Applicants
Using Website
Application Packet
Please Immediately
Email or Fax
Enrollment Form
Page 7 of Packet
To Bennie Cope
Fax: 580-310-2295
Email: bcope@pontotoctech.edu
This will insure you are
Notified of any changes
In process
## FIRE ACADEMY - PHYSICAL EVALUATION FORM

### PLEASE PRINT

**NAME**

**DATE OF EXAM**

**DATE OF BIRTH**

**HEIGHT**

**WEIGHT**

**BODY FAT**

**(OPTIONAL)**

**% PULSE**

**BP**

<table>
<thead>
<tr>
<th>Initial BP</th>
<th>Post Exercise</th>
<th>5 min Post Exercise</th>
</tr>
</thead>
</table>

**VISION**

R 20/ ______ L 20/ ______ CORRECTED Y / N

**PUPILS:**

EQUAL ______

UNEQUAL ______

### MEDICAL

<table>
<thead>
<tr>
<th>Appearance</th>
<th>Normal</th>
<th>Abnormal Findings</th>
</tr>
</thead>
</table>

| Eyes/Ears/Throat | | |
| Lymph Nodes | | |
| Heart | | |
| Pulses | | |
| Lungs | | |
| Abdomen | | |
| Genitalia (male only) | | |
| Skin | | |

### MUSCULOSKELETAL

| Neck | |
| Back | |
| Shoulder/Arm | |
| Elbow/Forearm | |
| Wrist Hand | |
| Hip/Thigh | |
| Knee | |
| Leg/Ankle | |
| Foot | |

### CLEARANCE

( ) Cleared

( ) Cleared after completing evaluation / rehabilitation for:

________________________________________________________________________

________________________

( ) Not cleared for: ______________________________ Reason: __________________

________________________________________________________________________

________________________________________________________________________

Recommendations:

________________________________________________________________________

________________________________________________________________________

Name & Title of Examiner (PRINT / TYPE) _______________________________ Date __________________

Address ______________________________ Phone __________________

Signature of Examiner ____________________________________________
Dear 2015-2016 Fire Academy Applicant,

Thank you for your interest in Pontotoc Technology Center’s Fire Academy programs, this packet contains all the information and forms that you need to complete the application process. The requested information is critical for a student’s successful completion of our programs, because much of the information is required by the various organizations that we work with during your educational process. It is essential that you complete all of the forms and return the packet along with the required documentation before the application deadline. Applicants are instructed to thoroughly read all the application. Only applicants with completed application packets will be considered for the Fire Academy.

The forms and documents required for the application process can be confusing and the task of gathering the various documents can be time consuming. Applicants that wait till the last minute to complete the packet often are not accepted into the program. Allow yourself at least 3 weeks to complete the application.

The cost for Fire Academy 2015-2016 is $5300. Students will also be required to purchase uniforms. Cadets will be given a uniform policy upon acceptance in the Fire Academy program. Vendors to purchase these items will be provided before the academy starts. Starting date for the academy is August 3, 2015 (Basic Wildland Firefighting) and ends January 14, 2016.

Our staff and instructors are dedicated to helping you reach your career goals and the information that you provide us will ultimately determine your overall success in the program.

All Fire Academy students are required to show proof of current immunizations (list and forms attached.). Applicants are reminded to follow the required list closely. If you have any questions about immunizations please contact the Fire Academy Coordinator at 580-310-2276 or bcope@pontotocctec.edu. For more information on Immunizations and vaccinations, visit the CDC website. www.cdc.gov

Bennie Cope
Fire Coordinator
Pontotoc Technology Center
2015- 2016
Advanced Firefighter Academy
Courses

NAED Emergency Dispatch Certification 65 hours
Firefighter Orientation 40 hours

Firefighter Safety and Survival 16 hours
Firefighter I & IFSAC Test 112 hours

Firefighter II & IFSAC Test 48 hours
Hazardous Materials Awareness & IFSAC Test 8 hours

Hazardous Materials Operations Level & IFSAC Test 40 hours
Physical Training 55 hours

Basic Vehicle Extrication 16 hours
EMT 253 hours

Advanced Vehicle Extrication 24 hours
Flammable Liquid and Gas Emergencies 16 hours

Flashover Training 8 hours
Weapons of Mass Destruction Awareness 8 hours

Introduction to Computers 20 hours
Strategy and Tactics for Initial Company Ops 16 hour

Fire Department Internship 40 hours
Bonus Courses
Basic Wildland Firefighting & CPR

Equipment provided
Fire coat, pant, helmet, & SCBA will be issued by PTC to each cadet
One pair each of fire gloves, boots, & hood will be provided to cadets for them to keep any replacement of these
3 items will be at cadets expense

Items not provided that must be purchased by Cadets
All Uniforms
NREMT Certification Test
Program Information:
The Fire Academy includes a minimum of 785 hours of classroom, clinical, and lab instruction plus 40 hours of basic wildland as a bonus class not included in the 785 hours for Advanced Firefighter Career Major. Upon successful completion of this academy the student is eligible to sit for the National Registry and State Licensure Examination at the basic EMT level, participate in FFI and FF II certification testing, qualify to take the PAC test to gain their Red Card for Wildland Firefighting, test for hazmat operations certification, certify as a NAED Telecommunicator.

Entrance Requirements and Selection Process:

Students must apply for acceptance into the program prior to enrollment. All applicants must be 18 years or older have a high school diploma or GED. Students must hold a valid driver’s license. Each candidate shall schedule, obtain, and pass a physical with his or her own medical doctor. This physical shall meet the minimum standard of, at the very least, a "sports physical" as defined by the candidates medical doctor. All completed applications must be turned in by 8:00 am Friday June 26, 2015. Applicants must take the TABE test at Pontotoc Technology Center Assessment Center and results must be included in returned application, to schedule a time for the test, please call Wanda Bean at 580-310-2271. Applicants will then take a Fire Academy physical agility test on June 29, 2015 at 6pm in the public safety building at PTC. Applicants will then be eligible for an interview and written test on June 30, 2015.

Criminal History Report:
All Fire Academy applicants are required to provide a criminal background check. (Instructions and form included). Only original forms sent to you from the OSBI will be accepted. Any additional information sent by the OSBI must be included with your application. This process can take up to three weeks by mail. The OSBI does accept requests in person and the process typically takes only a few minutes. You must have the fingerprint check run as well.

Immunizations:
All Fire Academy students are required to show proof of current immunizations (list and forms attached.). Applicants are reminded to follow the required list closely. If you have any questions about immunizations please contact the Fire Academy Coordinator at 580-310-2276 or bcope@pontotocTech.edu. For more information on Immunizations and vaccinations, visit the CDC website. www.cdc.gov

Payment Information:
The Fire Academy is totally funded by tuition from cadets. The cost for the 2015-2016 Fire Academy is $5300.00. A registration fee of $400 must be paid on or before July 24, 2015 no matter what funding source is used to pay balance of tuition. Registration fee is nonrefundable. Arrangements must be made and approved by Pontotoc Technology Center’s financial office for payment of the balance ($4900.00) by August 3, 2015 or the student is not considered to be enrolled. Cadets are responsible for the payment of full tuition. Dropping, leaving, quitting or being removed from the program, no matter what the reason, will most likely constitute a forfeiture of all tuition. Pontotoc Technology Center reserves the right to pursue all necessary actions to collect unpaid tuition for failure to pay in full no matter what funding source was in place.

Contact Information: For additional information please contact the Fire Coordinator at (580)310-2276 or email at bcope@pontotocTech.edu
Non-Discrimination Statement: Pontotoc Technology Center, in compliance with the Guidelines for Vocational Education Programs (34 CFR Part 100 Appendix B), Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, Title IX of the Education Amendment of 1972, and the Age Discrimination Act of 1975, does not discriminate on the basis of race, ethnicity, religion, national origin, age, gender, disability or veteran status in any of its policies, practices or procedures. These equal opportunity provisions include, but are not limited to admissions, employment, financial aid & student services.

I _________________________ have read the requirements for Pontotoc Technology Center’s 2015-2016 Fire Academy and have been informed and fully aware of the prerequisites to the program.

____________________________

Signature
Pontotoc Technology Center
Application Self Check Off Form

Applicant Name:___________________________ Date:_________________

The following items are required for your acceptance into the 2015-2016 Fire Academy Program. This page is provided for you to “check off” the items as you place them into your application packet. You must complete, sign and include this page along with all of the listed documents with your application forms for consideration of admission. Applicants may be given the opportunity to provide additional or corrected documentation prior to the start of class.

☐ Completed BIS Admission/2015-2016 Fire Academy Application form
☐ Copy of valid state Driver’s License (Must be 18 years of age)
☐ Show Social Security Card to person taking your packet
☐ Copy of H.S. Diploma, transcript or GED (or college transcript)
☐ Record of receiving first MMR immunization
☐ Record of receiving second MMR immunization
☐ Record of first Tuberculin Skin Test (use form in packet)
☐ Record of second Tuberculin Skin Test (use form in packet)
☐ Record of Chest X-Ray reading (only if positive Tuberculin Skin Test)
☐ Record of Hepatitis B series or completed Declination form
☐ Record of Varicella Immunization or Documentation form completed
☐ Copy of OSBI Background Check with fingerprints results (you must get results from OSBI)
☐ Signed Drug/Alcohol Screen form
☐ Completed Physical Evaluation Form

I __________________________ understand that the above requested items are a mandatory requirement of the 2015-2016 Fire Academy Program. Failure to include ALL of these items in my application packet could result in my application possibly being rejected.

Signature: _______________________________ Date: ____________________
PLEASE COMPLETE THIS SECTION IN FULL

<table>
<thead>
<tr>
<th>COURSE DATE</th>
<th>August 3, 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>COURSE NAME</td>
<td>2015-2016 Fire Academy</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>M.I.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>SSN</th>
<th>E-MAIL</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>HOME PHONE</th>
<th>WORK PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

PLEASE CHECK THE SCHOOL DISTRICT IN WHICH YOU LIVE.

- Ada
- Allen
- Byng
- Latta
- McLish
- Pickett-Center
- Roff
- Sasakwa
- Stonewall
- Tupelo
- Vanoss
- Other

PLEASE CHECK THE HIGHEST EDUCATION LEVEL ACHIEVED.

- (30) Less than a H.S. diploma
- (31) High School graduate
- (32) Some college, no degree
- (33) Technical diploma
- (34) Associate degree
- (35) Bachelor degree
- (36) Master degree
- (37) Doctorate degree
- (38) GED

PAYMENT METHOD

- Cash / Check / Money Order
- Receipt # __________
- Discover
- Master Card
- Visa

EMPLOYER'S NAME

OR FUNDING AGENCY

OR PAYING OWN FEES (write Self-Pay)

IF MEMBER OF A VOLUNTEER FIRE DEPT. DOING FIRE FIGHTER TRAINING, PLEASE LIST FIRE DEPARTMENT HERE

BIRTHDATE

RACE (PLEASE CHECK ALL THAT APPLY)

- (0) American Indian or Alaska Native
- (1) Black or African American
- (2) Hispanic/Latino
- (3) White
- (4) Asian
- (5) Native Hawaiian or other Pacific Islander
- (6) Other

GENDER

- Male
- Female

Pontotoc Technology Center, in compliance with Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990 and Title IX of the Education Amendment of 1972, does not discriminate on the basis of race, ethnicity, religion, national origin, age, gender, disability or veteran status in any of its policies, practices or procedures. These equal opportunity provisions include, but are not limited to, admissions, employment, financial aid and student services.

THIS SECTION IS REQUIRED FOR CHICKASAW NATION EMPLOYEES ONLY

PLEASE CHECK ONE OF THE DIVISIONS BELOW:

HEADQUARTERS (A-L)

- (A) Division of Administrative Services
- (B) Division of Aging
- (C) Division of Arts and Humanities
- (D) Division of Communications
- (E) Division of Education and Training
- (F) Division of Facilities and Support
- (G) Division of Heritage Preservation

- (H) Division of Legal Services
- (I) Division of Program Operations
- (J) Division of Youth & Family Services
- (K) Division of Treasury
- (L) Other

OTHER DIVISIONS (M-O)

- (M) Division of Commerce (Chickasaw Enterprises)
- (N) Division of Housing & Tribal Development
- (O) Division of Health Systems

CHICKASAW EMPLOYEE SIGNATURE

NAME OF YOUR DEPARTMENT

JOB TITLE

SUPERVISOR SIGNATURE: ________________________________

I acknowledge that my department will be billed for the class for which I am enrolling. I understand that if I cannot attend, I must give at least twenty-four (24) hours notice or my department will be billed regardless of attendance.
Person to be notified in the event of an emergency:
Name:________________________________________ Telephone Number:______________________ Relationship:________________________

Previous EMS Education (If Applicable)
Level of current EMS licensure:________________________ State(s) licensed/certified in:____________________________________
(Note: copies of all licenses/certificates MUST be submitted with this application.)

General Information:
Do you have any physical, medical or personal condition/problems which would:
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jeopardize patient health or safety?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jeopardize your own health or safety?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever been convicted of a felony?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever served a jail or prison sentence, or been on court probation?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If you have “Yes” on any of these questions, please explain:
________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________

References: Give the names, addresses and phone numbers of two (2) unrelated persons (an employer, recent teacher, counselor or co-worker), who knows you well and can give information about you:

| Name:________________________ | Phone Number:________________________ |
| Address:______________________ |______________________________________ |
| Name:________________________ | Phone Number:________________________ |
| Address:______________________ |______________________________________ |

Any Additional information:________________________________________________________
________________________________________________________________..............................
**Varicella (Chicken Pox) Documentation**

Varicella Immunization (chicken pox) or signed documentation with dates of disease. If no immunization or dates of disease are available a titer test may be required.

***

I ________________________________ do verify that

(Signature of Student or Signature of Parent/Guardian)

______________________________ had the disease

(STUDENT NAME - PLEASE PRINT)

Varicella (also known as Chicken Pox) in 19______ at the age of ______.

(SIGNATURE)

***

**Hepatitis B Declination**

Name: ____________________________________

Program: __________________________________

DECLINATION

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring hepatitis B (HBV) infection. I have received information about hepatitis B vaccine, and I have had a chance to ask questions which were answered to my satisfaction. I understand the benefits and risks of the vaccine. I further understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials, and I want to be vaccinated with hepatitis B vaccine, I will make my own arrangements to receive the vaccine.

- I decline hepatitis B vaccine.
- I have already received the hepatitis B vaccine.

Signature: _______________________________ Date: ___________________
Student Name: ______________________________

Date: __________  Time: __________

Location (circle):   Left  or  Right   Forearm  or  Trapezius

Medication used: __________
Lot #: __________
Signature: ____________________

Reading

Date: __________  Time: __________

Reactive ______  Non-Reactive ______
Signature: ____________________
CONSENT FOR Fire &HEALTH PROGRAMS DRUG/ALCOHOL SCREEN:

(Applicant will read each statement and sign below. Pontotoc Technology Center reserves the right to deny a student admission to any Fire and/or Medical Program if student refuses to sign this consent form.)

1. In applying for admission to any Fire and/or medical program at Pontotoc Technology Center, I understand that a drug/ alcohol screening test could be administered based on suspicion of drugs or alcohol at school or at a clinical site.

2. The drug/ alcohol test will consist of an initial screening test and a confirmatory test for any sample that produces a positive result. The drug/ alcohol testing is to be done within 24 hours of suspicion. Once you enter the drug testing facility, you cannot leave the facility until the sample is collected.

3. The undersigned hereby authorizes the designated drug testing facility to perform a drug/ alcohol screening test as a requirement to stay in any Fire and/or medical program if suspicion exists.

4. I understand the presence of chemical substances in my body fluids may result in dismissal from any Fire and/or medical program at Pontotoc Technology Center.

I hereby authorize that the results of the drug/ alcohol screening test be given to officials at Pontotoc Technology Center for review of continued enrollment in the medical programs. I release and hold Pontotoc Technology Center, its agents, and employees harmless for any action in taking or testing of the sample. I also release and hold harmless Pontotoc Technology Center, its board of education, superintendent, management, instructors, or any other agent or employee for the use of any information received as a result of the screening test process.

I also acknowledge that an offer of admission and continued enrollment to any Fire and/or health program will be contingent upon my submission to and the subsequent results of this drug/ alcohol screen.

___________________________________
Printed Name

____________________________________
Applicant Signature

____________________________________
Date
**OKLAHOMA STATE BUREAU OF INVESTIGATION**

Criminal History Record Information Request
6600 North Harvey Place
Oklahoma City, OK 73116
(405) 848-6724
(405) 879-2503 FAX
http://www.ok.gov/osbi/Criminal_History/

---

**ACCEPTABLE FORMS OF PAYMENT:**
- [ ] CASH
- [ ] CASHIER’S CHECK / MONEY ORDER
- [ ] BUSINESS CHECK
- [ ] CREDIT CARD

*No Personal Checks Accepted.*
*For Visa, MasterCard and Discover, security code is 3 digits on back of card. For American Express, security code is 4 digits on front. These are the only cards accepted.*

**CREDIT CARD #**
**EXPIRATION DATE**
**SECURITY CODE**

**CARD HOLDER**
*Please print the name of the individual card holder as it appears on the credit card.*

**CARD HOLDER SIGNATURE (REQUIRED)**

---

**REQUESTOR INFORMATION:**
*(Type or print clearly in blue or black ink)*

**NAME**

**STREET ADDRESS**

**PHONE NUMBER**

**CITY**

**STATE**

**ZIP**

**E-MAIL ADDRESS**

*Requestors outside of the United States are strongly encouraged to provide an e-mail address for purposes of correspondence.*

**PURPOSE OF REQUEST**

---

**SUBJECT INFORMATION:**
*(Type or print clearly in blue or black ink)*

Forms with corrections done with white out or by striking through the fields in this section will not be processed.

**NAME**

**LAST**

**FIRST**

**MIDDLE**

**ALIAS/MAIDEN NAME(S)**

**DATE OF BIRTH**

**(MM/DD/YYYY)** *If date of birth is unavailable, include exact age of subject.*

**RACE**

**SEX**

**SOCIAL SECURITY NUMBER**

---

**SEARCH RESULTS (Please do not write in the spaces below):**

- [ ] Oklahoma State Bureau of Investigation
  - Computerized Criminal History
- [ ] Oklahoma Department of Corrections
  - Sex Offender
- [ ] Oklahoma Department of Corrections
  - Violent Offender

---

*Unless fingerprint cards are provided, record information is furnished solely on the basis of name or description similarity with the subject of your inquiry.*

*For questions on the Sex Offender / Violent Offender Registry, please contact the Oklahoma Department of Corrections.*

**OSBI CRU 08/09**
Fire and EMS PROGRAMS CRIMINAL RECORDS CHECK POLICY

Health care providers are entrusted with the health, safety, and welfare of patients; have access to controlled substances and confidential information; and operate in settings that require the exercise of good judgment and ethical behavior. Clinical facilities area increasingly required by accreditation agencies, such as Joint Commission for Accreditation of Healthcare Organizations (JACHO), to conduct background checks on individuals who provide services within the facility and especially those who supervise records check for all prospective employees for positions where the individual will be caring for older adults or children.

Clinical learning experiences are an essential element of the curriculum of health care programs. All students enrolled in Pontotoc Technology Center’s health care programs must successfully complete a criminal records check as a criterion for participating in clinical courses. Participation in clinical courses is required for progression and completion of health care programs.

The check must be completed by the Oklahoma State Bureau Investigation (OSBI). The criminal records check must be completed within the six months immediately prior to the student’s entry into clinical courses. The student shall be responsible for all costs associated with the criminal records check.

The information provided in the criminal records report will only be used to evaluate the student’s qualifications for entry into clinical courses. Reports will be kept in secured confidential files separate from the student’s academic file with access limited to approved members of the Adult Training and Development Division.

Criminal record reports will undergo administrative review. If a student has been convicted of or pled guilty to a disqualifying offense (or any substantially equivalent offenses in any state), the student may be unable to complete clinical learning experiences and may therefore be disqualified from admission, readmission, or progression in the health care program. Some of the disqualifying offenses are absolute bars while others might bar the student from admission, readmission or progression in the program. The absolute and potentially disqualifying offenses are listed in the table attached to this packet.

In the event that the student’s background check includes a disqualifying offense, the student will be asked to schedule a meeting with the Program Coordinator to discuss the information received. If the background check identifies offenses that the student considers incorrect, the concerns or issues must be addressed, by the student, to the Oklahoma State Bureau Investigation for resolution. If the background check identifies offenses that may preclude, admission, the student will be given an opportunity to respond to the information. Relevant considerations may include but are not limited to: the date, nature and number of convictions; the relationship the conviction bears to the duties and responsibilities of the health care provider; and successful efforts toward rehabilitation. The decision to allow or disallow participation in a clinical course for a student whose background check includes a disqualifying offense is solely at the discretion of the Program Coordinator and the Director of Business and Industry.

All students who are admitted to a health care program have a continual obligation to report any criminal conviction that may impact the student’s continued ability to participate in the clinical program to the Program Coordinator or the Director of Business and Industry within 30 days of its occurrence. Failure to do so will result in immediate dismissal from the program.
ABSOLUTE* AND POTENTIALLY DISQUALIFYING OFFENSES
THAT MAY PREVENT AN APPLICANT FROM OBTAINING A
HEALTH RELATED OKLAHOMA LICENSURE OR CERTIFICATE

<table>
<thead>
<tr>
<th>Aggravated Murder *</th>
<th>Compelling Prostitution</th>
<th>Unlawful Abortion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Murder*</td>
<td>Promoting Prostitution</td>
<td>Endangering Children</td>
</tr>
<tr>
<td>Voluntary Manslaughter*</td>
<td>Procuring</td>
<td>Contributing to the Unruliness or Delinquency of a Child</td>
</tr>
<tr>
<td>Involuntary Manslaughter</td>
<td>Prostitution</td>
<td>Domestic Violence</td>
</tr>
<tr>
<td>Felonious Assault*</td>
<td>Disseminating Matter Harmful to Juveniles</td>
<td>Prohibition of Conveyance of Certain Items onto Grounds of Detention Facility or Mental Health or Mental Retardation and Developmental Disabilities Facility.</td>
</tr>
<tr>
<td>Aggravated Assault</td>
<td>Pandering Obscenity</td>
<td>Carrying Concealed Weapons</td>
</tr>
<tr>
<td>Failure to Provide for a Functionally Impaired Person</td>
<td>Pandering Obscenity Involving a Minor</td>
<td>Having Weapon while under Disability</td>
</tr>
<tr>
<td>Patient abuse or neglect</td>
<td>Pandering Sexually Oriented Matter Involving Minor</td>
<td>Improperly Discharging a Firearm/Habitation or School</td>
</tr>
<tr>
<td>Kidnapping*</td>
<td>Illegal Use of a Minor in Nudity-Oriented Material or Performance</td>
<td>Corrupting Another With Drugs</td>
</tr>
<tr>
<td>Abduction</td>
<td>Aggravated Arson*</td>
<td>Drug Trafficking Offenses</td>
</tr>
<tr>
<td>Child Stealing</td>
<td>Aggravated Robbery*</td>
<td>Illegal Manufacturing of Drugs</td>
</tr>
<tr>
<td>Criminal Child Enticement</td>
<td>Robbery</td>
<td>Funding Drug Trafficking</td>
</tr>
<tr>
<td>Coercion</td>
<td>Aggravated Burglary*</td>
<td>Illegal Administration or Distribution of Anabolic Steroids</td>
</tr>
<tr>
<td>Extortion</td>
<td>Burglary</td>
<td>Drug Abuse</td>
</tr>
<tr>
<td>Rape*</td>
<td>Breaking and Entering</td>
<td>Permitting Drug Abuse</td>
</tr>
<tr>
<td>Sexual Battery*</td>
<td>Theft, Aggravated Theft</td>
<td>Deception to Obtain Dangerous Drugs</td>
</tr>
<tr>
<td>Corruption of a Minor</td>
<td>Unauthorized Use of a Vehicle</td>
<td>Illegal Processing of Drug Documents</td>
</tr>
<tr>
<td>Gross Sexual Imposition*</td>
<td>Unauthorized Use of Property/Unauthorized Access to Computer Systems</td>
<td>Adulteration of Food</td>
</tr>
<tr>
<td>Sexual Imposition</td>
<td></td>
<td></td>
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<tr>
<td>Importuning</td>
<td></td>
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</tr>
<tr>
<td>Voyeurism</td>
<td></td>
<td></td>
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<tr>
<td>Public Indecency</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Felonious Sexual Penetration</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Absolute disqualifying offense