



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 40th or 50th percentile. Both standards are included in this packet. The 50% standard is the more rigorous standard.

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 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

Complete this form and mail it with, a completed Medical Approval Form, and a non-refundable \$65.00 assessment fee (money order or bank check) to:
CHIP 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

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) }

A large, empty rectangular box with a thick black border, intended for the physician to type their name and address, or to place an office stamp.

Medical Approval Forms backdated more then six months cannot be accepted

Connecticut Police Officer Standards and Training Councils Physical Ability Assessment Description

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 full bent leg sit-ups performed in one minute. Your feet are held and your fingers tips are tucked behind your ears
Sit & Reach	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.
Bench Press	Absolute Strength	One repetition maximum bench press is performed on a Universal machine. You are required to take 3 warm up repetitions. The amount of weight you are required to bench is based on your age and body weight. You can calculate this weight by using the numbers below multiplied with your body weight
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

AGE/GENDER	SIT-UP		FLEX		BENCH PRESS		1-1/2 MILE RUN	
Male	40%	50%	40%	50%	40%	50%	40%	50%
20-29	38	40	16.5	17.5	99%	106%	12:25	11:49
30-39	35	36	15.5	16.5	88%	93%	12:51	12:20
40-49	29	31	14.3	15.25	80%	84%	13:46	13:04
50-59	24	26	13.3	14.5	71%	75%	14:54	13:46
60-69	19	20	12.5	13.5	66%	68%	16:16	15:41
Female	40%	50%	40%	50%	40%	50%	40%	50%
20-29	32	35	19.3	20.0	59%	65%	14:49	14:08
30-39	25	27	18.3	19.0	53%	57%	15:25	14:54
40-49	20	22	17.3	18.0	50%	52%	16:12	15:36
50-59	14	17	16.8	17.75	44%	46%	17:14	16:43