



**MERCER COUNTY POLICE ACADEMY
WILL
BE HOSTING:**



PHYSICAL CONDITIONING INSTRUCTOR COURSE

Course Description: The Physical Conditioning Instructor Course is a 40-hour course conducted over five days. The course is designed to prepare law enforcement officers to implement and teach a physical fitness program in their agencies or in a police academy. It is a prerequisite for certification by the Police Training Commission as a Physical Conditioning Instructor. The Course requires participation in practical exercises as well as classroom instruction on fitness related topics. **Class size is limited (18).**

Required Equipment - Appropriate exercise clothing should be worn to class. Extra exercise clothing and shower amenities must be brought every day. Shower facilities will be provided after physical training.

NOTE: EACH STUDENT MUST PASS THE PHYSICAL CONDITIONING TESTING REQUIREMENTS FOR RECRUITS set by the Police Training Commission. Also, This is a physically demanding course requiring attendees to fully participate in the following areas: fitness assessment, strength conditioning, running and be prepared to exercise each day of the course.

Date: July 22- 26, 2024 **Time: 8:00 am – 4:00 pm**
Note: July 22, 2024 (1st Day): Class will meet at the Police Academy Classroom, E/T Bldg., Rm 207 and will perform Physical Conditioning Testing Requirements immediately after.

Fee: No Fee- Mercer County Agencies \$50.00- Out of County Agencies
Checks or Purchase Orders payable to : Mercer County Police Academy Trenton, NJ

Instructor(s): Mercer County Police Academy Staff

Location: **Mercer County Police Academy @ Mercer County Community College**
 1200 Old Trenton Road
 West Windsor, NJ 08690
 E/T Building, Room: E/T-207

Register: Complete this registration form and Email to **BOTH:**
kweedden@mercercounty.org or
rmastroianni@mercercounty.org

*Please note you will not be registered for this course **unless** you receive a confirmation email from academy staff

Please print clearly or type below. (Make copies of this form for additional students)

NAME: _____ RANK: _____

DEPARTMENT: _____ PHONE #: _____

ADDRESS: _____

APPROVED BY: _____ (Date)

(Chief or Designee)