



# COMMUNITY PEACE OFFICER INDUCTION PROGRAM

## APPLICATION FOR ENROLLMENT

### Municipal Application Form

GENERAL INFORMATION:	
<b>Application Forms:</b>	Must be complete and include all attachments. See below and Part 4 for specific requirements.
<b>Course Fees:</b>	Without accommodation, the course fee is <b>\$9,759.00 + GST</b> . For a double occupancy room, the fee is <b>\$12,690.00 + GST</b> . For a single occupancy room, the fee is <b>\$13,959 + GST</b> .  <i>This training program is not subsidized by the Government of Alberta.</i>
<b>Medical Consent Form:</b>	Must accompany the application. This form may be one that the Authorized Employer uses for employment or a doctor's physical assessment. Your doctor must sign this form declaring your fitness to participate in this course and is valid within six months of the course start date. ( <i>This is not the same as a PARE or COPAT certificate.</i> )
<b>An approved physical abilities evaluation test:</b>	Physical Abilities Requirement Evaluation (PARE): This is the current standard for many Alberta police agencies and can be completed at several institutions in Alberta. For the purposes of this program, a passing score is at or under 00:04:45  Other currently approved tests are: - Correctional Officer Physical Aptitude Test (COPAT) - Police Officer Physical Aptitude Test (POPAT) - Alberta Physical Readiness Evaluation for Police (APREP) - Other tests may be approved after submission and review by the Training Director.
<b>Accommodations:</b>	Accommodations are provided to those that require and request them. The accommodations provided will be single or double occupancy rooms, with shared common facilities. Bedding and communal kitchenware and cooking items are available.
<b>Confirmation of Enrollment:</b>	A confirmation email will be sent upon receipt of the application. The application <b>must be completed in full</b> .
<b>Reserved Spaces:</b>	To reserve an unassigned seat in the recruit class, an Authorized Employer must pay a \$1,000 deposit. A completed application must be received for the reserved seat <b>at least 30 business days prior</b> to the course start date. <b>Failure to do so will result in the seat being released and the deposit being forfeited.</b> The deposit will be applied to the total fees owing if the seat is filled by the Authorized Employer.
<b>Cancellations and Withdrawals:</b>	Cancellations and withdrawals from agencies less than 20 business days before the course start date, or within the first three (3) weeks of the course, will be required to pay 100% of the course fee.
<b>Course Cancellation:</b>	If insufficient applications are received, the course may be <u>cancelled</u> . Applicants will receive notice in advance of the commencement date and will automatically be enrolled in the next scheduled course, or be issued a full refund.



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#### APPLICATION REQUIREMENTS:

#### APPLICANTS:

- ☐ Complete the application form; Supervisor signature must appear in Part 5
- ☐ Attach current Medical Consent Form
- ☐ Attach current PARE or equivalent test results
- ☐ Course fee: The employer will be invoiced 30 days prior to the course start date

#### PART 1 - APPLICANT INFORMATION

Surname	First Name	Middle Name
Address (incl. Apt/Suite #)		
City	Prov	Postal Code
Daytime Phone	Home Phone or Cell	Date of Birth (yyyy-mm-dd)
E-mail address		Gender M F

#### PART 2 - AUTHORIZED EMPLOYER INFORMATION

Name of Authorized Employer		
Address (incl. Unit/Suite #)		
City	Prov	Postal Code
Immediate Supervisor Name		Phone
Supervisor's E-mail		



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#### PART 3 - COURSE DATE & ACCOMMODATION

Please specify the course date below.

- ☐ **CPOIP #10: March 2 – May 21, 2026**

**ACCOMMODATION:** Do you require accommodation at Shoreside Lodge while attending this Induction Program?

YES

NO

#### PART 4 - DOCUMENT CHECK LIST

- ☐ Completed Application
- ☐ Medical Physician Fitness Consent Form
- ☐ PARE or equivalent test results (must be no more than six months old)

#### PART 5 – DECLARATION & AUTHORIZATION

*I declare that the information provided in this application is accurate, and I understand that providing false or misleading information may result in my removal from the program.*

Name (print)	Signature	Date

**Supervisor Authorization for Attendance and Payment:**

Name (print)	Signature	Date



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**PLEASE SEND ALL APPLICATIONS TO:**

ATTN: Director of Training  
Alberta Law Enforcement Training Centre  
PO Box 1679  
9110 Beaverhill Road  
Lac La Biche, AB T0A 2C0

**OR**

Email: [training@laclabichedcounty.com](mailto:training@laclabichedcounty.com)

\*Incomplete applications will not be accepted.\*

**OFFICE USE ONLY:**

APPLICATION RECEIVED:  
REVIEWED BY:  
CONFIRMATION SENT: