

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

### **Police Act (R.S.Q., 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 434 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, examinations or courses:

- the uniform examination in French, language of instruction and literature, as prescribed by the Minister of Education, Recreation and Sports under section 26 of the College Education Regulations, approved by Order in Council 1006-93 dated 14 July 1993;
- the French examination required by an educational institution at the university level, in accordance with the Act respecting educational institutions at the university level (R.S.Q., c. E-14.1);
- the French language upgrading courses offered by an educational institution at the university level;
- the “SEL” test administered by Télé-Université, which is part of the Université du Québec network;
- the “Ministerial Examination of College English Language of Instruction and Literature” test;

(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 (R.S.Q., c. P-13.1);

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

(11) have passed, within 2 years preceding the start of his training at the School, the “emergency care” course offered by a college educational institution, the “cardiopulmonary resuscitation” course, or any equivalent training offered by one of the following organisations:

- St. John Ambulance;
- Canadian Red Cross;
- Quebec Heart Foundation;
- Lifesaving Society;

(12) have passed the swimming test provided for in Schedule “C”;

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

(14) have passed the situational judgement test administered 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 following physiological systems and medical conditions:

- musculoskeletal system;
- eyes and visual acuity;
- ears, nose and throat;
- auditory acuity;
- cardiovascular system;
- pulmonary system;
- neurological system;
- endocrine system;
- gastrointestinal system;
- genitointestinal system;
- dermatological system
- haematological system;
- infectious diseases;

- oncology.

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

If the applicant fails the medical examination, the physician shall specify on the form provided in Schedule "A" whether this is a temporary or permanent disability.

The period of validity of the medical examination and of the tests provided for in subparagraphs 7, 10, 12, 13 and 14 is determined annually by the School.

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

(1) 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, examinations or courses provided for in subparagraph 8 of section 4;

(5) a document attesting that the applicant has passed one of the courses provided for in subparagraph 11 of section 4;

(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 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.

An applicant's registration in the training program can be cancelled at any time if he fails to abide by any one of 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 900 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 acquired by the student registered in a professional training activity.

This evaluation of acquired skills is performed by means of knowledge assessment, practical work, problem solving, simulations or any other means used to assess skill development.

**12.** The School issues to each student registered in a professional training activity a transcript of his grades stating his acquired skills evaluation results and, according to the type of training program, a document indicating the student's respect of the School's values during his training.

The evaluation results are established as follows:

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.

**13.** The School issues a diploma to a student who has obtained at least a "D" 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 RECOGNITION OF 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 acquire 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 work experience evaluation is performed by means of knowledge assessment, practical work, problem solving, simulations or any other means used to assess skill development.

**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 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.** This Regulation comes into force on the fifteenth day following the date of its publication in the *Gazette officielle du Québec*, except for the provisions of the subparagraphs 13 and 14 of section 4 which come into force on 1 August 2012 for the applicant holding an Attestation of College Studies in police technology.

**SCHEDULE "A"**

**MEDICAL EXAMINATION REPORT**

Last name _____	First name _____
File Number _____	
Address _____	
Postal Code _____	Telephone _____

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

**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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\_\_\_\_\_  
Signature of assessing physician

\_\_\_\_\_  
Date

**SCHEDULE "B"**

**PHYSICAL ACHIEVEMENT TEST (PAT-ENPQ) REPORT**

" LAST NAME" _____		" FIRST NAME" _____	
Permanent Code "CODE" _____	Sex "SEX" _____	Assessment Date _____	
College Institution "COLLEGE" _____	A.E.C. <input type="checkbox"/> yes		
Address "STREET", "CITY", "PROVSTATE" _____			
Postal Code "POSTAL CODE" _____	Telephone "TELEPHONE" _____		
E-mail address _____			

**AEROBIC ENDURANCE TEST – 20-Metre Scheduled Run**  
(Minimum to be achieved: 6.5 levels)

Wave number: _____		
Group: _____	Number of completed levels: _____ , _____	
Bib number: _____		
Trainer's initials: _____	Decision :	P <input type="checkbox"/> F <input type="checkbox"/>

**TIMING CIRCUIT**  
(Maximum duration of 392 seconds)

Timing circuit elapsed time		Faults – <i>The ditch</i>				
Light targets	Total penalties*	Total time	Call	Centre	Reception	
	<input type="text"/>		Lap 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="text"/>		Lap 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="text"/>		Lap 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				* 3/10 sec.	* 10 sec.	* 3/10 sec.
Trainer's initials: _____		Decision :		P <input type="checkbox"/>	F <input type="checkbox"/>	

**AUTONOMOUS STATIONS**

	Stages of CPR (Chronological order)	Order
Push-up tests    ①   ②   ③   ④      P <input type="checkbox"/> F <input type="checkbox"/>	Check state of consciousness	
Pull-up tests    ①   ②   ③   ④      P <input type="checkbox"/> F <input type="checkbox"/>	Open respiratory tract	
Dummy carrying      P <input type="checkbox"/> F <input type="checkbox"/>	Check breathing	
CPR                      P <input type="checkbox"/> F <input type="checkbox"/>	Insufflate twice (2)	
	Compress 30 times	
Time lapsed since the applicant began performing CPR: _____		
Total time for 3 <sup>rd</sup> section: _____		
Trainer's initials: _____		Decision:      P <input type="checkbox"/> F <input type="checkbox"/>

**RESULT**

**Final result:**      P       F       **Note:**    P = Pass      F = Fail

**Signature of person in charge of assessment** \_\_\_\_\_

**SCHEDULE "C"**  
**SWIMMING TEST ASSESSMENT REPORT**

"LAST NAME" _____		FIRST NAME" _____	
Permanent Code	"CODE" _____	Sex	"SEX" _____
		Assessment Date	_____
College Institution	"COLLEGE" _____	A.E.C.	<input type="checkbox"/> yes
Address "STREET", "CITY" "PROVSTATE" _____			
Postal Code	"POSTAL CODE" _____	Telephone	"TELEPHONE" _____
E-mail address _____			

<b>LIFE-SAVING PROTOCOL</b> (Maximum period: 7 minutes 15 seconds)		
Do 10 25-m lengths including the victim's transporting Approved style, crawl or breast-stroke	P <input type="checkbox"/>	F <input type="checkbox"/>
Check the state of consciousness of the victim before the physical contact	P <input type="checkbox"/>	F <input type="checkbox"/>
Total time: _____	P <input type="checkbox"/>	F <input type="checkbox"/>
Trainer's initials: _____		

<b>RESULT</b>		
Final result:	P <input type="checkbox"/>	F <input type="checkbox"/>
Note: P = Pass      F = Fail		
Signature of person in charge of assessment: _____		

**SCHEDULE "D"**

**MEDICAL QUESTIONNAIRE**

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

**I) PERSONAL MEDICAL HISTORY**

Have you ever suffered or do you currently suffer from the following problems or symptoms?  
(If yes, fill out the appropriate boxes)

	Previously	Currently	Comments
<b>Head, Nose, Mouth and Throat</b>			
Frequent nose bleed			
Frequent nasal congestion			
Hoarseness without a cold			
Difficulty swallowing			
Loss of taste or smell			
<b>Ears and Auditory Acuity</b>			
Hearing loss			
Use of hearing aids			
Vertigo – dizziness			
Ringling in the ears			
<b>Eyes and Vision</b>			
Glaucoma			
Cataract			
Eye injury			
Eye irritation (itching)			
Eye surgery			
Wearing corrective glasses			
Wearing contact lenses			
<b>Gastrointestinal System</b>			
Persistent abdominal pain			
Vomiting blood			
Ulcer			
Hepatitis			
Jaundice			
Black stools - blood in stools			
Persistent constipation			
Persistent diarrhea			
Haemorrhoids			
<b>Urinary System</b>			
Kidney stones			
Kidney disease			
Blood in urine			
Frequent urination			
<b>Cardiovascular System</b>			
Chest pain or tightening			
Palpitations or irregular heartbeats			
High blood pressure			
Swollen legs (oedema)			
Heart murmur			
Vascular disease			
Heart disease (angina and/or heart attack)			
<b>Pulmonary System</b>			
Shortness of breath			
Persistent night sweats			
Morning cough with sputum			
Cough with blood			
Pneumonia			
Asthma			
Tuberculosis			
Emphysema			
<b>Musculo-skeletal system</b>			
Arthritis - Arthrosis			
Muscular or articular pain			
Bursitis or tendinitis			
Neck pain or cervical pain			
Pain or shoulder problems			
Pain or back problems			

	Previously	Currently	Comments
Pain in wrists – hands – elbows			
Pain or knee problems			
Pain in feet or ankles			
<b>Psychological - Mood Disorder</b>			
Drug or alcohol problem			
Suicide attempt			
Depression			
Anxiety			
Attention disorder			
Panic attack			
Claustrophobia			
Fear of heights			
<b>Endocrine system - Metabolism</b>			
Diabetes			
Hypoglycemia			
Thyroid disease			
<b>Neurological System</b>			
Headaches			
Convulsion, epilepsy			
Loss of consciousness - fainting			
Numbness - weakness in the limbs			
Tremor (shaking)			
<b>Skin</b>			
Eczema			
Skin rash			
Hives			
<b>Infectious Diseases</b>			
Aids or HIV positive			
Rheumatic fever			
<b>Circulatory - Lymphatic System</b>			
Anemia			
Hemorrhagic disease			
Blood transfusions			
<b>Oncology (Cancer)</b>			
Cancer (specify type)			
Surgery			
Radiotherapy			
Chemotherapy			
<b>Male Reproductive System</b>			
Testicular lump			
<b>Female Reproductive System</b>			
Breast or armpit lump			
Severe menstrual pain			
Date of last period:			
<b>Other Conditions Specify:</b>			

## II) HOSPITALIZATION

Have you ever been hospitalized? (If yes, fill out the appropriate boxes)

	1st time	2nd time	3rd time
<b>Reason (diagnosis)</b>			
<b>Date (month/year)</b>			
<b>Name of hospital</b>			

## III) COMPENSATION

Have you ever applied for or received benefits or compensation payments as a result of an injury, an illness, a disability or motor vehicle accident? (If yes, fill out the appropriate boxes)

Date (Month/Year)	Type of injury (Diagnosis)	Nature of treatment	Type of impairment
Comments:			

**IV) ALLERGIES**

Do you suffer from any allergies? No  Yes

Specify : \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**V) MEDICATION**

Do you take any medication? No  Yes

Specify : \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**VI) FAMILY MEDICAL HISTORY**

Diseases	Father	Mother	Brothers/Sisters
Heart disease			
Hypertension			
Pulmonary disease			
Asthma			
Diabetes			
Migraine			
Rheumatism – arthritis			
Depression – anxiety – suicide			
Alcoholism			
Cancer			
Other diseases (specify)			

**VII) PERSONAL LIFESTYLE**

1) Smoker : No  Yes  Number of cigarettes/day : \_\_\_\_\_

Former smoker : No  Yes  If yes, number of years : \_\_\_\_\_

2) Alcohol : No  Yes  Quantity :  
 More than 2 glasses a day  
 1-2 glasses a day  
 Occasionally

3) Tea-coffee : No  Yes  Number of cups/day : \_\_\_\_\_

4) Drugs : No  Yes  Specify : \_\_\_\_\_

5) What is your general stress level?  
 None  Low  Average  High  Excessive

6) Do you exercise? No  Yes  Frequency  Less than 1 hour a week  
 1 hour to 5 hours a week  
 More than 5 hours a week

What type(s) of physical activities do you practice? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**I attest that the above information is true to the best of my knowledge. I am aware that any false statement regarding the information provided in the questionnaire could cancel my request for application for admission to the École nationale de police du Québec.**

\_\_\_\_\_  
 Signature of applicant

\_\_\_\_\_  
 Date