



## About the C.H.I.P. Program

C.H.I.P. administers the Police Physical Ability Assessment for over 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 department establishes their own entry-level requirement either the 40<sup>th</sup> or 50<sup>th</sup> percentile. Both standards are included in this packet. The 50% standard is the more rigorous standard. Each participating department is also 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 this date and determine when or if they need to take the CHIP test.

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

**STEP 1. PRINT AND COMPLETE THESE FORMS.** The Medical Approval Form must be signed, stamped, and dated by your doctor. Next complete the registration form. Make sure that you neatly print all information.

**STEP 2. MAIL YOUR FORMS.** Mail the Medical Approval Form and Registration Form with a **\$65.00** Money Order or Certified Bank Check which is non-refundable to: **C.H.I.P. PO Box 774, Meriden, CT 06450.**

**STEP 3. 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 [www.chip-inc.com](http://www.chip-inc.com) under the "The Test" of the site.* 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

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

Neatly print or type below.

Name

\_\_\_\_\_

First Last MI

Age

\_\_\_\_\_

D.O.B.

\_\_\_\_\_

Male\_\_\_Female\_\_\_

Address

\_\_\_\_\_

\_\_\_\_\_

City State Zip

Preferred Phone ( )

\_\_\_\_\_

Other Phone ( )

\_\_\_\_\_

Emergency Contact: Name

\_\_\_\_\_

Number ( )

\_\_\_\_\_

City/Town to which you are applying:

\_\_\_\_\_

Assessment Date:

\_\_\_\_\_

(By failing to appear at the specified assessment date above you will forfeit your assessment fee and registration forms will not be carried over to future assessments.)



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

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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

<b>Sit-ups</b>	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.
<b>Sit &amp; Reach</b>	Flexibility	The sit and reach test measures the flexibility of the lower back and Hamstrings. The test involves sitting on the floor with the legs straight out in front of the body. From this position the candidate reaches forward towards the toes. The toes are located at the 15-inch mark on the sit and reach box. 17.5 inches is two and half inches past the toes.
<b>Push Up</b>	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.
<b>1.5 Mile Run</b>	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

AGE/GENDER		SIT-UP		FLEX		PUSH UP		1-1/2 MILE RUN	
	<b>Male</b>	<b>40%</b>	<b>50%</b>	<b>40%</b>	<b>50%</b>	<b>40%</b>	<b>50%</b>	<b>40%</b>	<b>50%</b>
	20-29	38	40	16.5	17.5	29	33	12:38	11:58
	30-39	35	36	15.5	16.5	24	27	12:58	12:24
	40-49	29	31	14.25	15.25	18	21	13:50	13:12
	50-59	24	26	13.25	14.5	13	15	15:06	14:23
	60-69	19	20	12.5	13.5	10	15	16:46	15:56
	<b>Female</b>	<b>40%</b>	<b>50%</b>	<b>40%</b>	<b>50%</b>	<b>40%</b>	<b>50%</b>	<b>40%</b>	<b>50%</b>
	20-29	32	35	19.25	20.0	15	18	14:50	14:04
	30-39	25	27	18.25	19.0	11	14	15:43	14:34
	40-49	20	22	17.25	18.0	9	11	16:31	15:34
	50-59	14	17	16.75	17.75	7	8	18:18	17:19