



STATE OF NEVADA
COMMISSION ON PEACE OFFICER STANDARDS AND TRAINING
 5587 Wa Pai Shone Avenue Carson City, Nevada 89701
 (775) 687-7678 Fax (775) 687-4911



PHYSICAL FITNESS TEST SCORE CARD
PEACE OFFICER CERTIFICATION STANDARDS
Pursuant to NAC 289.200

Test Date: _____ Start Time: _____ End Time: _____

Name: _____
Last, First, MI Last four of SSN or POST ID#

Agency: _____

Category for Certification: Category I or Reserve Category II Category III

In order to maintain the integrity and validity of the testing, the battery of tests must be given in accordance to the physical fitness testing procedures.

Event	Standard	Score	Scorer Initials
Vertical Jump	Cat I & Reserve	14 inches reach	*Trial 1 _____
	Cat II	15 inches reach	*Trial 2 _____
	CAT III	15 inches reach	*Trial 3 _____
			Max Score _____
*Note: All 3 reach trials must be attempted and recorded.			PASS <input type="checkbox"/> or FAIL: <input type="checkbox"/>
Agility Run	Cat I & Reserve	19.5 seconds	*Trial 1 _____
	Cat II	20.7 seconds	*Trial 2 _____
	CAT III	20.4 seconds	Max Score _____
*Note: All 2 run trials must be attempted and recorded.			PASS <input type="checkbox"/> or FAIL: <input type="checkbox"/>
1-minute Sit Ups	Cat I & Reserve	30	Score _____
	Cat II	29	Score _____
			PASS <input type="checkbox"/> or FAIL: <input type="checkbox"/>
Push Ups	Cat I & Reserve	23	Score _____
	Cat II	15	Score _____
	CAT III	20	Score _____
			PASS <input type="checkbox"/> or FAIL: <input type="checkbox"/>
300 Meter Run	Cat I & Reserve	68 seconds (1:08)	Score _____
	Cat II	80 seconds (1:20)	Score _____
	CAT III	74 seconds (1:14)	Score _____
			PASS <input type="checkbox"/> or FAIL: <input type="checkbox"/>
1.5 Mile Run	Cat I & Reserve	16:57 m/s	Score _____
	Cat II	20:06 m/s	Score _____
	CAT III	17:37 m/s	Score _____
			PASS <input type="checkbox"/> or FAIL: <input type="checkbox"/>

As the administrator of the Physical Fitness Test, I have verified the above scores, analyzed the results, and have indicated the final results of each test by checking PASS or FAIL as appropriate.

Name of Test Administrator: _____ Certification #: _____

Signature _____