

Berks County Chiefs of Police Association

c/o Wyomissing Police Department

Consortium Testing

22 Reading Boulevard

Wyomissing, PA 19610

www.berkscountypolicechiefs.org

Registration for Examination

Completion of this registration permits the candidate to be examined and to be considered by any of the listed agencies for which they qualify. This completed form and a \$75.00 registration fee (check or money order made payable to "BCCPA") must be mailed and received at the above address by the registration deadline of Friday, September 12, 2014. The written examination will be conducted on Saturday, September 27, 2014. The Physical Performance test will be held on Sunday, October 19, 2014 for those candidates who achieve a passing score (70 or higher) on the written examination. No refund will be given to those candidates ineligible for the physical performance portion.

Last name:	First name:	Middle name:
Physical address of residence:		
City:	State:	Zip code:
Home telephone with area code:	Cellular telephone with area code:	
E-mail address:		

Have you completed Pennsylvania Municipal Police Officers' Education & Training Commission (MPOETC) Basics Police Training (Act 120) or are eligible for certification?

Yes

No

If NO, are you currently enrolled?

Yes

No

If currently enrolled, what is your tentative completion date? _____

The written examination will be held at Alvernia University O'Pake Science Center, 400 St. Bernadine Street, Reading, PA 19607 on Saturday, September 27, 2014. Please acknowledge which exam time applies to you:

Last name beginning with **A to J**: 9:00 AM start time. Doors open at **8:00 AM**; candidates must report by **8:30 AM**.

Last name beginning with **K to Z**: 2:00 PM start time. Doors open at **1:00 PM**; candidates must report by **12:30 AM**.

Candidates must provide photo identification for admission to the examination.

How did you hear about this testing opportunity?

Newspaper _____ Internet _____ Other _____

I acknowledge that I have reviewed the agency requirements and that I am eligible for at least one or all of the agencies.

Signature _____ Date _____