

## **TRAINING PLAN REGULATION OF THE ÉCOLE NATIONALE DE POLICE DU QUÉBEC**

### **Police Act (R.S.Q., c. P-13.1, s. 16)**

#### **SECTION I TRAINING**

##### *§1. Academic year*

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

##### *§2. Areas of training*

2. Repealed.

##### *§3. Basic training program in police patrolling*

3. The basic training program in police patrolling is designed to help a student learn basic police patrolling skills.

The over-all objective of this training program is to prepare a student to intervene adequately and efficiently within the framework of police operations specifically related to the functions of a police officer.

The minimum duration of this program is 434 hours.

4. To be admitted to the basic training program in police patrolling an applicant must, at the time of his application for admission and until he has completed his training, meet the following conditions:

1° be a Canadian citizen;

2° have obtained a diploma of college studies in police technology issued by the Minister of Education, Leisure and Sport or an attestation of college studies in police technology issued by a college institution and, in this case, have previously obtained from a police force a promise of employment in the functions of a police officer;

3° hold a driver's licence, other than a temporary driver's licence, allowing the applicant to drive an emergency vehicle;

4° 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 in section 183 of that Code under one of the acts listed therein;

5° have passed a medical examination within 9 months preceding the start of his training at the School. This examination is valid from the date of signature, by the assessing physician, of the medical examination report described in Schedule "B" of this regulation.

The purpose of this medical examination is to ensure that the applicant has the necessary physical and mental abilities to attend the basic training program in police patrolling.

This medical examination is performed by a physician appointed by the School and includes, among other things, a medical questionnaire described in Schedule "A" of 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 must provide the physician with the necessary information and submit to any additional examination or analysis the latter deems appropriate.

If the applicant fails the medical examination, the physician must specify on the form described in Schedule “B” of this regulation if the disability is temporary or permanent.

6° 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, Leisure and Sport pursuant to section 26 of the College Education Regulations, approved by Order in Council N° 1006-93 dated July 14, 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 academic upgrading courses taken in an educational institution at the university level;
- the “SEL” test administered by Télé-Université within the Université du Québec network;
- the “Ministerial Examination of College English” test for an applicant from the John Abbott College.

7° pay the fees chargeable pursuant to section 42 of the Act;

8° have passed the physical achievement test described in Schedule “C” of this regulation within 3 months preceding the start of his training at the School;

9° have passed, within 2 years preceding the start of his training at the School, the “emergency care” course offered by a college institution or 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.

10° provide his fingerprints to an authorized representative of the School;

11° be of good moral standing;

12° have passed the swimming test described in Schedule “D” of this regulation within 3 months preceding the start of his training at the School.

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

1° the applicant’s original birth certificate or copy of an act of birth or copy of the applicant’s citizenship certificate;

2° a certified copy of the college report card mentioning the diploma (DEC) or (AEC) issued by an authorized officer of a college institution;

3° a copy of the driver's license and a document issued by the Société de l'assurance automobile du Québec regarding the applicant's driving record;

4° a document attesting that the applicant has passed one of the courses provided for in section 4, subsection 9;

5° a document attesting that the applicant has passed one of the tests, examinations or courses provided for in section 4, subsection 6, as the case may be;

6° applicants holding an attestation of college studies must provide a document attesting that they have obtained from a police force a promise of employment in the functions of a police officer.

6. Repealed.

7. Repealed.

#### §4. *Basic training program in police investigation*

8. The basic training program in police investigation allows a student to acquire basic police investigation skills.

The over-all objective of this program is to prepare a student to intervene adequately and efficiently within the framework of police operations specifically related to police investigations.

The minimum duration of this program is 285 hours.

9. To be admitted to the basic training program in police investigation an applicant must hold a basic training diploma in police patrolling issued by the School, or they must have obtained the attestation of equivalence issued under Section III.

#### §5. *Basic training program in police management*

10. The basic training program in police management allows a student to acquire basic skills in police management.

The over-all objective of this program is to prepare a student to intervene adequately and efficiently within the framework of police operations specifically related to police management.

The minimum duration of this program is 900 hours.

11. To be admitted to the basic training program in police management an applicant must hold a basic training diploma in police patrolling issued by the School or have obtained the attestation of equivalence issued pursuant to Section III.

#### §6. *Advanced training*

12. Repealed.

#### §7. *In-service training*

13. Repealed.

## **SECTION II EVALUATION AND DIPLOMA**

14. The School evaluates, as the case may be, the skills related to a professional training activity in which the student is registered.

The evaluation is done by means of theory exams, field work, problem solving, simulations or any other means used to assess skill development.

**15.** The School issues, as the case may be, to each student registered in a professional training activity a transcript of the student's grades stating his evaluation results and his observance of the School's professional values during 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%
B	=	81.8 to 85.4%
B-	=	78.1 to 81.7%
C+	=	74.5 to 78%
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

The minimum pass mark is "D".

**16.** The School issues a diploma to a student who has obtained at least a « D » in each of the professional training activities included in a program and who has paid the tuition fees chargeable under section 42 of the Act. The name of the student and the title of the program are mentioned on the diploma.

### **SECTION III RECOGNITION OF EQUIVALENCE**

**17.** An equivalence for a program or professional training activity the School may be granted to an applicant when this applicant can show that his educational training, or work experience enabled him to acquire the skills required for the program referred to in this regulation or for the professional training activity concerned.

The School determines if the applicant has the necessary skills for this program or for the professional training activity for which an equivalence is requested.

The evaluation is done by means of theory exams, field work, problem solving, simulations or any other means used to assess skill development.

**17.1** The School shall only consider diplomas issued by one of the following educational institutions for the purpose of an application for equivalence of prior academic learning to the basic training program in police patrolling:

- Atlantic Police Academy;
- Royal Canadian Mounted Police Academy;
- Justice Institute of British Columbia;
- Ontario Police College.

The applicant shall also meet the conditions provided for in section 4, paragraphs 1<sup>o</sup>, 4<sup>o</sup> and 11<sup>o</sup> of this regulation.

**18.** Any application for equivalence of prior academic learning for the basic training program in police patrolling must be submitted in writing to the registrar on the form provided for that purpose and the applicant must pay the chargeable fees pursuant to section 42 of the Act. The following documents must be included with the application:

1<sup>o</sup> an original letter from a police force referred to in section 43 of the Act attesting its interest in engaging the services of this applicant when the latter wishes to obtain an equivalence for the basic training program in police patrolling;

2° a certified copy of the applicant's report card or student's grades including a description of the courses taken;

3° a copy of the diploma for which an equivalence is requested.

4° Repealed.

5° Repealed.

**19.** The registrar must notify the applicant in writing of the School's decision to grant the requested equivalence or not.

**20.** When an equivalence is granted, it is mentioned on the transcript of the student's grades and an attestation of equivalence is issued to the applicant by the School.

#### **SECTION IV APPROVAL OF ACTIVITIES**

**21.** The School may, at the request of a police force, approve a professional training activity that has been developed outside the School when this activity is liable to be integrated into its programs or professional training activities offered in advanced training.

**22.** Any application for approval of activities must be submitted in writing to the registrar on the form provided for that purpose. This application must be accompanied by the course training plan, which must state the over-all and specific objectives, the course content, the context of the training and the evaluation process and procedure for this course.

**23.** The registrar must notify the police force in writing of the School's decision to grant the requested confirmation.

**24.** The police force registers the student at the School for each professional training activity and pays the School the approval of activities fees chargeable pursuant to section 42 of the Act.

## SCHEDULE “A”

### 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			
Hemorrhoids			
<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) HOSPITALIZATIONS**

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 the hospital</b>			

**III) COMPENSATION**

Did you ever apply for or receive 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 allergies? No  Yes

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

**V) MEDICATION**

Are 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 concerning the information provided in the questionnaire could cancel request for my admission to the École nationale de police du Québec.**

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

\_\_\_\_\_  
 Date

## SCHEDULE “B”

### MEDICAL EXAMINATION REPORT

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

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

**It is my opinion that the applicant :**

- Passed the medical examination prescribed in section 4, subsection 5 of the Règlement sur le régime des études de l'École nationale de police du Québec.
- Did not pass the medical examination prescribed in section 4, subsection 5 of the Règlement sur le régime des études de l'École nationale de police du Québec in reason of a :
  - Permanent disability
  - Temporary disability

**I cannot reach a decision because I am waiting for :**

- Additional information
  - The medical problem to be remedied
  - Specialize advice
  - Additional medical testing
  - Other (specify) : \_\_\_\_\_
- \_\_\_\_\_

**Additional comments :**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_  
Date

**SCHEDULE “C”**  
**REPORT OF PHYSICAL ACHIEVEMENT TEST (PAT-ENPQ)**

" LAST NAME" _____		" FIRST NAME" _____	
Permanent Code "CODE" _____	Sex "SEXE" _____	Assessment Date _____	
College Institution "COLLEGE" _____		A.E.C. <input type="checkbox"/> yes	
Address s "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  F

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

Timing circuit elapsed time	Faults – <i>The ditch</i>		
	Call	Centre	Reception
Light targets			
Total penalties*			
Total time			
	Lap 1	<input type="checkbox"/>	<input type="checkbox"/>
	Lap 2	<input type="checkbox"/>	<input type="checkbox"/>
	Lap 3	<input type="checkbox"/>	<input type="checkbox"/>
		* 3/10 sec.	* 10 sec.
			* 3/10 sec.

Trainer’s initials: \_\_\_\_\_ Decision : P  F

**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  F

**RESULT**

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

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

**SCHEDULE “D”**  
**SWIMMING TEST ASSESSMENT REPORT**

<b>LAST NAME</b> _____	<b>FIRST NAME</b> _____	
Permanent Code "CODE" _____	Sex "SEX" _____	Assessment Date _____
College Institution "COLLEGE" _____	<b>A.E.C.</b> <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 8 lengths in an approved style (crawl or breast-stroke)	P <input type="checkbox"/>	F <input type="checkbox"/>
Check the state of consciousness of the victim (ready position)	P <input type="checkbox"/>	F <input type="checkbox"/>
Transporting the victim	P <input type="checkbox"/>	F <input type="checkbox"/>
Trainer's initials: _____	Decision :	P <input type="checkbox"/> F <input type="checkbox"/>

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