



**WES MOORE**  
GOVERNOR

**ARUNA MILLER**  
LT. GOVERNOR

STATE OF MARYLAND  
**MARYLAND STATE POLICE**  
1201 REISTERSTOWN ROAD  
PIKESVILLE, MARYLAND 21208-3899  
410-486-3101  
TOLL FREE: 1-800-525-5555  
TDD: 410-486-0677



**COLONEL**  
**ROLAND BUTLER**  
SUPERINTENDENT

Dear Prospective Applicant

As part of the application process, you will be required to complete the Functional Fitness Assessment Test. On the day of your fitness test, you will be required to present the original copy of the “Medical Practitioner’s Certification” and the “Waiver of Liability” at the check-in desk. It will also be necessary for you to present proper identification and your letter of invitation.

Please take a moment to review the enclosed documents. Each form must be completed, signed and presented in order to gain admission into the testing site. Illegible or incomplete forms will not be accepted and you will not be allowed to test. **You are also instructed to retain two (2) copies of the completed form for later use.**

If you **fail the Functional Fitness Assessment Test or fail to attend the scheduled date**, your file will become inactive. All requests to retest or reschedule must be made in writing and submitted to the Recruitment and Selection Unit, 1201 Reisterstown Road, Pikesville Maryland, 21208 by FAX to 410-653-4498. Eligibility for retesting is contingent upon the needs of the Recruitment and Selection Unit and you will be notified accordingly.

Sincerely,

Maryland State Police  
Recruitment and Selection Unit  
Employment Services Section

**Medical Practitioner's Certification of  
Applicant's Ability to  
Perform Maryland State Police  
Functional Fitness Assessment Test**

APPLICANT'S NAME:

Scheduled Date of Assessment Test: \_\_\_\_\_(FFAT)

Dear Medical Practitioner:

The above referenced applicant will be required to participate in the Maryland State Police Pre-Employment Functional Fitness Assessment Test (FFAT). The FFAT will be performed under the guidance of Maryland State Police Fitness Coordinators and consists of the below elements. Practitioner need only certify that the Applicant may safely participate in:

- \* **Push-Ups** (Muscular Endurance) • at least 18 push-ups performed in one minute.(Max Reps Performed)
- \* **Sit-Ups** (Muscular Endurance) • at least 27 bent leg sit-ups performed in one minute.(Max Reps Performed)
- \* **Flexibility** (Range of motion of lower back and hamstrings) • Score is in inches reached on a yardstick with the 15" mark at the toes.
- \* **1.5 Mile Run** (Cardiovascular ) • Performed in less than 15:20.

**TO BE COMPLETED BY APPLICANT'S MEDICAL PRACTITIONER:**

**Can perform at this time:** Yes \_\_\_\_\_ No \_\_\_\_\_ (MUST be checked )

If No, anticipated date when applicant can perform:

The Section below must be completed in its **entirety and personally signed** by the applicant's medical Practitioner. **Please ensure that EACH LINE is completed, illegible or incomplete forms will not be accepted and you will not be allowed to test.** Stamped signatures affixed by office personnel on the medical practitioner's behalf are not acceptable.)

I hereby certify that I am a licensed medical practitioner and that I have satisfied and maintained the licensing requirements required for my specialty. I further certify that I have reviewed this applicant's condition in a manner consistent with the prohibitions contained in regulations adopted by the State Board of Quality Assurance or its equivalent. My opinions are based on my personal review of the applicant's examination, and the conclusions reached are based on a reasonable degree of medical certainty. I understand that the Maryland State Police Medical Director may contact me regarding the information certified herein.

**\*\*\* NO STAMPS FOR THE PRACTITIONER'S SIGNATURE ALLOWED\*\*\***

**Practitioner's Signature:** \_\_\_\_\_ **Date of Examination:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Specialty:** \_\_\_\_\_

**License No.:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone No.:** ( ) \_\_\_\_\_

**Department of Maryland State Police  
Pre-Employment Functional Fitness Assessment Test**

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_  
          \_\_\_\_\_(Last)           (First)           (M.I.)

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Written Exam Date: \_\_\_\_\_

Position Applied For:   Trooper            Cadet

**WAIVER OF LIABILITY**

In consideration of my being permitted to take the Functional Fitness Assessment Test for Trooper/Cadet, I agree that I shall not hold the Department of Maryland State Police or any of its employees and any public or private facility, building, or organization at which the Pre-employment Functional Fitness Assessment Test is held including but not limited to the Public Safety Education and Training Center, Education and Training Division Gymnasium at 905 Second Street, Sykesville, MD 21784 and the Prince George's Sports and Learning Complex at 8001 Sheriff Road, Landover, Maryland 20785, responsible for any injury or damage that I may receive during or as a result of this Functional Fitness Assessment Test.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

## **PRE-EMPLOYMENT FUNCTIONAL FITNESS ASSESSMENT TEST**

This test is a high intensity fitness evaluation. It is designed to test your aerobic and anaerobic fitness. For this reason, there are no rest breaks between the exercises.

1. **Push-Ups (Muscular Endurance)** - Scored by the number of push-ups performed in one minute.
2. **Sit-Ups (Muscular Endurance)** - Scored by the number of bent leg sit-ups performed in one minute.
3. **Flexibility (Range of motion of lower back and hamstrings)** - The score in inches reached on yardstick with the 15" mark being at the toes.
4. **1.5 Miles Run (Cardiovascular Capacity)** - The score in minutes and seconds.

<b>Cooper's Institute of Aerobic Research (Score Indicate 40<sup>th</sup> Percentile of Fitness)</b>			
<b>PUSH-UPS - 18 minimum</b>	<b>SIT-UPS - 27 minimum</b>	<b>FLEX - 16.4 minimum</b>	<b>1.5 MILE RUN - 15:20 min.</b>

### **HOW TO PREPARE FOR THE FUNCTIONAL FITNESS ASSESSMENT TEST:**

1. **PUSH-UP TEST** - To increase muscular endurance, do as many standard push-ups as possible in one minute. At least three times per week, perform three sets of the total number of repetitions you did in one minute.
2. **SIT-UP TEST** - To increase your muscular endurance, do as many bent sit-ups (hands cupped behind the ears with someone holding your feet) as possible in one minute. At least three times per week, perform three sets of the total number of repetitions you did in one minute.
3. **FLEXIBILITY TEST** - Performing the following exercises daily will increase flexibility.
  - a. Sit and Reach - do five repetitions of the exercise. Sit on the ground with legs straight. Slowly bend forward at the waist and extend your fingertips toward your toes while keeping your legs straight. Hold for ten seconds.
  - b. Towel Stretch - Sit on the ground with your legs straight. Wrap towel around your feet holding the ends of the towel extending your torso toward your toes. Hold for ten seconds.
4. **1.5 MILE RUN (Cardiovascular Capacity) TEST** - Below is a gradual schedule that would enable you to perform a maximum effort for the 1.5 mile run. If you can complete the distance in less time, you are encouraged to do so.  
**\*\*\*Each applicant must complete the 1.5 mile run in 15:20\*\*\***

<b>Week</b>	<b>Activity</b>	<b>Distance (Miles)</b>	<b>Times (Minutes)</b>	<b>Frequency (Per Week)</b>
1	Walk	1	17-20	5
2	Walk	1.5	25-29	5
3	Walk	2	32-35	5
4	Walk	2	28-30	5
5	Walk/Jog	2	27	5
6	Walk/Jog	2	26	5
7	Walk/Jog	2	25	5
8	Walk/Jog	2	24	4
9	Jog	2	23	4
10	Jog	2	22	4
11	Jog	2	21	4
12	Jog	2	20	4

In addition, the below listed exercises are being provided to assist the applicant with the push-up and sit-up phase of the Functional Fitness Assessment Test. The applicant should consult with their personal physician prior to commencing any physical exercise routine.

1. Push-Ups: 3 Sets of 12 to 15 repetitions 4 to 5 times a week.
2. Decline Push-Ups: 2 Sets of 10 to 12 repetitions 4 to 5 times a week. Prop your feet on a step, box, stool, etc. approximately 12 inches high and complete the correct number of repetitions.
3. Tricep Extension: 3 Sets of 12 to 15 repetitions 4 to 5 times a week.
4. Bicep Curl: 3 Sets of 12 to 15 repetitions 4 to 5 times a week.
5. Sit-Ups: 3 Sets of 12 to 15 repetitions 4 to 5 times a week.
6. Decline Sit-Ups: 3 Sets of 12 to 15 repetitions 4 to 5 times a week.