



# Course Announcement

3000 CAMPUS DR  
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www.worwic.edu

**To:** All Law Enforcement Agencies  
**From:** John C. Moses *[Signature]*  
Director of Criminal Justice  
**Date:** January 24, 2012  
**Re:** **Police Cyclist—Certification School**  
**CJP001-5010 (32 hours)**  
**May 8 to 11, 2012**  
**MPTC Approval # P18274**

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**Location:** Eastern Shore Criminal Justice Academy  
Guerrieri Hall 205  
32000 Campus Drive  
Salisbury, MD 21804  
410-572-8750  
FAX 410-572-8759

**Dates & Times:** Tuesday, May 8 7:45 am to 5:00 pm  
Wednesday, May 9 8:00 am to 5:00 pm  
Thursday, May 10 12:00 noon to 8:30 pm  
Friday, May 11 8:00 am to 5:00 pm

**Fee:** Wicomico County \$102  
Worcester/Somerset Counties \$97  
Other Counties \$112  
Out of State \$219

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This course is designed for law enforcement officers seeking certification as police cyclists. It is based on the successful effective cycling program of the League of American Wheelman and approved by the International Police Mountain Bike Association (IPMBA). It is the only certified police cyclist training course in the United States. Officers will learn how to ride safely and comfortably in traffic, off-road, and in various conditions they are likely to experience in the field.

**Upon completion of this course the officer should be able to:**

1. Demonstrate familiarity with emergency maneuvers if a car or object appears in their path.
2. Develop skills for riding in diverse traffic situations.
3. Employ techniques designed to effectively apprehend criminals.

4. Demonstrate the ability to hop curbs, descend stairs and perform emergency maneuvers designed to prevent crashes.
5. Identify how to safely dismount their bike to perform an arrest or fire their sidearm.

This course is designed to meet requirements as mandated by the Maryland Police and Correctional Training Commissions.

Since we are restricted to the size of the class, we suggest a quick response be made to reserve your seat/s. Reservations may be made by telephone but **MUST** be followed up with the enclosed reservation form that can be faxed to Ms. Etta Smith, ESCJA secretary. **ALL class reservations** must be submitted to the ESCJA on the attached form via fax or mail, to ensure your reservation.

You will be billed by Wor-Wic Community College billing office. If you need to contact them, their number is 410-334-2923.

# **Mandatory Equipment and Materials Checklist**

## **Duty Bicycle**

- Reputable manufacturer mountain bike in good working order, properly fitted
- Street/combination tires (size 26 x 1.5-26 x 2.1)
- Pedal retention devices (toe clips or clipless pedals)
- Two water bottle cages and bottles
- Hydration delivery system (recommended)
- Headlight (42 lumens measured at 10 ft.)
- Steady or flashing red taillight
- Rear mount kick stand
- Rear rack with full size rack bag
- Off-road tires (optional)

## **Tools**

- Patch kit
- Tire levers
- Two spare tubes
- Frame-mounted tire pump
- Allen wrenches (4, 5, 6, 8mm)
- Wrenches (8, 10mm)

## **Safety Equipment**

- Eye protection (wraparound, clear and tinted)
- Bicycle helmet (ANSI, Snell, or CPSC- approved)
- Padded cycling gloves
- Body armor protective vest

## **Attire**

- Full duty uniform (worn daily) (shirt, shorts/pants, shoes)
- Rain gear (jacket, pants)
- Off-road cycling clothes (optional)

## **Duty Equipment**

- Firearm (optional if live-fire exercises are not included)
- Magazine
- Baton
- Handcuffs and cuff key
- Flashlight
- Keepers

**Note: Each student must come to class with the required equipment and all equipment should be in working condition.**

## Reservation Section

To reserve seats for this school, please complete this form in its entirety and return it promptly. For all officers attending you must provide their name and MPCTC certification number as well as all other pertinent information requested below.

PLEASE PRINT ALL INFORMATION  
FAX 410-572-8759 or email [esmith@worwic.edu](mailto:esmith@worwic.edu)

### Police Cyclist—Certification School May 8 to 11, 2012

<u>Name (Please Print)</u>	<u>MPCTC Certification # (Required)</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

Sheriff/Chief/Warden/Manager \_\_\_\_\_ Date \_\_\_\_\_

Contact Person (Please Print) \_\_\_\_\_

Phone \_\_\_\_\_

Department/Agency \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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### Cancellation Section

Please complete this section to withdraw any officer from the above course. This form must be completed and faxed (410-572-8759) to the academy office prior to the beginning of the class.