

**BY-LAW TO ESTABLISH THE TRAINING PLAN REGULATION
OF THE ÉCOLE NATIONALE DE POLICE DU QUÉBEC**

**Police Act
(c. P-13.1, s. 16)**

**DIVISION I
FORMATION**

§1. Academic year

1. The academic year of the École nationale de police du Québec begins on 1 August of one year and ends on 31 July of the following year.

§2. Areas of training

2. The School offers professional training programs and activities in the 3 following areas of police work:

- (1) police patrolling;
- (2) police investigation;
- (3) police management.

The School adopts and makes public, by any appropriate means, a description of the objectives, standards and learning activities for each training programs it offers.

§3. Basic training program in police patrolling

3. The Basic training program in police patrolling allows the student to acquire the required skills in this area.

The objective of the training program is to prepare the student to intervene adequately and efficiently within the framework of police operations specifically related to the function of police officer.

The minimum duration of the training program is 450 hours.

4. To be eligible for the training program, an applicant shall meet the following admission requirements:

- (1) be a Canadian citizen;
- (2) be of good moral character;

(3) not have been found guilty, in any place, of an act or omission defined in the Criminal Code (Revised Statutes of Canada 1985, chapter C-46) as an offence, or of an offence referred to section 183 of that Code under one of the Acts listed therein;

(4) have obtained a Diploma of College Studies in police technology issued by the Minister of Education, Recreation and Sports, or an Attestation of College Studies in police technology issued by a college educational institution and, in this last case, have obtained from a police force a promise of employment in the functions of a police officer;

- (5) hold a driver's licence allowing the applicant to drive an emergency vehicle;
- (6) provide his fingerprints to the School;
- (7) have passed the medical examination, the report of which is provided in Schedule "A";

(8) in the case of an applicant holding a Diploma of College Studies in police technology, have passed one of the following language tests or examinations:

- the uniform examination in language of instruction and literature, as prescribed by the Minister of Higher Education, Research, Science and Technology under section 26 of the College Education Regulations (c. C-29, r. 4);
- the French examination required by an educational institution at the university level, in accordance with the Act respecting educational institutions at the university level (c. E-14.1);
- the “SEL” test administered by Télé-Université, which is part of the Université du Québec network;

(9) pay to the School the tuition fees chargeable pursuant to the Tuition Fees Regulation of the École nationale de police du Québec (Decision 05-02-02) and any other fees the School may require pursuant to section 42 of the Police Act (c. P-13.1);

(10) have passed the standardized physical abilities test described in Schedule “B”;

(11) (Repealed).

(12) (Repealed).

(13) have undergone the psychometric test administered by the School;

(14) have undergone the situational judgement test administered by the School.

(15) have obtained a shooting certification determined by the School.

The purpose of the medical examination provided for in subparagraph 7 is to ensure that the applicant has the required physical and mental abilities to attend the training program.

The medical examination is performed by a physician appointed by the School and includes, among other things, a medical questionnaire described in Schedule “D” to this Regulation, the taking of vital signs, an eyesight test, a puretone audiogram, a blood sample providing a complete blood count (CBC) and the biochemical profile of the applicant, a urinalysis as well as a complete physical examination with respect to the physiological systems and medical conditions as described in Schedule “D”.

The applicant shall provide the physician with all the information requested and submit to any additional examination or analysis the latter considers appropriate.

The physician must complete the form provided for in Schedule “A” and send it to the School.

The period of validity of the medical examination and of the tests provided for in subparagraphs 7, 10, 13, 14 and 15 is determined annually by the School.

5. All applications for admission must be submitted to the School Registrar on the form provided for that purpose and must be accompanied by the following documents:

(1) copy of the applicant’s birth certificate (large size) or copy of an act of birth or copy of the applicant’s citizenship certificate or Certificate of Indian Status issued by the Department of Indian Affairs and Northern Development;

(2) a certified copy of the college studies record indicating the certification of studies (DEC) or (AEC) issued by an authorized officer of a college educational institution;

(3) a copy of the driver’s licence;

(4) a document attesting that the applicant holding a Diploma of College Studies has passed one of the tests or examinations provided for in subparagraph 8 of section 4;

(5) (Repealed).

(6) in the case of an applicant holding an Attestation of College Studies, a document attesting that he has obtained from a police force a promise of employment as a police officer, whose period of validity is determined annually by the School.

6. The School determines the system of quotas and selection criteria for the Basic training program in police patrolling. Not all eligible applications are accepted.

An applicant is eligible for the training program following examination and/or investigation, provided he meets all the conditions prescribed in sections 4 and 5.

The admission is valid when it is followed by registration during the academic year for which the applicant was admitted.

The School Registrar can cancel the admission of any applicant who has not registered by the deadline determined annually by him.

The registration to the program may be suspended or cancelled at all times should the applicant or the student no longer meet the admission requirements provided for in section 4.

§4. *Basic training program in police investigation*

7. The Basic training program in police investigation allows a student to acquire the required skills in this area.

The objective of the training program is to prepare the student to intervene adequately and efficiently within the context of police operations specifically related to police investigations.

The minimum duration of the training program is 285 hours.

8. To be eligible for the training program, an applicant must hold a Basic training diploma in police patrolling issued by the School, or have obtained the attestation of equivalence issued under Division III.

§5. *Basic training program in police management*

9. The Basic training program in police management allows a student to acquire the required skills in this area.

The objective of the training program is to prepare the student to intervene adequately and efficiently within the context of police operations specifically related to police management.

The minimum duration of the training program is 340 hours.

10. To be eligible for the training program, an applicant must hold a Basic training diploma in police patrolling issued by the School or have obtained the attestation of equivalence issued under Division III.

DIVISION II EVALUATION AND DIPLOMA

11. If necessary, the School evaluates the skill level developed by the student registered in a professional training activity.

This evaluation of developed skills is performed by means of assessment, practical work, problem solving, simulations or any other means used to assess the mastery of such skills.

12. The School issues to each student registered in a professional training activity a transcript of his grades stating his developed skills and, if applicable, a document indicating the observations relating to the student's self-management skills and respect of the School's values during his training.

The evaluation results are established in one of two ways:

(1) A+	=	96.3 to 100%
A	=	92.7 to 96.2 %
A-	=	89.1 to 92.6 %
B+	=	85.5 to 89.0 %
B	=	81.8 to 85.4 %
B-	=	78.1 to 81.7 %
C+	=	74.5 to 78.0 %
C	=	70.9 to 74.4 %
C-	=	67.3 to 70.8 %
D+	=	63.6 to 67.2 %
D	=	60.0 to 63.5 %
E	=	59.9 % or less.

(2) indication “S” (pass) or “E” (fail).

13. The School issues a diploma to a student who has obtained at least a “D” or the indication “S” in each of the skills or professional training activities included in a training program. The student’s name and the title of the program are mentioned on the diploma.

14. To obtain his diploma, a student must have paid the tuition fees provided for in the Tuition Fees Regulation of the École nationale de police du Québec and any other fees the School may require pursuant to section 42 of the Act.

DIVISION III STANDARDS FOR EQUIVALENCE

15. An equivalence for a program or a professional training activity offered by the School shall be granted to an applicant when he can show that his school training or work experience has enabled him to master the skills required for the program or professional training activity concerned.

The School determines whether the applicant has the skills required for the program or for the professional training activity for which an equivalence is requested.

The evaluation of the skills developed through work experience is performed by means of assessment, practical work, problem solving, simulations or any other means used to assess mastery of such skills.

16. The person who performs or has performed the function of a police officer or investigator within a police force in other parts of Canada is not obliged to pass the training provided for in section 3 or 7 in order to perform such a function in Quebec. However, the person must meet the following conditions:

(1) have obtained a diploma, attestation or accreditation from a recognized regulatory authority in Canada for the police officer profession in Canada;

(2) meet the conditions provided for in paragraphs 1, 2 and 3 of section 115 of the Act;

(3) pass the learning evaluation test on the legislative and regulatory framework and police practices applicable to students registered in the Basic training program in police patrolling or in the Basic training program in police investigation.

17. All equivalence requests shall be submitted to the School Registrar in writing on the form provided for that purpose and the applicant shall pay any fees required by the School pursuant to section 42 of the Act.

The equivalence request provided for in section 15 shall be accompanied, particularly by the following documents:

(1) a certified copy of the applicant’s studies record or transcript of marks;

(2) the original of a letter from a police force vouching for the applicant’s work experience.

The equivalence request provided for in section 16 shall be accompanied by a document mentioned in paragraph 1 of section 16.

18. The School Registrar shall, within 30 days of the evaluation, notify the applicant in writing of the School's decision to grant the requested equivalence or not.

19. When an equivalence is granted, it appears in the transcript of the student's grades and an attestation of equivalence is issued to the applicant by the School.

DIVISION IV APPROVAL OF TRAINING ACTIVITIES

20. The School may, at the request of a police force, approve a professional training activity that has been developed outside the School when the activity may be incorporated into its programs or professional training activities in advanced training.

21. All applications for approval shall be submitted to the School Registrar in writing on the form provided for that purpose. The application shall be accompanied by the course training plan, which shall state the overall and specific objectives, the course content, the context of the training and the evaluation process and procedure for the course.

22. The School Registrar shall, within 30 days of the decision, notify the police force in writing of the School's decision to grant the requested approval or not.

23. The police force registers the student at the School for each approved professional training activity and pays any fees required by the School pursuant to section 42 of the Act.

DIVISION V TRANSITIONAL AND FINAL PROVISIONS

24. This Regulation replaces the Règlement sur le régime des études de l'École nationale de police du Québec approved by the ministerial order dated 28 June 2002 (2002) 134 G.O. 2, 3812.

25. (Repealed).¹

¹ In accordance with section 3 of the Regulation to amend the Training plan regulation of the École nationale de police du Québec published in Part 2 of the Gazette officielle du Québec of 9 August 2017 (n° 32, p. 2235), this Regulation comes into force on the fifteenth day following the date of its publication in the *Gazette officielle du Québec* [24 August 2017]. However, subparagraph 15° of the first paragraph of section 4, added by subparagraph 2° of section 1, as well as schedules A, B and D, replaced by section 2 and section 3 do not apply to the assessment of the applicant's admissibility until the 2017-2018 academic year.

SCHEDULE "A"

MEDICAL EXAMINATION REPORT

Last Name: _____	First Name: _____
File Number: _____	
Address: _____	
Postal Code: _____	Telephone: _____

The above-mentioned applicant underwent a medical examination on ____/____/____.

- Montreal
- Quebec
- Other Specify the city: _____

It is my opinion that this applicant:

- Passed the medical examination prescribed in subparagraph 7° of section 4 of the Training Plan Regulation of the École nationale de police du Québec.
- Did not pass the medical examination prescribed in subparagraph 7° of section 4 of the Training Plan Regulation of the École nationale de police du Québec by reason of:
 - Permanent disability
 - Temporary disability

I cannot reach a decision at this point because I am expecting:

- Additional information
 - The medical problem to be remedied
 - Specialized advice
 - Additional medical testing
 - Other (specify): _____
- _____

Additional comments:

_____	_____	_____
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Last Name

First Name

Licence Number

Signature of assessing physician

Date

SCHEDULE "B"

STANDARDIZED PHYSICAL ABILITIES TEST (2017 POLICE SPAT-ENPQ) REPORT

Last Name		First Name
Permanent Code	Sex	Assessment Date
College Institution		A.E.C. <input type="checkbox"/> yes
Address		
Postal Code		Telephone
E-mail Address		

TIMED CIRCUIT
Maximum duration of 322 seconds (5 min 22 s)

<p>LAP 1</p> <ul style="list-style-type: none"> ▪ Illuminated targets ▪ Jump ▪ Movement in the crowd ▪ Lateral movement ▪ Stairs ▪ Chain link wall ▪ Stairs ▪ Push ▪ Low walls ▪ T-test 	<p style="text-align: center;"><i>Compilation of data for statistical purposes</i></p> <p>ILLUMINATED TARGETS Number of attempts <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -> Total number 1 2 3 4 5 or + _____</p> <p>JUMP Number of attempts <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -> Total number 1 2 3 4 5 or + _____</p>
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<p>LAP 2</p> <ul style="list-style-type: none"> ▪ Illuminated targets ▪ Jump ▪ Movement in the crowd ▪ Lateral movement ▪ Stairs ▪ Chain link wall ▪ Stairs ▪ Pull ▪ Low walls 	<p style="text-align: center;"><i>Compilation of data for statistical purposes</i></p> <p>ILLUMINATED TARGETS Number of attempts <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -> Total number 1 2 3 4 5 or + _____</p> <p>JUMP Number of attempts <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -> Total number 1 2 3 4 5 or + _____</p>
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<p>LAP 3</p> <ul style="list-style-type: none"> ▪ Jump ▪ Movement in the crowd ▪ Lateral movement ▪ Stairs ▪ Chain link wall ▪ Stairs ▪ Low walls ▪ Victim body drag ▪ Illuminated targets 	<p style="text-align: center;"><i>Compilation of data for statistical purposes</i></p> <p>JUMP Number of attempts <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -> Total number 1 2 3 4 5 or + _____</p> <p>ILLUMINATED TARGETS Number of attempts <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> -> Total number 1 2 3 4 5 or + _____</p>
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TOTAL COMPLETION TIME	_____ MIN _____ S <input type="checkbox"/> WITHDRAWAL (NOTE THE TIME)
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FINAL RESULT	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL (DOCUMENT FAILURE)
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<p>NOTES (e.g., reason for failure, health condition, injury, reason for absence, difficulty observed during the test)</p>

NAME OF THE PERSON IN CHARGE OF ASSESSMENT _____

SIGNATURE OF THE PERSON IN CHARGE OF ASSESSMENT _____

SCHEDULE "C"

(Repealed)

SCHEDULE "D"

Medical Questionnaire

To the applicant: PLEASE GIVE DETAILS on positive answers in the questionnaire.
Incomplete information may cause a delay in the processing of your file.
To the medical examiner: check and comment the positive answers in a clear and relevant manner.

IMPORTANT – PLEASE READ BEFORE COMPLETING THIS QUESTIONNAIRE: The purpose of this medical examination is to determine if the applicant has a condition that could affect his ability to perform the tasks of the basic training program in police patrolling safely and efficiently, including firearms handling.

N.B. The masculine form used in this questionnaire includes the feminine.

1	Identification
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File Number:

Last Name: _____

First Name: _____

Address: _____
(street) (apt.)

(city) (province) (postal code)

Telephone: _____
(home)

(work or cell)

Email: _____

Date of Birth: _____
(year) (month) (day)

Age: _____ Sex: M F

Have you ever completed a medical questionnaire or undergone a medical examination for the École nationale de police du Québec?

Yes No

Applicant's Initials:

**To the applicant: PLEASE GIVE DETAILS on positive answers in the questionnaire.
Incomplete information may cause a delay in the processing of your file.
To the medical examiner: check and comment the positive answers in a clear and relevant manner.**

		Yes	No	No.	Comments
13 -	Kidney or bladder disorders: e.g. kidney failure, blood, proteins or sugar in urine?	<input type="checkbox"/>	<input type="checkbox"/>	13 -	
14 -	Nervous system disorders: e.g. convulsions, vertigo, epilepsy, paralysis, severe headaches, tremor, loss of consciousness, concussion, dyslexia or other cognitive disorders? If yes, please give details.	<input type="checkbox"/>	<input type="checkbox"/>	14 -	
15 -	Mental health disorders: e.g. insomnia, anxiety, depression, memory loss, phobia, panic disorder, psychosis, attention-deficit disorder? If yes, please give details.	<input type="checkbox"/>	<input type="checkbox"/>	15 -	Month/Year: Time off from work/studies? If yes, duration: Hospitalization? Medication:
16 -	Musculo-skeletal disorders:				
	a) joint pain, arthritis, muscle atrophy, amputation, stiffness or loss of strength in the shoulders, elbows, wrists, hands hips, knees, ankles, feet? If yes, please give details.	<input type="checkbox"/>	<input type="checkbox"/>	16a -	
	b) Difficulty walking on uneven surface, climbing stairs, standing in stairs, kneeling, making movements with wrists, arms? If yes, please give details.	<input type="checkbox"/>	<input type="checkbox"/>	16b -	
17 -	Back and spine disorders: e.g., back pain, herniated disk, difficulty bending, carrying heavy objects, turning or bending your neck forward or keeping your head in the same position for a long time? If yes, please give details.	<input type="checkbox"/>	<input type="checkbox"/>	17 -	Month/year: Description of the problem: Time off from work/studies? If yes, duration: Treatment:
18 -	Skin/immune system disorders: e.g., psoriasis, eczema, hives? If yes, please give details.	<input type="checkbox"/>	<input type="checkbox"/>	18 -	Treatment: Time off from work/studies? If yes, duration:
19 -	Circulatory system disorder: e.g., anemia, coagulation disorder, leukemia, etc.? If yes, please give details.	<input type="checkbox"/>	<input type="checkbox"/>	19 -	
20 -	Endocrine system disorders: e.g., thyroid, adrenal gland disorders? If yes, please give details.	<input type="checkbox"/>	<input type="checkbox"/>	20 -	
21 -	Have you ever received treatment or do you receive treatment for: If yes, please give details.			21 -	
	- Cancer?	<input type="checkbox"/>	<input type="checkbox"/>		
	- Hypertension?	<input type="checkbox"/>	<input type="checkbox"/>		
	- Allergies: medication, latex, food, others?	<input type="checkbox"/>	<input type="checkbox"/>		
	- Diabetes?	<input type="checkbox"/>	<input type="checkbox"/>		
22 -	Have you ever refused to undergo treatment or surgery that was recommended by a physician?	<input type="checkbox"/>	<input type="checkbox"/>	22 -	Month/year: Nature of treatment or surgery:

Applicant's Initials:

Comments:

**To the applicant: PLEASE GIVE DETAILS on positive answers in the questionnaire.
Incomplete information may cause a delay in the processing of your file.
To the medical examiner: check and comment the positive answers in a clear and relevant manner.**

4	Lifestyle	Please provide the requested information on positive answers
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		Yes	No	No.	Comments
23 -	Do you take substances that could alter your judgement, vigilance, physical capacity or concentration at work? (e.g., alcohol, drugs, medication, energy drinks)	<input type="checkbox"/>	<input type="checkbox"/>	23 -	
24 -	Are you limited to work on a rotating or particular schedule? If yes, please give details.	<input type="checkbox"/>	<input type="checkbox"/>	24 -	

Comments:

IMPORTANT: READ AND SIGN

I agree to undergo a medical examination including laboratory tests, x-rays and other required testing. I authorize the medical examiner to forward the relevant findings of these exams to the École nationale de police du Québec and I also authorize that my entire file be transmitted to the health clinic of the School when required.

I have re-read my answers to each of the questions in this questionnaire and I certify that they are complete and true to the best of my knowledge. Any false statement regarding the provided information could cancel my application for admission to the École nationale de police du Québec.

_____ Signature of the applicant	_____/_____/_____ day month year	_____ Signature of the witness (M.D./nurse)
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