

About the C.H.I.P. Program

C.H.I.P. administers the Police Physical Ability Assessment for more than 60 Connecticut Police Agencies. Upon successful completion of the assessment candidates receive a C.H.I.P. card. Cards are valid for a 6-month period and accepted by participating departments. Each participating department is responsible for establishing what CHIP test dates or CHIP card expiration dates are acceptable for their hiring process. It is an applicant's responsibility to identify these dates and determine when or if they need to take the CHIP test.

Signing up for the C.H.I.P. Assessment

<u>STEP 1-</u> PRINT AND COMPLETE THESE FORMS. The Medical Approval Form must be signed, stamped, and dated by your Doctor. It must be dated within 6 months of the test date. Next complete the registration form. Make sure that you neatly print all information.

<u>STEP 2</u>- MAIL YOUR FORMS. Mail the Medical Approval Form, Registration Form and the non refundable \$65.00 Money Order or Cashiers Check, (no personal checks).

Make payable to: C.H.I.P. and mail it to P.O. Box 774, Meriden, CT. 06450.

<u>STEP 3-</u> CALL C.H.I.P. Three days after mailing your forms call C.H.I.P. to receive your assessment time and details. The phone number is **203-235-5865**.

CHIP Schedule

Each department that participates in the CHIP program determines a **cutoff date** for their hiring process. This is the date when an applicant must have a current CHIP card. It is the applicant's responsibility to sign up for a CHIP test that will allow you to meet that date. Assessment dates and locations are available on <u>www.chip-inc.com</u> and clicking on Physical Ability Assessment Schedule. CHIP tests are offered on a monthly basis and registration forms must be postmarked one week prior to the assessment date in order to meet the registration deadline.



Registration Form

Complete this form and mail it with, a completed Medical Approval Form, and a <u>non</u>-refundable \$65.00 assessment fee (money order or cashiers check) to: C.H.I.P. P.O. Box 774, Meriden, CT. 06450

Neatly print or type below.

Name	Las	t	MI	
Age	D.O.B		_	
Male / Female				
Address				
C	ity	State		Zip
Preferred Phone ()		Other Phone ()	
Emergency Contact: Nan	IC	Numbe	er <u>()</u>	
City/Town to which you are	applying:			
Assessment Date:		_		
(By failing to appear at the	specified assessment d	ate above you will fo	orfeit your assess	ment

fee and registration forms will not be carried over to future assessments.)



P.O. Box 774 Meriden, CT. 06450 (203) 235-5865

Physical Ability Assessment

Medical Approval Form

To be filled in by physician:

This is to certify that I have *reviewed* the attached four elements of the *Connecticut Police Officer Standards and Training Council's* Physical Ability Assessment. After reviewing said document, it is my professional opinion that the candidate named below:

Candidate's Name:

Department(s) Applying to : _____

CAN SAFELY PERFORM THE PHYSICAL ABILITY ASSESSMENT.

Physician's Signature: ______(M.D. or D.O.)

Date

Physician's Name and Address (Type or Imprint With Office Stamp)



Medical Approval Forms backdated more then six months cannot be accepted

Connecticut Police Officer Standards and Training Councils Physical Ability Assessment Standards

The physical ability assessment includes the four stations described below. These standards are required by the Connecticut Police Officers Standards and Training Council

Sit-ups	Muscular Endurance	The score is the number of correct full bent leg sit-ups performed in one minute. Your feet are held and your fingers tips are tucked behind your ears.
300 Meter Run	Anaerobic Power	Run at maximal effort for 300 meters.
Push Up	Muscular Endurance	The score is the number of correct full body Push-ups performed in one minute. Starting in the up position, hands placed slightly wider then shoulder width apart, fingers pointing forward with a straight back. Bend your elbows lowering your body towards the floor and touch your chest to the measuring block (approximately four inches from floor) and return to the up position.
1.5 Mile Run	Cardiovascular Capacity	1.5 mile run. You are required to run, walk or jog, one and a half miles within your allotted time limit. The score is in minutes and seconds.

Standards for Passing

AGE/GENDER	SIT-UP	Push Up	300 METER RUN	1.5 MILE RUN
Male	Pass	Pass	Pass	Pass
20-29	38	29	59 seconds	12:38
30-39	35	24	59 seconds	12:58
40-49	29	18	72 seconds	13:50
50-59	24	13	83 seconds	15:06
60-69	19	10	N/A	16:46
	•	•		
Female	Pass	Pass	Pass	Pass

Female	Pass	Pass	Pass	Pass
20-29	32	15	71 seconds	14:50
30-39	25	11	79 seconds	15:43
40-49	20	9	94 seconds	16:31
50-59	14	7	N/A	18:18