as a reliable identifier.

**Certified Telecommunicator**: Enter an "X" in the "Yes" column for each certified trainee. Enter the trainee's BETST certification number (if known). Enter an "X" in the "No" column for each non-certified trainee. This information will be used primarily for future classes after initial certification is completed.

**Name of Department/Agency**: Enter the name of the trainee's employer.

**Hours Attended**: Enter the total number of hours attended by the trainee. It is important that the instructor(s) keep a daily account of each trainee's hours of attendance. Credit will not be given to any trainee who misses five percent or more in attendance.

**Satisfactorily Completed**: Enter an "X" in the appropriate column. An "X" in the "Yes" column denotes that the trainee satisfactorily completed all the requirements of the course. Give a brief explanation for each trainee that does not satisfactorily complete training. Record the test score on the final day of class.

**Signature of Coordinator**: The roster must be verified by signature. Only the course coordinator or instructor should sign the Course Roster form.

**Date**: Enter the date the Course Roster was signed.

Please return Course Roster within 5 working days to the address below:

MS Dept. of Public Safety/Div. Of Public Safety Planning/Office of Standards and Training
1025 Northpark Drive
Ridgeland, MS 39157

Telephone (601) 977-3777; Facsimile - (601) 977-3773
EMERGENCY TELECOMMUNICATOR EIGHT (8) HOUR FIELD OBSERVATION

Applicant’s Name

Applicant’s Agency/Dept.

<table>
<thead>
<tr>
<th>Type</th>
<th>Date</th>
<th>Field Training Officer</th>
</tr>
</thead>
<tbody>
<tr>
<td>( ) Law Enforcement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>( ) Fire Service</td>
<td></td>
<td></td>
</tr>
<tr>
<td>( ) Emergency Medical</td>
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</tbody>
</table>

I, the undersigned, do hereby certify that the applicant named above has successfully completed the eight (8) hour field observation (ride-along) training as part of the requirements for becoming a Mississippi Certified Emergency Telecommunicator. Further, I swear or affirm that the aforementioned information is true and correct. (Section 97-7-10 of MCA provides for up to five years in jail and/or a fine of up to $10,000 for making fraudulent statements or representations to a board or commission.)

Must be signed by the Agency Head

Month/Day/Year
PEACE OFFICER STANDARDS & TRAINING

EMERGENCY TELECOMMUNICATOR INSTRUCTOR
APPLICATION

Rank/Name: Title:
Last, First Middle

Date of Birth: SSN:
Month / Day / Year

Agency/Dept.: Phone:

Mailing Address:
Post Office Box or Street City Zip Code

E-mail Address:

Are you now or have you ever been a certified emergency telecommunicator in MS?  Yes No
I am requesting: New Instructor Certification Renewal of Instructor Certification (Inst. Cert. #)
Type of certification requested: Basic (law enforcement/fire) EMS

Circle the highest number of years of education completed. 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20+

Please indicate your education and experience by checking one (1) of the following and attaching a copy of your highest diploma/degree.

_____High school graduate or G.E.D. and five (5) or more years of experience as a telecommunicator.
_____Two (2) years of college and four (4) or more years of experience as a telecommunicator.
_____BS or BA Degree and three (3) or more years of experience as a telecommunicator.

If none of the above are checked, you do not meet the requirements for instructor certification as stated in the Board of Emergency Telecommunications Standards & Training (BETST) Policy and Procedures Manual, Instructor Certification section.

Please list your emergency telecommunications employment/experience within the last three/five years.

<table>
<thead>
<tr>
<th>Agency/Department</th>
<th>Position</th>
<th>City/State</th>
<th>Month</th>
<th>Day</th>
<th>Year</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

(If more space is required, please attach additional 8.5 x 11 sheets of paper.)

1. Do you hold professional credentials (excluding BETST professional certification) recognized by the BETST?  Yes No
   If yes, attach a copy of each degree, license, professional credential or other documentation that applies. (Note: EMS applicants must furnish a copy of their EMT basic certificate.)

2. Have you completed a BETST-approved basic or EMD telecommunications course?  Yes No

3. Have you completed a BETST-approved basic or EMD telecommunications instructor course?  Yes No
   If yes, give the dates, type of course, and location of course (Also, attach a copy of the certificate).
4. Have you conducted three courses in your certified area(s) of instruction in a Board-approved curriculum during the previous certification period? (Question #4 is for those seeking re-certification as an instructor.)

Yes ___ No ___ If yes, attach documentation. If no, you do not meet the requirements for instructor re-issuance as stated in the BETST Policy and Procedures Manual, Instructor Certification.

**APPLICANT’S BACKGROUND INVESTIGATION REVIEW**

1. Have you ever been a defendant in a court martial, Article 15, Captain's Mast or other nonjudicial punishment? Yes No
2. Has a judgement ever been issued against you? Yes No
3. Have you ever declared bankruptcy? Yes No
4. Have you ever been arrested or charged with a crime? Yes No
5. Have you ever received any alternatives to sentencing such as probation before judgement, pretrial diversion, non-adjudication of guilt or have you ever had an expungement? Yes No
6. Have you ever been found guilty or pled guilty or no contest to a crime? Yes No
7. Have you ever been refused a surety bond or turned down for employment that required a surety bond? Yes No
8. Have you ever: (a) been suspended for any reason from any employment; (b) been terminated from any employment; (c) resigned to prevent termination from any employment; (d) resigned prior to, during or at the conclusion of any such investigation into your activities? Yes No
9. Have you ever been addicted to or hospitalized for the use of alcohol or drugs? Yes No
10. Have you ever received any alternatives to sentencing such as probation before judgment, pretrial diversion, non-adjudication of guilt or had you ever had an expungement? Yes No

I, the undersigned do hereby authorize and direct any duly authorized representative of a public safety agency to provide the POST full and complete disclosure of any information, public and private, pertaining to myself or my employment as required by the POST regarding my certification and my qualifications to be a certified instructor. It is my intent to provide full and free access to all information about me including my: work record, background and reputation, military records, educational records, financial status, criminal history and/or arrest record, information in investigatory files, job performance, attendance records, complaints or grievances, records or recollections of attorneys whether representing me or another person in any case in which I have had an interest, polygraph examinations, internal affairs investigations, discipline files and files which are deemed to be confidential and/or sealed.

I further authorize and direct the POST to provide copies of said records and/or any other record or document contained or related to my certification application and record to any duly authorized representative of a public safety agency.

I hereby release the POST and its authorized agents, the public safety agency and its authorized agents and all others, individually and collectively, from any and all liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I understand that should any information of a criminal nature surface, the information may be turned over to the appropriate authorities.

I, the undersigned, do hereby swear and affirm that I am a citizen of the United States, by birth or naturalization, that I have never been convicted, pled guilty, pled nolo contendere, fined, ordered into probation or pre-trial diversion in relation to a felony or a misdemeanor involving moral turpitude, that I have a valid high school diploma or its equivalent, that my discharge (if any) from the Armed Forces was under honorable conditions, that I am of good moral character, that I have provided my employer/sponsoring agency with a full explanation (without any omissions) of each and every “yes” answer to the above questions, one (1) through ten (10) of the “Instructor Application for Certification” form, and that these explanations (if any) are attached to this form, that I am at least eighteen (18) years old, that I have read and understand this form, all the instructions contained therein and do hereby confirm that all of the information contained in this application and/or all other information I furnish in conjunction with my application is true and correct.

Witness my signature this, the ______ day of __________________, 20__.

_____________________________ ________________________________
Applicant’s Signature Print Applicant’s Name
I hereby testify that all the information contained in this application and the copies of all materials and certificates that I have furnished with this application are true and correct. I have met the requirement as stated in the BETST Policy and Procedures Manual, Instructor Certification. I also affirm that I am a citizen of the United States, by birth or naturalization, that I have never been convicted of a felony or a misdemeanor involving moral turpitude, that my discharge (if any) from the armed forces was under honorable conditions and that I am of good moral character. I understand that any misrepresentation of information on this application is cause for revocation.

Also, I, circle one, (Agree) (Disagree) to be available to instruct employees from outside agencies.

Signature of Applicant                                                      Date Signed

NOTARY PUBLIC

I, the undersigned authority in and for _________________ County and State, do hereby attest that the above individual did personally appear before me. Who being by me first duly sworn on oath, depose and state that he or she is the individual named in the “Instructor Application for Certification” form, and that the said individual signed the foregoing “Application for Certification” form.

GIVEN under my hand and official seal this, the _____ day of _____________, 20__.

Notary Public

BELOW TO BE COMPLETED BY THE AGENCY/DEPARTMENT DIRECTOR

I have reviewed the credentials and evaluated the instructional abilities of this applicant as required in the BETST Policy and Procedures Manual, Instructor Certification and recommend certification as an instructor. If this is an application for renewal, this applicant has documented instructional activity of BETST-certified programs during this current period of certification. I am satisfied with the continuing knowledge of this individual in the area(s) of re-certification. I understand it is my responsibility to utilize this instructor only in the areas of his/her expertise and provide stewardship of his/her certification.

The applicant’s fingerprints have been submitted to the Criminal Information Center of the Mississippi Department of Public Safety as a part of the background investigation and a copy of the FBI report will be included in the applicant’s personnel file and a copy is attached to this “Instructor Application for Certification” form.

Also, I, circle one, (Agree) (Disagree) to allow this instructor to be available to instruct employees from outside agencies.

Signature of Agency Director                                            Date Signed

NOTARY PUBLIC

I, the undersigned authority in and for _________________ County and State do hereby attest that the above individual did personally appear before me. Who being by me first duly sworn on oath, depose and state that he or she is the individual named in the portion of this “Instructor Application for Certification” form to be signed by the Agency/Department Director, and that the said individual signed the foregoing “Instructor Application for Certification” form.

GIVEN under my hand and official seal this, the _____ day of _____________, 20__.

Notary Public
INSTRUCTIONS

In accordance with the MCA § 19-5-301 et al. Warning: MCA § 97-7-10 Fraudulent Statements and Representations - provides for severe penalties for misrepresentations or fraudulent statements to a Board. This statute authorizes a fine of up to $10,000.00 and a jail sentence of up to five (5) years. Further, the BETST Board is authorized in § 19-5-353 (8) to cancel and recall any certificate obtained through misrepresentation or fraud.

The “Instructor Application for Certification” form must be completed and approved by the Board as part of becoming eligible to instruct courses.

Type or print in ink when completing this form. Record the applicant's full name, social security number, date of hire as an instructor, date of birth, current position or rank, the name of the employing agency/department and/or private company, the agency's mailing address and telephone number. Indicate whether or not the applicant has ever been certified under the program by checking “yes” or “no” in the space provided. If the answer is yes, enter the applicant's certificate number. Indicate the type(s) of certification being requested. Circle the number of years of education completed by the applicant. Check whether the applicant has a high school diploma or GED and denote any degrees earned other than a high school diploma or GED (i.e., BS - Bachelor of Science, BA - Bachelor of Arts, etc.)

List all past emergency telecommunications employment that has been held by the applicant, beginning with the applicant's most previous employment and working back. Include the name of the employer, the position held, the city and state where employed, and the dates of said employment.

**Applicant’s Background Investigation Review - Circle** the answer that applies. A “yes” answer to any of these questions does not automatically bar anyone from obtaining certification. Any of the questions, items one (1) through ten (10) that are answered “yes” must be explained to the Board. The explanation must be typed or printed in ink on a separate eight and a half (8½”) by eleven (11”) inch sheet of paper, signed and dated by the applicant and include all related court documents.

All crimes must be reported, to include alcohol and drug related offenses. The only exceptions to this requirement are traffic offenses where the fine is less than one hundred dollars ($100.00) and where the applicant has had fewer than four (4) traffic offenses within the preceding twenty-four (24) months. All traffic offenses involving drugs or alcohol, are to be reported regardless of the fine. Any alternative to sentencing that has been decreed by any political subdivision must be reported including, but not limited to: pre-trial diversion, probation, fines, restitution, or community service.

The applicant must sign and date this “Instructor Application for Certification” form before a Notary Public.

**Agency/Department Director** - This portion of the application must be completed by the head of the agency/department or someone with authority to sign in his/her name. There must be a letter on file, at this office, stating specifically who has the authority to sign in the department head's name. This letter will have to be authorized by the head of said agency/department. The applicant's fingerprints must be submitted to the Criminal Information Center of the Mississippi Department of Public Safety (see the address below). A copy of the FBI fingerprint report must be kept in the applicant's personnel file and a copy must be attached to this “Instructor Application for Certification” form.

**Criminal Information Center/MJIC**
Department of Public Safety
“Fingerprints”
3891 Highway 468 West
Pearl, Mississippi 39208
Telephone # - (601) 933-2600

This “Instructor Application for Certification” form must be signed and dated before a notary public by the agency head or someone with authority to sign in the agency head’s name.
# Emergency Telecommunicator Re-certification Checklist

Name: ____________________________ Last four of SSN: ____________

Indicate by checking or entering N/A, in the space provided, for each of the forms or courses listed below that have been completed by the individual named above. Include the completion date of the form or course where applicable.

<table>
<thead>
<tr>
<th>Check Here</th>
<th>Form or Course Completed</th>
<th>Date of Receipt or Completion</th>
<th>Date Reimbursement Sent</th>
<th>Date Reimbursement Received</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

## Mandatory Elements

- Application for Re-certification
- Re-certification Course (first re-certification period only)

## Elective Elements

- Agency Protocols (local, in-house, etc...)
- CPR (initial or renewal)
- First Responder
- Teletypewriter (TTY) - practical exercise
- Languages (Spanish, etc...)
- Field Observation / Ride Along (credit for one only)
- Fire Rescue
- Fire Department organization / MEMA
- NCIC
- Call Taking Techniques
- Computer Training
- Other
- Other
- Other
- Other
- Other
- Other
- Other
- Other
- Other
- Other
- Other

## All Re-certification Requirements Completed
EMERGENCY TELECOMMUNICATOR RE-CERTIFICATION REPORT

Name of Employee: __________________________________________ Last four of SSN: ____________

Department: ____________________________________________

Note: In order to be re-certified, an emergency telecommunicator must successfully complete at least 48 hours of approved elective training from no fewer than six subjects. Each subject requires a minimum of 4 hours.

Check which course(s) have been completed by the above-named individual.

<table>
<thead>
<tr>
<th>I</th>
<th>Mandatory Training</th>
<th>Instructor</th>
<th>Dates Attended</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Two-day re-certification course (first re-certification period only)</td>
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</table>

<table>
<thead>
<tr>
<th>II</th>
<th>Electives</th>
<th>Training Hours</th>
<th>Date Started</th>
<th>Date Completed</th>
<th>Location</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Agency protocols or Online training</td>
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<td>Agency protocols or Online training</td>
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<td>Approved Conferences / Seminars</td>
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<td>Approved Conferences / Seminars</td>
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<td>Call Taking Techniques</td>
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<td>CPR / AED</td>
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<td>Crimes-In-Progress Calls</td>
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<td></td>
<td>Crisis Call Handling</td>
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<td>Customer Service</td>
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<td>Domestic Violence</td>
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<td>EMD Refresher</td>
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<td>Field Observation / Ride Along</td>
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<td>Fire Dispatch Course</td>
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<td>Legal Liability in 911</td>
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<td>Negotiations &amp; Talk Tactics</td>
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<td></td>
<td>NCIC</td>
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<td>NIMS ICS- 100 &amp; 200</td>
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<td></td>
<td>NIMS ICS - 700 &amp; 800</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Electives</td>
<td>Training Hours</td>
<td>Date Started</td>
<td>Date Completed</td>
<td>Location</td>
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<tr>
<td>Officer Down</td>
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<tr>
<td>Protecting Law Enforcement</td>
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<tr>
<td>School Shooting / Work Place Violence</td>
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<tr>
<td>Spanish for Dispatchers</td>
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<tr>
<td>Stress Management</td>
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<tr>
<td>Suicide Call Intervention</td>
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<td>TTY- Call Recognition and Processing</td>
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<td>Other</td>
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</table>

I, the undersigned, attest that the above-named individual did successfully complete the training noted on this document, and that said training is documented in their personnel file.

Witness my signature this, the ________day of ____________________, 20__.

__________________________________________  ______________
Agency Head's or Authorized Signee's Signature  Title

MS Dept. Of Public Safety/ Div. Of Public Safety Planning
Office of Standards and Training
1025 Northpark Drive
Ridgeland, MS 39157
EMERGENCY TELECOMMUNICATOR REIMBURSEMENT WORKSHEET

The information requested within this form is required before reimbursement can be processed for any and all courses attended. You must provide proof of successful completion (e.g., course certificate).

Warning: MCA § 97-7-10 Fraudulent Statements and Representations provides for severe penalties for misrepresentations or fraudulent statements to a Board. This statute authorizes a fine of up to ten thousand dollars ($10,000) and a jail sentence of up to five (5) years. Further, the BETST Board is authorized through MCA § 19-5-353 (8) to cancel and recall any certificate obtained through misrepresentation.

<table>
<thead>
<tr>
<th>A.</th>
<th>B.</th>
<th>C.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student’s Department</td>
<td>Name of Student</td>
<td>Last Four-Social Security Number</td>
</tr>
<tr>
<td>D. Initial /Re-certification (circle one)</td>
<td>E. (I) (ii)</td>
<td>F.</td>
</tr>
<tr>
<td>Course Type (circle one)</td>
<td>(I) Course Title/(ii) Course Vendor</td>
<td>Course Location</td>
</tr>
<tr>
<td>G.</td>
<td>H.</td>
<td>I.</td>
</tr>
<tr>
<td>Course Dates</td>
<td>Course Length</td>
<td>Course Tuition</td>
</tr>
<tr>
<td>J. Amount - $</td>
<td>K.</td>
<td>L.</td>
</tr>
<tr>
<td>circle one - mo / bi-wk / wk / hr</td>
<td>Salary Rate</td>
<td>Cost of Lodging</td>
</tr>
<tr>
<td>M.</td>
<td>N.</td>
<td>O.</td>
</tr>
<tr>
<td>Salary Total (BETST use only)</td>
<td>Certificate Number</td>
<td>Expiration Date</td>
</tr>
<tr>
<td>P.</td>
<td>Q.</td>
<td>R.</td>
</tr>
<tr>
<td>Course Instructor (Name)</td>
<td>Total Mileage (Private Vehicle)</td>
<td>Total Reimbursement</td>
</tr>
</tbody>
</table>

Please attach copies of all corresponding documentation for expenses submitted (i.e. - hotel receipts, meal receipts, etc.). All travel expenses will be computed by the staff using existing Department of Finance and Administration guidelines.

I, the undersigned, do hereby swear or affirm that there are no willful misrepresentations, omissions or falsifications in the statements and answers to questions within this document, and that all statements and answers are true and correct to the best of my knowledge and belief.

Must be signed by the Agency Head or Authorized Signee Month / Day / Year

MS Dept. of Public Safety/Div. Of Public Safety Planning/ Office of Standards and Training 1025 Northpark Drive Ridgeland, Mississippi 39157 Telephone #: (601) 977-3777, Fax #: (601) 977-3773
EMERGENCY TELECOMMUNICATOR REQUEST FOR INFORMATION & TRAINING NOTIFICATION FORM

Date: ______________________

Name of Emergency Telecommunicator(s):                               Last Four of SSN(s):

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

In accordance with the MCA § 19-5-301 et al. Warning: MCA § 97-7-10 Fraudulent Statements and Representations - provides for severe penalties for misrepresentations or fraudulent statements to a Board. This statute authorizes a fine of up to $10,000.00 and a jail sentence of up to five (5) years. Further, the BETST Board is authorized in § 19-5-315 (8) to cancel and recall any certificate obtained through misrepresentation or fraud.

REQUEST FOR INFORMATION

☐ THE FOLLOWING INFORMATION OR FORM IS NEEDED ON THE PERSON(S) LISTED ABOVE.

☐ Application for Certification form(s)               ☐ Termination/Reassignment Report

☐ Eight Hour Field Observation form(s)               ☐ A copy of any certificate(s) from APCO, NCI, etc.

☐ Application for Re-certification form(s)           ☐ Return the above’s original professional certificate

☐ Re-certification Report(s)                         ☐ Sign & return the enclosed form(s)

☐ Complete the attached form(s) and return           ☐ Other (see below)

Comments: _______________________________________

TRAINING NOTIFICATION

☐ YOUR TELECOMMUNICATOR WILL BE CERTIFIED UPON COMPLETION OF THE FOLLOWING RECOMMENDED TRAINING.

☐ Basic or EMD Course Training - Your telecommunicator must complete an appropriate basic or EMD emergency telecommunications course within one (1) year from his/her date of employment.

☐ Equivalency of Training - At the next scheduled BETST board meeting action will be taken to determine the requirements needed to be met to certify your telecommunicator. You will be notified of the board’s decision.

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Page 1 of 1
EMERGENCY TELECOMMUNICATOR TERMINATION/REASSIGNMENT REPORT

Name of Telecommunicator: ____________________________ Last Four of SSN: ____________

Department: _______________________________________ Telephone: _______________________

Address: __________________________________________ Post Office Box or Street Number __________________________ City & Zip Code ____________________

Date of Termination/Reassignment ______ / ______ / ______ Is the telecommunicator certified? Yes _____ No _____

If yes, please return the original certificate.

Reason for termination.

___ Deceased.

___ Discharged. (Please explain below.)

___ Reassigned to non law enforcement duties.

___ Resigned to prevent termination. (Please explain below.)

___ Resigned in good standing/eligible for re-hire.

___ Resigned in good standing/ineligible for re-hire. (Please explain below.)

___ Resigned prior to, during or at the conclusion of an investigation. (Please explain below.)

___ Retired.

___ Other. (Please explain below.)

Comments: __________________________________________

____________________________________________________

____________________________________________________

____________________________________________________

____________________________________________________

(Use additional 8.5 x 11 sheets of paper if necessary)

____________________________________________________

Signature of Agency/Department Head __________________________ Date _______________
INSTRUCTIONS

An emergency telecommunicator is defined as any person that is engaged in or employed as a telecommunications operator by any public safety, fire, emergency medical agency, public or private entity or business, company or corporation whose primary responsibility is the receipt or processing of calls for emergency services and who receives or disseminates information relative to emergency assistance by telephone or radio for an average of eight hours or more per month.

Please complete this form on all emergency telecommunicators who have left such duty by reassignment, retirement, resignation, etc. and submit within 10 working days of change in employment status.

1. Type or print in ink when completing this form.

2. Type the name of the employing agency/department and telephone number.

3. Enter the employing department’s mailing address.

4. Record the full name of the emergency telecommunicator concerned and last four of his or her social security number.

5. Enter the date of termination/reassignment. Indicate whether or not the telecommunicator is certified. If so, then return his or her original certificate with the form. Specify the reason for termination. Sign and date the form where indicated and return to the address below.

7. The signature on this form must be that of the head of the agency/department or someone with authority to sign in his or her name. There must be a letter on file, at this office, stating specifically who has the authority to sign in the department head’s name. This letter will have to be authorized by the head of said agency/department.

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Telephone (601) 977-3777; Facsimile - (601) 977-3773
Appendixes B
Background Investigations
Background Investigations

Purpose

100 The Board of Emergency Telecommunications Standards and Training provides this section as a guide for developing a policy for use by emergency telecommunications executives to assess the ability of an individual to perform the duties of an emergency telecommunicator in a competent and reliable manner. While the Board can make recommendations in conducting background investigations, it is up to the individual agencies to develop local policies in accomplishing these investigations for their departments.

Policy

101 The emergency telecommunications employer is responsible for insuring that telecommunicators meet the minimum standards for employment. Agencies must conduct an adequate background investigation to ensure these standards are met.

101.01 Administrators must determine the individual's age, education, experience and moral character. Of these areas, the latter is probably the most difficult to evaluate. There is no form, certificate or test that will definitively state whether an applicant's moral character and/or subsequent behavior will be acceptable for emergency telecommunications employment. Factually, no one can accurately predict another's behavior under the stressful conditions encountered by emergency telecommunicators. Yet that very behavior or response is a critical factor in successfully dispatching service for someone requiring immediate fire, law enforcement or emergency medical treatment.

101.02 Although we cannot accurately predict behavior, agencies can identify those individuals who have the greatest potential for failure. Thankfully there are many tools available to the telecommunications community to aid in screening applicants in order to identify and reduce the risks of unacceptable behavior. Some of the more commonly used tools are:

1. Test instruments such as the Minnesota Multiphasic Personality Inventory (MMPI), Intelligence Quotient, Rorschach Ink Blot and Clinical Analysis Questionnaire,

2. Background Investigations,

3. Polygraph testing, and

4. Probationary period evaluation.

101.03 These tools have each been used by other agencies with varying degrees of success. Each technique has inherent drawbacks and disadvantages, therefore
agencies may seek to mitigate the inherent problems by combining some or all of the tools in their applicant screening policies.

1. The critical element in using these techniques is the development and use of a policy tailored to the unique requirements of a particular emergency telecommunications agency. A good policy will maximize utilization of available resources and exploit the benefits offered through each technique selected. The Board recommends that every agency develop and implement a screening policy that encompasses one or more of the aforementioned techniques. A good background policy should:

   a. Increase the likelihood of uncovering job related facts that may influence the employment decision, and

   b. Decrease the likelihood of using employment practices that are not job related which could adversely affect an individual's employment opportunity.

2. The background investigation is one of the most useful techniques for evaluating the qualifications of an emergency telecommunicator applicant. A thorough background investigation is within the capabilities of every emergency telecommunicator agency in the state.

101.04 This policy section does not establish standards beyond those required by the ETTP and BETST. The information in this section is in the form of guidelines and recommendations for policy on background investigations. These guidelines should not be confused with mandated procedures.

1. The word routine is used in a specific way in this manual. The recommended practices and procedures in this section are descriptive of those actions that would be included or excluded in a typical policy for a routine background investigation. Due to the great diversity of emergency telecommunications agencies and among telecommunicator applicants, there will probably be justifiable and job-related reasons for going beyond the "routine" investigation.

2. Nothing in this manual should be interpreted as preventing the employer from delving into any background area which the employer believes can be justified as being job-related.

101.05 The evaluation of background information as it relates to an emergency telecommunicator candidate is difficult and must be done on an individual basis. No one can predict what facts and circumstances constitute an individual's background; therefore a specific background investigation model would not be feasible. Nevertheless, steps can be taken to improve the efficiency and effectiveness of the background investigation and to reduce the potential for using the information in an inappropriate manner:

   1. **What kind of person do I want in my organization?** Establish job dimensions
Background Investigations

and desired personal characteristics which can be used as a benchmark in evaluating applicants.

2. **What kind of person do I not want to represent me and my department?**
   Establish written guidelines for the kind of past behavior which is rationally incompatible with acceptable emergency telecommunicator performance.

3. **How can I best determine whether an applicant can meet my standards?**
   Establish procedure to *gather data, evaluate data, develop information* relevant to the job dimensions/personal characteristics and *make use of the information* in the decision making process.

4. **Why do I need job dimensions/personal characteristics? Can’t I just do the background investigation and employ the telecommunicator if I like what I see?**
   It is very important from a legal point of view that you establish some guidelines for your emergency telecommunicator positions. Each of your requirements must be a "bona fide occupational qualification." Any decision not to employ an individual based on information developed in the background investigation should be directly related to a bona fide occupational qualification.

5. **What can I do to reduce problems that may occur from not hiring an applicant?**
   Establish procedure to provide an appeals process to handle complaints resulting from adverse employment decisions.

101.06 There are several legal considerations in the conduct of background investigations.

1. By giving the Board the authority to set up an Emergency Telecommunications Training Program, the legislature stated that law enforcement, fire and emergency medical telecommunications activities required selection, education and training of a professional nature upon the entrance and during the career of emergency telecommunicators. The legislation also required the Board to establish qualifications for the employment of emergency telecommunicators to include minimum age, education, citizenship, good moral character, experience and other matters as relate to the competence and reliability of persons to assume and discharge the responsibilities of emergency telecommunicators.

2. The Board on Emergency Telecommunications Standards and Training established minimum employment standards requiring telecommunicators to:

   a. Be at least eighteen (18) years of age,
   
   b. Be a high school graduate or obtain a GED, c.
   
   Be a U. S. citizen,

   d. Be capable of performing the duties under conditions inherent to the
profession, and

e. Be of good moral character as evidenced among other things by having neither a conviction nor a plea of guilty or nolo contendere, probation, pre-trial diversion or payment of any fine for a felony or a misdemeanor involving moral turpitude. Fitness for service as it relates to moral character can be verified by an appropriate background investigation.

3. In general, any act or conduct may be explored which is related to an applicant's fitness for the job and/or qualifications mandated by the Board under state law. There are certain areas of investigation prohibited by various state and federal laws, rules and regulations.

a. The primary engine driving this activity has been Title VII of the Civil Rights Act of 1964 which prohibits employment discrimination on the grounds of race, color, religion, sex or national origin and the Age Discrimination in Employment Act of 1967.

b. A full discourse on all the laws and rules of employment practices is beyond the scope of this manual. The recommendations of this manual reflect a consideration of applicable laws. Any agency should seek the advice of counsel before enacting policy on employment practices.

Procedure

102 The intent of this section is to aid policy makers in developing policy for the acquisition, organization and reporting of information from the background investigation (BI). While it would be difficult to tailor a structured and specific background investigation method, a list of recommended procedures may help guide the agency when looking into an employee's background.

102.01 Considerations

1. While recent legislation has recognized the increased importance of the emergency telecommunicator in the realm of law enforcement, fire and emergency medical operations, there also comes the realization that the extensive research that is conducted for law enforcement officers is not essential for telecommunicators. Due to the nature of the position itself, which undergoes a high rate of turnover and relatively low pay for the most part, an exhaustive background investigation may prove to be a waste of time. On the other hand, an agency executive has to consider what liabilities could be incurred if a telecommunicator is not of reputable character.

2. Similar to the BI's conducted for prospective law enforcement officers, the telecommunicator BI should be an objective process which entails descriptive rather than evaluative reporting. The mere fact of a negative item discovered
Background Investigations

as a part of the BI is rarely indicative of the individual's qualifications for the job. The facts, extenuating/mitigating circumstances and past behavior are important pieces of the total picture. As a result, the BI should provide sufficient information about the applicant to enable the employer to judge the significance of past behavior and the possible outcomes of a decision to hire the applicant.

a. Each agency should develop a list of desired personal characteristics. The list should be provided to every contact made during an investigation.

b. Confidentiality of information developed pursuant to a BI should be safeguarded. All information given by the applicant is private and confidential. Only authorized persons designated in unit policy should be given access to the information.

c. No attempt has been made to address specific disqualifiers, undesirable behavior or unlawful activity. Decisions concerning whether an applicant fulfills the requirements of the ETTP and the agency can best be made after consideration of the relevant facts. Indications of illegal, aberrant, deviant or outrageous behavior should be fully investigated and evaluated to determine if the applicant is of good moral character.

d. In the course of conducting a background investigation, it may be discovered that the applicant has committed a crime for which no arrest has been made. Appropriate action should be taken in accordance with agency policy. Additionally, it may be discovered that the applicant has made fraudulent statements on documents such as the Application for Certification or employment/experience record. Such activity is a felony under state statute, §97-7-10 Fraudulent Statements and Representations. Generally, this statute provides that any person who, with intent to defraud the government, knowingly makes false statements shall be punished by a fine of not more than ten thousand dollars ($10,000) and/or imprisonment of not more than five years.

e. A fair selection system should include a mechanism for appealing the employment decision. Each department should develop policy to outline the steps an applicant may take to appeal a disqualification based upon the BI. In handling appeals, the department should consider two main aspects of the BI decision:

i. The information upon which the disqualification is based should be verified as being accurate, and

ii. A rational connection between the disqualification and the job requirements should be established (bona fide occupational qualification or BFOQ).
102.02 Beginning the Investigation

1. The applicant is the primary source of information in a background investigation.

   a. Some of the paperwork the candidate should be required to provide are those items that verify the department's standards.

      i. The Personal History Statement, similar to a standard application, but contains more detail involving personal information, previous employers and personal references,

      ii. Birth Certificate,

      iii. High School Diploma (or GED),

      iv. Driver's License,

      v. Military Discharge Form (DD Form 214), and

      vi. Transcripts, Diplomas and Certificates for any other education or training.

   b. The agency will conduct a preliminary interview with the prospective telecommunicator so as to lay the foundation for the rest of the background investigation. A folder should be prepared for the interview with a checklist of required documents, release forms and probable contacts. At the meeting:

      i. Thorough scrutinization of all submitted materials will ensure all needed documents are present and valid. Official documents such as birth certificates and transcripts should be logged on the checklist, photocopied and returned to the applicant for safekeeping,

      ii. When applicable, prepare and submit fingerprint cards. This can only be done through the emergency telecommunications agency's law enforcement parent or through a law enforcement agency which is served by that particular telecommunications agency.

      iii. Ensure that all submitted forms, most notably the personal history statement, are complete and that all omissions, inconsistencies and conflicting statements are resolved. If any unusually favorable or unfavorable information is discovered in the materials submitted by the applicant, full details of each incident or event should be obtained. Special care should be taken to ensure names, addresses and telephone numbers for possible contacts are included, and

      iv. Obtain signatures on a sufficient number and type of release of information forms. This will give a good estimate of the number and type of releases needed. Many organizations and institutions must have
Background Investigations

a signed release of information form before they will provide any assistance in a background investigation.

102.03 Information Gathering

1. Immediately following the interview, the agency head should evaluate the materials gathered thus far and begin planning the information gathering phase. This phase will be the most time consuming portion of the BI.

a. The personal interview is the preferred method of contacting an information source. However, such interviews are often impractical and alternative methods must be adopted. The agency head should determine which sources should be interviewed in person or via the telephone, and which should be contacted in writing.

b. Any written inquiries or requests for information should be prepared and mailed prior to initiating other activities due to the inherent delays in the postal system.

   i. The letter should address specific questions relating to the job dimensions and personal characteristics of an emergency telecommunicator.

   ii. Agency heads should be sure to enclose a signed release form and a list of the desired personal characteristics. The inclusion of a stamped and self-addressed envelope will aid immensely in obtaining responses.

   iii. Replies should be reviewed as they are received. Questionable areas to be pursued should be incorporated with the remaining information gathering plans.

102.04 Evaluating the Data

1. Once all possible sources of information have been contacted or checked, the process of sorting the data gathered must be used to develop a useful report.

a. At this point in the investigation, an attempt should be made to resolve any discrepancies, inconsistencies or contradictions developed during the BI. A discrepancy interview may be scheduled with the applicant to attempt to resolve the problems. The interviewer should not reveal the source of any information obtained during the BI.

b. The final step in the process is reporting to the chief/sheriff/mayor or other personnel officer designated to make the hire/no hire decision unless that person is the one conducting the investigation. This report should be a concise, narrative evaluation of the applicant's qualifications with regard to bona fide occupational qualifications. Every effort should be taken to ensure the report is factual and free of bias or opinion.
c. The following items should be included with the report:

i. Copies of all official documents.

ii. Any verifying documents collected. iii.

Any unused signed authorizations. iv.

Returned questionnaires and letters.

v. Other pertinent material.
Background Investigations
Appendixes C
Areas of Inquiry
Areas of Inquiry

adapted - 10/1991; rev - 04/1997 and 01/2005

Purpose

100 This subsection to the Background Investigation (BI) manual lists typical areas of inquiry and provides rationale for and against asking specific questions.

Policy

101 Nothing in this BI manual should be construed as establishing a standard for the conduct of investigations. The manual was constructed to serve as a guideline in the development of local investigation procedure. Although the Board has attempted to provide sufficient instruction in this area, the areas of inquiry listed herein are not inclusive or exclusive. Further, where specific examples are cited, there is always an exception wherein the employer believes there is a bona fide occupational qualification.

Procedure

102 Each of the areas of inquiry are listed along with comments.

102.01 Applicant Identification

1. The personal information requested on the employment application is sought primarily for the purpose of verifying the identity of the applicant and to provide a means of contacting the applicant during the selection process.

   a. All names used by the candidate should be noted. If it is found that the applicant has used other names for fraudulent purposes, this could reflect unfavorably on the applicant's integrity or credibility as a witness.

   b. The use of religious or ancestral names, the use of two last names with a hyphen, the use of a single name without a first or last designation or the decision of a woman not to use her husband's name should not be considered improper action by the candidate. The law permits individuals to use any name as long as the change of name is not for fraudulent purposes.

102.02 Citizenship

1. An applicant must be a citizen of the United States of America.

   a. U.S. citizenship can be verified by review of common documents.

      i. Citizens of this country by birth may be verified by a copy of birth certificate, copy of court documentation attesting to citizenship in the absence of a record or a current valid passport.
ii. A child born of American parents on foreign soil has the option of being a citizen of that country or the United States. Neither is legally recognized until declared by the individual. To be recognized as a U.S. citizen, the individual must have one of the following documents:

(i) A Certificate of Naturalization from the Department of Immigration and Naturalization Service (form N-550),

(ii) Report of Birth Abroad of a Citizen of the United States issued by a consular officer,

(iii) Current valid U. S. passport, or

(iv) Department of Immigration and Naturalization Form G-641 (Application for Verification of Information from Immigration and Naturalization Service Records.)

iii. Immigrants to this country who obtain U. S. citizenship are known as naturalized citizens. The documentation includes:

(i) A Certificate of Citizenship from the Department of Immigration and Naturalization Service,

(ii) A Birth Card wallet identification issued by INS, or

(iii) A current and valid U. S. passport.

iv. Documentation of citizenship status should be verified by independent sources. The U. S. District Court keeps a record of citizenship records. The New Orleans, Louisiana office of the INS (504-589-6527) serves this area. The INS is able to verify documents offered up by candidates as proof of citizenship upon receipt of a written request accompanied by a signed waiver/release of information.

v. The INS publishes a pamphlet entitled "Handbook for Employers" (M274) that offers additional information on this subject. Please write the INS at:

U. S. Immigration and Naturalization Service
ATTN: Employment Sanctions Unit
701 Loyola Avenue
Room T-8011
New Orleans, Louisiana 70113

b. The Board recommends that inquiries not be made into the applicant's lineage, ancestry, national origin, descent, parentage, or mother tongue. In addition to these areas, inquiries are not recommended into the nationality
Areas of Inquiry

of the applicant's parents or spouse or how the candidate acquired the ability to read, write or speak a foreign language. [Prohibited by Title VII of the Civil Rights Act of 1974, 42 U. S. C. 2000 (e)]

102.03 Photograph

1. A photograph may be solicited from the candidate to help identify the candidate when references are contacted. It is important to note that the photograph should be used for identification purposes only with state and local laws prohibiting non-job related inquiries which express, directly or indirectly, any limitation, specification or discrimination as to age, race religion, color, national origin, ancestry, physical or mental handicap, or sex. [Prohibited by Title VII of the Civil Rights Act of 1974, 42 U.S.C. (e)].

102.04 Residences

1. The reason for requesting an applicant to list current and previous residences is to contact neighbors, landlords, apartment managers, anyone acquainted with the candidate by reason of residence, in order to gather information about the applicant's qualifications. Note: the courts have upheld residency requirements by governmental employers.

102.05 Experience and Employment

1. An investigation into the applicant's experience and employment history is one of the most important areas in the background investigation. The employment setting may have given the applicant the opportunity to learn and demonstrate behaviors relating to several job dimensions. Self control, dependability, truthfulness and respect for law are personal characteristics to look for in such an investigation. The applicant should provide a complete listing of all employments, summer jobs or volunteer work and indicate whether contact with the current employer would jeopardize continued employment. Current and past employers, supervisors and co-workers should be contacted for verification and characterization purposes.

a. Some areas of questioning when interviewing employers and supervisors about applicants should include: reason for termination, punctuality and dependability, honesty and integrity, disciplinary and/or financial problems and qualifications to be an emergency telecommunicator.

b. Question areas for past or present co-workers should include: the ability to get along with co-workers, dependability, suggesting other persons to contact or any substance abuse by the applicant.

c. Other specific areas of inquiry an investigation should consider:
i. It is appropriate to inquire into the reason for an applicant's having no previous employment or long periods of unemployment. Such an inquiry might lead to information concerning the applicant's willingness to confront problems, dependability and desire for self-improvement. However, there are many legitimate reasons for unemployment and no conclusions about the applicant should be drawn from that mere fact alone. The investigation must look into the circumstances of the applicant's lack of employment.

ii. Receipt of welfare assistance, unemployment compensation or worker's compensation is legal and generally no judgement about the applicant should be based upon the applicant's having received such assistance. However, if the investigation finds that the applicant has received assistance through fraudulent means, that would reflect upon the applicant's integrity.

iii. Extended or frequent work absences may reflect adversely on the applicant's dependability. The investigation should inquire into the circumstances of the absences to determine if they were reasonable or justifiable.

iv. Having been fired or asked to resign from employment may reflect on an applicant's integrity or dependability. Information from a previous employer who fired or asked the candidate to resign must be carefully evaluated and should be balanced against the applicant's explanation of the occurrence.

v. A candidate's interpersonal sensitivity or willingness to confront problems might be revealed by an inquiry into the applicant's reason for leaving a job.

vi. The investigation should inquire into the reasons for the rejection of the applicant from another emergency telecommunications or closely related position. Obviously, this type of information may be highly relevant to the applicant's qualifications as an emergency telecommunicator. Such information must be carefully verified and evaluated.

d. Some types of employment information have little relevancy to employment as an emergency telecommunicator and should be avoided unless a bona fide occupational qualification for such areas can be established. Some of these areas include:

i. Routine inquiries concerning the number of persons the applicant has supervised are usually irrelevant since entry-level telecommunicator positions are non-supervisory.

ii. No conclusions should be drawn from the current salary of the
Areas of Inquiry

applicant. Salaries do not indicate anything about a person's qualifications to be an emergency telecommunicator.

e. Inquiries should not be routinely made about whether the applicant has been a member of a labor or employee organization. Membership in an employee organization is not related to job performance as an emergency telecommunicator.

102.06 Legal

1. The applicant's relationship with the law is obviously an important area of inquiry in a background investigation. Non-law enforcement employers must establish business necessity as narrowly interpreted in order to make employment decisions based on criminal history. However, emergency telecommunicator employers may consider convictions and disqualify applicants for employment based on criminal history. Adequate safeguards need to be present to ensure protection of the applicant's privacy, freedom of speech and association. These rights are balanced against the government's interest in having a work force that can be relied upon and which can maintain the public's confidence. It is recommended that the investigation inquire whether the applicant has ever been arrested or detained, charged with a crime or convicted of a crime.

a. No conclusions should be drawn from the mere fact that an applicant has been arrested or detained without consideration of other factors.

b. Inquiring into the applicant's involvement as a plaintiff or defendant may lead to information concerning the applicant's integrity, dependability or credibility as a witness in a court of law.

c. The policy and statute prohibit employment of telecommunicators convicted of a felony and/or a crime involving moral turpitude. This prohibition extends to anyone who has entered either a plea of guilty or nolo contendere, probation, pre-trial diversion or payment of any fine to such crimes. Should an investigation discover that an applicant has been convicted of such crimes, the agency head will decide whether to continue the investigation.

i. Not all states use the terms felony or misdemeanor to differentiate between crimes. Further, a felony in one state, may not be a felony in other jurisdictions. In jurisdictions where the felony/misdemeanor system is not used, the maximum sentence that could be imposed for the crime is your guide for determining eligibility regardless of the actual sentence imposed. Where the maximum prison sentence is over one year, the crime would exclude service as an emergency telecommunicator in this state.
ii. Investigations should not consider crimes that have been expunged which may include felonies or crimes involving moral turpitude. All other classes and types of convictions and/or relief for such crimes are open for consideration. For example, an individual who has been pardoned is not eligible for service as an emergency telecommunicator unless that pardon also includes an expungement. Other forms of ineligible applicants would be, non-adjudication of guilt where the plea entered was guilty or nolo-contendere, suspended sentences, or finding of guilty with no imposition of a sentence.

iii. Access to sealed juvenile records by a law enforcement agency varies from jurisdiction to jurisdiction. In Mississippi, law enforcement agencies may release records to other law enforcement or telecommunications agencies. Otherwise, an agency head must obtain an order from the youth court to disclose records. Where an agency head finds that an applicant's record is sealed, the investigation must concentrate on other sources to complete the background investigation.

d. Drug and alcohol offenses should key the agency head to explore the extent of the applicant's history of drug and alcohol usage. The courts generally allow drug prohibitions as long as they are job related and take into consideration such things as frequency of prior use, type of drugs used, and the length of time since last use. For example, marijuana usage varies widely among the population. In Mississippi, marijuana possession in small quantities is a misdemeanor. Investigators should weigh all factors in considering whether the applicant has a drug problem, lacks moral character or simply exercised poor judgement in experimenting with an illegal substance.

102.07 Motor Vehicle Operation

1. The operation of a motor vehicle is not essential to be an emergency telecommunicator, except in cases where the telecommunicator is also responsible for driving an emergency vehicle. It is recommended that only these applicants' driving records be inquired into for traffic infractions, motor vehicle accidents, reasons for the refusal of any state to grant a license to the applicant and whether the applicant is complying with law regarding insurance, licensing, inspection stickers and tags.

a. The applicant's driving record can reveal past behavior concerning operation of a motor vehicle, observation skills, or dependability. Further, the applicant's driving record could be a very important indicator of attitudes toward authority, judgement and maturity.

b. Offenses involving alcohol should be fully checked for any indication of a pattern of abuse. DUI offenses by themselves do not automatically eliminate a candidate from consideration for certification unless the candidate has

been convicted of a felony DUI offense. All elements of the DUI offenses
Areas of Inquiry

should be considered along with the applicant's total background investigation when making an employing decision. Factors such as the frequency of DUI, length of time since the last offense, attempts at alcohol rehabilitation and insurability should all be considered in determining the prospective employee's successful job performance.

c. An evaluation of the applicant's driving habits should rely primarily on a review of driving records. Remember that all local records should be checked in addition to the state repositories. It is not uncommon to discover traffic offenses and DUI's that do not exist on the state level driver history.

102.08 Military Service

1. An inquiry into the applicant's military history can lead to information concerning many desired personal characteristics of an emergency telecommunicator. Most notably, the nominee's reputation for honor and truth, respect for law, ability to work within a structured environment and performance of duty in the face of adversity can be derived from the military records. It is recommended that the investigation inquire into the applicant's military history, determine the type of discharge received, and ask about any judicial or non-judicial disciplinary action while in the military.

a. Much of the information about an applicant's military service can be gleaned from examining one document, the DD Form 214, "Report of Transfer or Discharge." All individuals separated from the military receive a copy of this document. Emergency telecommunications agencies should require that applicants produce this document. Also, applicants should sign a "Request Pertaining to Military Records," GSA Form 180, which can be obtained from the nearest recruiting office.

b. The candidate's original application and DD 214 should be reviewed to see if they have ever been tried, punished, reprimanded, or reduced in rank for any infraction of military rules. If disciplinary problems are indicated, it could be a reflection on the candidate's unwillingness to adhere to limitations or an unwillingness to comply with orders.

c. Information on the DD 214, DD 215, and other military records may be obtained by sending the release form GSA 180, to the appropriate military records center listed on the back of the form. Former commanders, supervisors and military acquaintances may be contacted by letter using the World-wide locator service. Any contact with such personnel should be evaluated as to the degree and recency of contact with the applicant.

102.09 Education

1. Inquiries into the applicant's educational background can lead to information
concerning the applicant's integrity, learning ability, communication skills and desire for self-improvement. Generally the most productive areas would be high school and post-secondary school levels. Grammar school and junior high experiences would normally be too remote to be relevant. It is recommended that the investigation validate whether the applicant possesses a high school diploma or G.E.D. and validate any higher degrees claimed by the candidate. An investigation should also inquire into the applicant's disciplinary incidents such as expulsion or suspension from school or any extracurricular activities or demonstration of leadership.

102.10 Financial

1. The applicant's behavior regarding the handling of finances is an important area of investigations. Inquiries into this area can lead to information bearing upon an applicant's integrity, problem-solving and dependability. With the confidential information that particular emergency telecommunicators are privy to, it is important to realize that a financially-challenged telecommunicator could be compromised in highly-sensitive situations.

   a. A credit reporting agency is quite often a valuable source of information regarding a candidate's financial condition. For a nominal fee, most will provide a comprehensive credit history for all places of residence.

   b. Areas that should be evaluated are the applicant's debt ratio, garnishments, bankruptcies, repossessions, delinquent taxes and child support payments. A pattern of indebtedness, outstanding judgements or failure to meet obligations would be indicative of the candidate's inability to live within one's means.

102.11 Relatives, References, Acquaintances, Clubs and Organizations

1. Anyone who knows the applicant is a potential source of relevant information. The degree and recency of contact along with the nature of the relationship will be critical factors in determining the relevancy of information developed from such sources. Interviews with relatives, references and acquaintances should be carefully prepared from the agencies' desired list of personal characteristics.

   a. Interviews with relatives should center around the applicant's willingness to solve problems, interest in people, interpersonal sensitivity, dependability and integrity.

   b. While references and acquaintances will generally provide positive aspects of a candidate, a more balanced evaluation may be gathered by interviewing others not provided by the applicant.

   c. Conclusions from membership in a legal club or organization should be avoided unless illegal behavior is conducted in such.
Sample Personal History Statement


The Board has developed a sample personal history statement for use in conducting background investigations ("BI's"). The sample may be extracted and photocopied for your agency's use or you may elect to develop your own history statement. This document should provide the start point for conducting a "BI".

NOTICE: This form is for the agency's use only. Do not send this form or similar forms to the Board. This form may serve as the basis for completing the mandatory “Application for Certification” form Parts I, II and III.
Personal History Statement

A. **Applicant Identification** - Information Provided in this Section Is Used for Identification Purposes Only.

1. Name: ___________________________  ___________________________  ___________________________
   Last  First  Middle

2. Address: __________________________________________________________
   Street Address or Post Office Box Number

   __________________________________________________________
   City  State  Zip

3. Phone #: _________________________________________________________

4. Birthday: _________________________________________________________
   Month / Day / Year

5. Nickname(s), maiden name, or other names by which you have been known:
   ______________________________________________________________

6. Social Security No.: _______________________________________________

7. Place of Birth: ___________________________________________________
   City  County  State

8. Driver's License No.: ______________________________________________
   Expiration
   Date: __________________________________________________________
   State of Issue: ______


13. U.S. Citizen?  Yes  ____  No  ____

14. Scars, tattoos, or other distinguishing marks:
   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________
B. **Residences** - List all addresses where you have lived during the past 10 years, beginning with your present address. List date by month and year. Attach extra page if necessary.

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
<th>Address</th>
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</table>

C. **Work History** - Beginning with your present or most recent job, list all employment held for the past ten years, including part-time, temporary or seasonal employment. Include all periods of unemployment. Attach extra pages if necessary. Please indicate if you are fearful that your present job would be in jeopardy if inquiries are made.

1. From _______ To _______ Employer __________________________ Address
   
   Phone Number ___________ Job Title __________________________ Duties ___
   
   Supervisor __________________ Co-worker __________________________
   
   Reason for leaving ____________________________________________

   ____________________________________________________________

2. From _______ To _______ Employer __________________________ Address
   
   Phone Number ___________ Job Title __________________________ Duties ___
   
   Supervisor __________________ Co-worker __________________________
   
   Reason for leaving ____________________________________________
   
   ____________________________________________________________
3. From _______ To _______  Employer _____________________________  Address
   Phone Number _______________  Job Title ___________________________
   Duties _____________________________________________________________
   Name of a
   Supervisor ___________________  Co-worker ___________________________
   Reason for leaving ___________________________________________________
   ________________________________________________________________
   ________________________________________________________________

4. From _______ To _______  Employer _____________________________  Address
   Phone Number _______________  Job Title ___________________________
   Duties ___
   Name of a
   Supervisor ___________________  Co-worker ___________________________
   Reason for leaving ___________________________________________________
   ________________________________________________________________
   ________________________________________________________________

5. From _______ To _______  Employer _____________________________  Address
   Phone Number _______________  Job Title ___________________________
   Duties ___
   Name of a
   Supervisor ___________________  Co-worker ___________________________
   Reason for leaving ___________________________________________________
   ________________________________________________________________
   ________________________________________________________________
D. Military Record

1. Have you served in the U.S. Armed Forces? Yes _____ No _____
   (include National Guard service)

2. Date of Service: From _________ To _________ Service No.: ________________
   Branch of Service: ________________________ Unit Designation: ______________
   Highest Rank Held: ________________________ Type of Discharge: ______________

3. Were you ever disciplined while in the military service (include court-martials, captain's masts, company punishment, etc.)?
   Yes ___ No ___

<table>
<thead>
<tr>
<th>Charge</th>
<th>Agency</th>
<th>Date</th>
<th>Age at Time</th>
<th>Disposition</th>
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If you received a discharge other than honorable, give complete details.

________________________________________________________________________
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### E. Educational History

<table>
<thead>
<tr>
<th>School or College Attended</th>
<th>City &amp; State</th>
<th>Dates Attended</th>
<th>Graduated</th>
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</table>

2. List any law enforcement training attended. Give name and dates of any schools or courses.

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

3. List other schools attended (trade, vocational, business, etc.) give name and address of school, dates attended, course of study, certificate, and any other pertinent information.

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________
F. Special Qualifications & Skills

1. List any special licenses you hold (such as pilot, radio operator, scuba, etc.), showing licensing authority, original date of issue, and date of expiration.

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

2. List any specialized machinery or equipment which you can operate.

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

3. If you are fluent in a foreign language, indicate in each area your degree of fluency (excellent, good, fair).

<table>
<thead>
<tr>
<th>Language</th>
<th>Reading</th>
<th>Speaking</th>
<th>Understanding</th>
<th>Writing</th>
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</table>

4. List any other special skills or qualifications you may possess.

__________________________________________________________________________
__________________________________________________________________________
G. Convictions, Arrests, Detentions and Litigation

1. Have you ever been convicted, arrested, detained or summoned into court?
   Yes ___ No ___ If yes, complete the following (list juvenile as well as adult occurrences):

<table>
<thead>
<tr>
<th>Crime Charged</th>
<th>City &amp; State</th>
<th>Date</th>
<th>Disposition of Case</th>
</tr>
</thead>
<tbody>
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</table>

2. Have you ever been involved as a party in civil litigation?
   Yes ___ No ___ If yes, give details.

   ___________________________________________________________________________
   ___________________________________________________________________________
   ___________________________________________________________________________
   ___________________________________________________________________________

H. Traffic Record

1. Has your driver's license ever been suspended or revoked?
   Yes ___ No ___ If yes, give date, location and reasons.

   ___________________________________________________________________________
   ___________________________________________________________________________
   ___________________________________________________________________________
   ___________________________________________________________________________

2. With what company do you carry auto insurance?

   ___________________________________________________________________________
3. List to the best of your memory all driving citations you have received as an adult or juvenile, excluding parking tickets.

<table>
<thead>
<tr>
<th>Month &amp; Year</th>
<th>Charge</th>
<th>City &amp; State</th>
<th>Disposition</th>
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4. Describe in a brief narrative any traffic accidents in which you have been involved, giving approximate dates and locations.

I. Marital & Family History

1. Are you? Single ___; Married ___; Separated ___; Divorced ___; Widowed ___
   
   If married: Date of Marriage __________ City & State ___________ Spouse’s maiden name ____________________________ Separated, or divorced (circle one if applicable):

   Date of Order or Decree ____________________

   Court & State where Issued ________________________ Present

   Address ________________________________________

   ______________________________________________

   Phone Number ______________________________
2. List all children related to you or your spouse. (Natural, in-vitro, step-children, adopted & foster children)

<table>
<thead>
<tr>
<th>Name</th>
<th>Relation</th>
<th>Date of Birth</th>
<th>Address</th>
<th>Supported by whom</th>
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</table>

3. List all other dependents.

<table>
<thead>
<tr>
<th>Name</th>
<th>Relation</th>
<th>Address</th>
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</table>

4. List other relatives in the following order: father, mother (include maiden name), brothers & sisters. If deceased, so indicate.

<table>
<thead>
<tr>
<th>Name</th>
<th>Relation</th>
<th>Date of Birth</th>
<th>Address</th>
<th>Phone Number</th>
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</table>
J. References or Acquaintances - list five persons who know you well enough to provide current information about you. Do not list relatives or former employees.

Name: ___________________________ Address: ___________________________
Home ___________________________ Work ___________________________ Years
Phone No.: _______________________ Phone No.: ________________________ Known: ________

Name: ___________________________ Address: ___________________________
Home ___________________________ Work ___________________________ Years
Phone No.: _______________________ Phone No.: ________________________ Known: ________

Name: ___________________________ Address: ___________________________
Home ___________________________ Work ___________________________ Years
Phone No.: _______________________ Phone No.: ________________________ Known: ________

Name: ___________________________ Address: ___________________________
Home ___________________________ Work ___________________________ Years
Phone No.: _______________________ Phone No.: ________________________ Known: ________

Name: ___________________________ Address: ___________________________
Home ___________________________ Work ___________________________ Years
Phone No.: _______________________ Phone No.: ________________________ Known: ________

K. Financial History

1. What is your present salary or wages? __________________________________________

2. Do you have income from any source other than your principal occupation?

   Yes ___  No ___  If yes, how much? ________________________________ Monthly, bi-monthly, or weekly (circle one) Other: __________________________ The source: _____

3. Do you own any real estate? Yes _____ No ___  If yes, state it’s value: _________

   Location: __________________________________________________________________________

4. Do you own any bonds, government or other? Yes _____ No ___  Value: _________

5. Do you own any corporate stock? Yes _____ No ___  Value: ________________
6. Do you have a bank account? Yes _____ No _____

Savings: Average Balance - __________________________

Name & Address of Bank ____________________________________________

Checking: Average Balance - __________________________

Name & Address of Bank ____________________________________________

7. Give names and addresses of the individuals, companies, or others to whom you are indebted, and the extent of your debt. Include rent, mortgages, vehicle payments, charge accounts, credit cards, loans, child support payments, and any other debts and payments. Include account numbers where applicable.

<table>
<thead>
<tr>
<th>Name and Address of Creditor</th>
<th>Reason for Debt or Item Purchased</th>
<th>Account Number</th>
<th>Total Balance</th>
<th>Monthly Payments</th>
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L. Membership in Organizations (Past And/or Present)

<table>
<thead>
<tr>
<th>Name and Address of Organization</th>
<th>Type of Organization (social, fraternal, professional, etc.)</th>
<th>Dates of Membership From</th>
<th>To</th>
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M. Personal Declarations

1. Describe in your own words the frequency and extent of your use intoxicating liquors.

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

2. Have you ever used marijuana or any other drug not prescribed by your physician?
   Yes ___ No ___ If yes, what were the circumstances? _______________________________________
   ___________________________________________________________________________________
   ___________________________________________________________________________________
   ___________________________________________________________________________________
   ___________________________________________________________________________________

3. Have you ever sold or furnished drugs or narcotics to anyone?
   Yes ___ No ___ If yes, explain in detail. _____________________________________________________
   ___________________________________________________________________________________
   ___________________________________________________________________________________
   ___________________________________________________________________________________
   ___________________________________________________________________________________

4. Are there any incidents in your life or details not mentioned herein which may influence this department's evaluation of your suitability for employment as a law enforcement officer?
   Yes ___ No ___ If yes, explain. _____________________________________________________________
   ___________________________________________________________________________________
   ___________________________________________________________________________________
   ___________________________________________________________________________________
I hereby certify that the answers and statements in the foregoing personal history statement are true and correct without consequential omissions of any kind. I hereby agree that any falsification contained in this information shall be considered good and sufficient cause for rejection of this application and/or discharge. I understand that a complete background investigation will be conducted as a condition of this employment. I authorize the aforementioned companies, persons and/or public institutions to give any information concerning me or my employment whether or not it is on their records. I hereby release said companies or persons from all liability for any damages whatsoever from issuing this information.

As a part of this investigative process, I will submit the following documents:

- Proof of U.S. Citizenship, proof of age, verification of my identity, a social security card, and a discharge certificate or separation papers. (For applicants who have served in the Armed Forces only)

- I will accept employment for a temporary period depending upon my ability to satisfy the requirements of: this agency, the Law Enforcement Officer Training Program (§ 45-6-1 to 45-6-17 of the Mississippi Code as amended), and the Board on Law Enforcement Officer Standards and Training.

- I hereby authorize the employing agency to deduct from my wages due me at anytime, the value of monies or property advanced to me or on my behalf for which I am accountable, such as, but not limited to, travel advances, agency credit cards, and/or agency property damaged, lost or misappropriated by me.

- If employed on either a permanent or temporary basis, I agree to abide by all rules, policies, and regulations of the agency now in force or, that my be hereafter established.

ONLY SIGNED APPLICATIONS ARE CONSIDERED VALID

_________________________________________  ________________
Signature                                                                 Date
Instructions

These instructions are provided as a guide to assist you in properly completing your Personal History Statement. It is essential that the information be accurate in all respects. It will be used as the basis for a background investigation that will determine your eligibility for employment.

1. Your Personal History Statement should be printed legibly in ink. Answer all questions to the best of your ability.

2. If a question is not applicable to you, enter N/A in the space provided.

3. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is correct and in proper sequence before you begin.

4. You are responsible for obtaining correct addresses. If you are not sure of an address, check it by personal verification. Your local library may have a directory service or copies of local phone directories.

5. If there is insufficient space on the form for you to include all information required, attach extra sheets to the Personal History Statement. Be sure to reference the relevant section and question number before continuing your answer.

6. An accurate and complete form will help expedite your investigation. On the other hand, deliberate omissions or falsifications may result in disqualification.
The Board has developed a sample set of release forms and questionnaires. Your agency may use these or elect to develop your own forms.

The following pages consist of:

- A cover letter to be sent with any mailed requests for information.
- A letter to be sent to Law Enforcement Agencies for record checks.
- A general information release form.
- A medical information release form.
- A questionnaire for employers, references, schools, landlords and physicians.
- A telephone check.

These pages should be reproduced on agency letterhead whenever possible. Any mailings needed to conduct an investigation should be mailed as soon as possible to avoid any delays. Enclosing a stamped/self-addressed envelope will assist in getting a timely response.
Notice of Authorization to Release Information

To Whom it May Concern:

The ____________________________ (name of agency/department) is considering for employment, as a law enforcement officer, the individual whose name appears on the attached questionnaire. The applicant has informed us that you may have information which might be of assistance to us in reaching a decision as to whether or not this individual should be employed. I am sure you will recognize the need to guarantee that persons appointed as law enforcement officers are fully qualified to undertake the important responsibilities of that position. You may be of substantial assistance to us in this regard. Please note that the applicant has authorized the release of the information requested and a copy of that authorization is attached.

We are quite anxious to expedite the processing of this applicant and would very much appreciate it if you would complete and return the attached questionnaire as promptly as possible. Please mail the questionnaire in the stamped/self-addressed envelope which is enclosed.

You have my assurance that any and all information that you provide concerning this applicant will be held in strict confidence. If you have pertinent information concerning this applicant, but would rather not put it in writing, please contact:

________________________________________________________________________

Investigator's Name                                           Telephone Number

Your assistance is greatly appreciated.

Very truly yours,

________________________________________________________________________

Signature of Agency Head

enclosure: Authorization to release information
Authorization to Release Information
(Please print or type in ink)

TO: __________________________________________
Name of Agency/Department from which information is being requested

I hereby request and authorize you to furnish the (agency/department) with any and all information they may request concerning my work record, educational history, military record, financial status, criminal record, general reputation, and my past/or present medical condition. This authorization is specifically intended to include any and all information of a confidential or privileged nature as well as photocopies of such documents, if requested. The information will be used for the purpose of determining my eligibility for employment as a law enforcement officer.

I hereby release you and your organization from any liability which may or could result from furnishing the information requested above or from any subsequent use of such information in determining my qualifications to serve as a law enforcement officer. This release will expire 60 days after the date signed.

_________________________________________  ____________________________
Signature of Releaser  Date
Request for Local Records Check
(Please print or type in ink)

Name: ______________________ DOB: ______________ SSN: __________________

Height: _________ Weight: _________ Fingerprint Class: ______________________

The above person is an applicant for a law enforcement officer position in this department and at one time resided or was employed in your jurisdiction.

It will be greatly appreciated if you will cause a check to be made of your files and let us know whether or not this individual has ever come to your attention. A brief synopsis of any derogatory information will materially assist in determining his/her suitability for employment. You may use the bottom or reverse side of this sheet in replying.

Thank you for your cooperation. If we can be of similar service to you at any time, please call upon us.

Very truly yours,

_________________________________ _________________________________
Signature of Agency Head Title

_________________________________
Law Enforcement Agency
Authorization to Release Medical Records
(Please print or type in ink)

Dear Sir:

I am an applicant for the position of _______________ with the ____________________________ (name of agency/department), and it is essential for the department to evaluate my medical background.

For the purpose of this evaluation, the above mentioned department requires that I furnish them with a list of all injuries and illnesses for which I have been treated.

Please forward to me, in care of the agency’s personnel division, any information you may have regarding my medical background.

This is a matter of great importance to me, and your prompt reply will be greatly appreciated. This release will expire 60 days after the date signed.

________________________________________  _______________________
Signature of Applicant                        Date

________________________________________
Agency/Department’s Mailing Address
Confidential Questionnaire to Employers
(Please print or type in ink)

Name of Employer:

Name of Applicant:

Employed

Social Security No.: From: To:

Name of Supervisor:

1. Are the employment dates listed correctly? Yes _ No _ If not, what are the correct dates?

2. What were the primary duties for which this person was responsible?

3. What were his/her gross earnings per pay period?

4. Was this person’s work considered to be satisfactory? Yes _____ No ____ If not, please explain.

5. Is this person eligible for rehire? Yes _____ No ____ If not, why?

(use extra sheets of paper if necessary)
6. What was the reason for termination of employment? ________________________________________________ 

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

7. If the person resigned, was the resignation voluntary? Yes ___ No ___ If not, explain. 

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

8. Was there any problem with absenteeism or excessive use of sick leave? 
   Yes ___ No ___ If yes, please explain. 

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

9. Did this person get along well with supervisors, co-workers, and/or the public? 
   Yes ___ No ___ If not, please explain. ________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________
10. Was there ever any reason to doubt this person's honesty? Yes __ No ______

   If yes, please explain. _______________________________________________________
   _______________________________________________________
   _______________________________________________________
   _______________________________________________________

11. Has this person ever collected Worker’s Compensation or other disability payments?

   Yes __ No __ If yes, for what reason? ________________________________________
   _______________________________________________________
   _______________________________________________________
   _______________________________________________________

12. Did he/she ever have any personal, domestic or financial problems which interfered with work?

   Yes __ No __ If yes, please explain. ________________________________________
   _______________________________________________________
   _______________________________________________________
   _______________________________________________________

13. Please describe this person's general reputation among co-workers and supervisors.

   _______________________________________________________
   _______________________________________________________
   _______________________________________________________
   _______________________________________________________

Signature of Supervisor ____________________________ Title __________________________

Date ____________________________ Telephone Number __________________________

THANK YOU FOR YOUR ASSISTANCE!
Confidential Questionnaire to Personal References
(Please print or type in ink)

Name of Reference:  

Address:  

Name of Applicant:  

Address:  

Please answer the following questions to the best of your knowledge or recollection. Your cooperation is sincerely appreciated.

1. How long have you known the applicant?  

2. Does this person work regularly?  Yes    No  

3. Has he/she ever been unemployed for an unusually long period of time?  
   Yes _ No _  If yes, what were the approximate dates?  

4. Has he/she ever been fired from a job?  Yes ___ No ___  If yes, what were the circumstances, and when did it occur?  

(Use extra sheets of paper if necessary)
5. Does he/she get along well with other people? Yes __ No __ If not, please explain.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

6. Has this person ever had any significant academic or disciplinary problems while in school? Yes __ No __ If yes, please explain.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

7. Has he/she ever been arrested or convicted of a criminal offense, or been a party to civil litigation? Yes __ No __ If yes, please give details.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

8. Has this person ever had domestic problems? Yes __ No __ If yes, please give details.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

9. Does he/she generally pay his/her bills on time? Yes _____ No ___
10. Has he/she ever had any significant financial problems? Yes _  No _ If yes, please give details.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

11. Has this person ever been seriously ill or injured? Yes _  No _ If yes, explain.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

12. Does this person take medication of any kind, prescription or nonprescription? Yes _  No _ If yes, what is the medication for?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

13. Have you ever known this person to use alcohol to excess? Yes _  No ______ If yes, please describe the circumstances.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

14. Have you ever known this person to use any illegal drugs? Yes _  No ______ If yes, please describe the circumstances.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
15. Have you ever known this person to intentionally engage in an unlawful activity?  
   Yes __ No __ If yes, please explain.

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

16. How would you describe this person's general reputation among his/her friends and associates?

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

17. Please list the names of two other persons who may also know the applicant. (Please include addresses and telephone number, if known).

Name  Name

Address  Address

Address  Address

Phone Number  Phone Number

Signature of Personal Reference  Date

Telephone Number

THANK YOU FOR YOUR ASSISTANCE!
Confidential Questionnaire to Educational Institutions
(Please print or type in ink)

Name of School: ___________________________________________ Name of Applicant: ____________________________ Social Security No.: __________________________

Last Year Attended: ____________

1. What were the dates during which this individual was enrolled? __________________________

(use extra sheets of paper if necessary)

2. Was a diploma or degree awarded to this person? Yes ___ No ___ If yes, please provide the details.

__________________________________________________________________________________

3. What was this person's overall grade point average or class standing? _________________

4. Was he/she ever suspended or placed on probation? Yes ____ No ____ If yes, please describe the circumstances.

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

5. Did this person ever have difficulty getting along with students, instructors or administrators? Yes ___ No ___ If yes, please explain.

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

Print Name ____________________________ Signature ____________________________

Title ____________________________ Date ____________________________ Telephone Number ____________________________

THANK YOU FOR YOUR COOPERATION!

Page 1 of 1
Confidential Questionnaire to Landlords
(Please print or type in ink)

Name of Landlord: ____________________________________________ Address:

Name of Applicant: ____________________________________________ Address:

Dates of Residence: From ____________________ To ____________________ Please answer the following questions to the best of your knowledge or recollection. Your cooperation is sincerely appreciated.

1. How long have you known this person? ____________________________________________

2. Did this person pay his/her rent regularly? Yes __ No __ If not, please explain.

   (use extra sheets of paper if necessary)

3. Did the applicant get along well with the neighbors? Yes _____ No ____ If not, please explain.

   ____________________________________________

4. Why did this person leave your housing? ____________________________________________

5. Did this person display any prejudices towards any racial, ethnic, or religious groups? Yes __ No __ If yes, please explain.

   ____________________________________________

6. Would you recommend this person for a position in law enforcement? Yes __ No ______

7. Are you aware of any circumstances which might disqualify the person from public service? Yes __ No __ If yes, please explain.

   ____________________________________________

8. Please give any other pertinent facts which may occur to you on a separate sheet of paper.

   ____________________________________________

Signature of Landlord ___________________________ Date ___________________________

THANK YOU FOR YOUR ASSISTANCE!
Confidential Questionnaire to Physicians

Name of Physician: ____________________________________________ Name of Applicant: ____________________________
Social Security No.: __________ Current address: ________________

1. Is this individual currently receiving treatment or taking medication for any medical problem, including emotional disorders? Yes __ No __ If yes, please explain.

(_________) (use extra sheets of paper if necessary)

2. Does this individual have any permanent disability or medical problem? Yes __ No __ If yes, please explain.

(_________) (_________)

3. Do you know of any medical or other reason why this individual should perhaps not be employed as a law enforcement officer? Yes __ No __ If yes, please explain.

(_________) (_________)

Signature of Physician ____________________________ Date __________

THANK YOU FOR YOUR COOPERATION!
Telephone Check

Name of Applicant: ________________________________

Suggested Wording for Telephone Conversation

I’m calling to verify the previous employment of (name the applicant), who has authorized us to discuss this with you.

1. Was the applicant employed by your organization? Yes ___ No ____

2. Can you tell me the dates of employment? No ___ Yes _- _/_______

3. What was the nature of the work? ________________________________

(use extra sheets of paper if necessary)

4. He stated that he earned $___________. Is this correct? Yes ___ No ___ If not, then how much? $__________

5. Was he promoted while employed with you? Yes ___ No ____

6. Did he follow instructions satisfactorily? Yes ___ No _____

7. Did the applicant lose any significant time due to poor health? Yes ___ No ______

8. How did he get along with people? ________________________________

(use extra sheets of paper if necessary)

9. What were his/her reasons for leaving? ________________________________

(use extra sheets of paper if necessary)

10. Would you rehire this person? Yes ___ No ___ If not, why? __________________

(use extra sheets of paper if necessary)

11. Were there any aspects of the applicant’s character, reliability or honesty that adversely affected his or her job performance?

(use extra sheets of paper if necessary)