



2012 CPAT Schedules

Welcome to the Glendale Community College Candidate Physical Ability Test (CPAT) process! There have been changes to the enrollment options for the CPAT, *so please read carefully.*

Fees for the CPAT class are as follows: **FSC130 is 1 credit** with a cost of \$76.00 for the class with a \$65.00 lab fee. A \$15.00 registration fee will apply if this is the only class taken during that semester. Each additional test or retake within 12 months will cost \$50.00 for the test along with a \$15.00 registration fee when only taking this class. If you allow your CPAT to lapse over one year, the cost will be \$150. These are done for non-credit.

CPAT TEST 02-04-2012

Orientations: 12-10-11 or 12-17-11 @ 9:00 am
Practice test: 01-21-12 and 01-28-12 @ 9:00 am

CPAT TEST 04-14-2012

Orientations: 02-04-12 or 02-11-12 @ 9:00 am
Practice test: 03-21-12 and 03-28-12 @ 9:00 am

CPAT TEST 06-02-2012

Orientations: 04-14-12 or 04-21-12 @ 8:00 am
Practice test: 05-12-12 and 05-19-12 @ 8:00 am

CPAT TEST 08-04-2012

Orientations: 06-02-12 or 06-09-12 @ 8:00 am
Practice test: 07-21-12 and 07-28-12 @ 8:00 am

CPAT TEST 12-15-2012

Orientations: 10-13-12 or 10-20-12 @ 8:00 am
Practice test: 12-01-12 and 12-08-12 @ 8:00 am

Each class offered consists of 2 orientation dates and 2 timed practice tests that will meet at the new **public safety training facility located at 11550 West Glendale Avenue.** Please wear pants to practice tests. Shorts will not be permitted. There will be a fitness class on Monday nights from 6-8 PM that will be held on the GCC campus at the football stadium for those who would like to attend.

Your exact date and time will be mailed to you approximately 1 week prior to the CPAT. Once you have completed the test, results will be placed in a database. ONLY licensed CPAT agencies or hiring departments will be provided with your results upon written request.

Thank you for your participation in the GCC CPAT! If you have any questions, please contact:
cynthia.rosales@gcmail.maricopa.edu 623-845-3161



Candidate Physical Ability Test (CPAT) DISCLOSURE FORM

I, the undersigned, understand that I am participating in the CPAT process. I understand that the fitness classes are held on Monday evenings from 6 PM to 8 PM at the GCC football stadium, and the practice test and actual CPAT test will be held at 11550 West Glendale Avenue. I accept the pass / fail grade criteria and my final grade for class (unless registering for non-credit) will be assigned based on my CPAT test result. I understand by signing this document that I accept my CPAT test time and date assigned by the Fire Science office.

****PLEASE CIRCLE AND INITIAL THE CPAT TEST YOU ARE CHOOSING****

CPAT TEST 02-03-2012

Orientations: 12-11-11 or 12-17-11 @ 9:00 am
Practice test: 01-21 and 01-28-12 @ 9:00 am

CPAT TEST 04-14-2012

Orientations: 02-04-12 and 02-11-12 @ 9:00 am
Practice test: 03-21-12 and 03-28-12 @ 9:00 am

CPAT TEST 06-02-2012

Orientations: 04-14-12 and 04-21-12 @ 8:00 am
Practice test: 05-12-12 and 05-19-12 @ 8:00 am

CPAT TEST 08-04-2012

Orientations: 06-02-12 and 06-09-12 @ 8:00 am
Practice test: 07-21-12 and 07-29-12 @ 8:00 am

CPAT TEST 12-15-2012

Orientations: 10-13-12 and 10-20-12 @ 8:00 am
Practice test: 12-01-12 and 12-08-12 @ 8:00 am

Student Name Printed _____

Student Signature _____

Student Social Security # or ID # _____

Daytime Phone # _____

This class **MUST** be paid in full within 24 hours after registration or you will be dropped from the class and will no longer be allowed to participate in the CPAT without re-enrolling.

FOR DEPARTMENT USE ONLY

Section #:	Test Date:	Date mailed:
Date enrolled:	Test Time:	Initials:



CPAT WAIVER FOR PARTICIPATION

September 2011

The Glendale Community College CPAT offers 2 orientations and 2 timed practice trials for each CPAT. We offer these services as part of the agreement reached between the IAFF/IAFC and the EEOC. As a CPAT participant, you are not required to attend these offerings. We are further required to obtain your signature waiving your participation in the pre-test program should you elect not to participate. Please read below and sign. If taking the practice CPAT, pants must be worn. **No shorts will be permitted.**

I, (Print Name), acknowledge that the orientation and practice program is available to me. I knowingly and voluntarily waive my opportunity to participate in the CPAT practice program.

CPAT participant signature and date

******OR******

I, (Print Name), acknowledge viewing the above information and will participate in some or all of the pre-test programs.

CPAT participant signature and date