



Jefferson College Law Enforcement Academy



APPLICATION DIRECTIONS

Phone: (636) 481-3425

Website: www.jeffco.edu/jclea

To complete your academy application:

1. Apply to Jefferson College

Complete the Jefferson College application online and provide copies of your high school/GED completion. The application link is: <https://www.jeffco.edu/admissions/new-students>

Send your official high school transcript, high school diploma, or GED/HiSET certificate to the Office of Enrollment Services, Jefferson College, 1000 Viking Drive, Hillsboro, MO 63050.

Complete the Free Application for Federal Student Aid (FAFSA) online at <http://www.fafsa.ed.gov>

Admission to the college **does not guarantee** admission to the Law Enforcement Academy program. Applicants must meet certain standards for admission to the academy due to the legal, academic, and practical demands of a curriculum that prepares graduates for Missouri State Peace Officer Standards and Training (P.O.S.T.) certification as well as a career in law enforcement.

2. College Admissions

Any individual who is a graduate of an accredited high school or who has earned the Certificate of High School Equivalency (GED or HiSET) is eligible for regular admission to Jefferson College. Students who do not meet the criteria for regular admission may attend classes at Jefferson College as provisional students for a limited period while they meet their regular admission requirements. Admission to the College does not necessarily mean immediate entrance into a specific course or curriculum.

First-time students are required to complete the Accuplacer Next-Gen Reading and Math placement tests or submit an official ACT score prior to enrollment. Depending on the final GPA and date of high school graduation or the test date/scores of HiSET/GED, these placement scores may be waived.

The Missouri Community College Association (MCCA) follows the Department of Higher Education's guidelines in establishing college readiness standards for students entering community colleges. Students who do not have an ACT reading score or have a score below 18 are required to take the Accuplacer Next-Gen placement test, which determines competency in reading. Test scores must be within the previous two years of registration. Students not meeting readiness standards for admission into certain courses or programs may be enrolled in developmental courses to help them qualify.

Contact the nearest Assessment Center directly for services and hours.

Jefferson College **Arnold** Assessment Center Room 310 (636) 481-3593

Jefferson College **Hillsboro** Assessment Center Room 101 (636) 481-3147



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3. Academy Admissions

Academy recruits must be a minimum of 20 years of age to enter any of the academy programs and must turn 21 years of age by the graduation date.

4. Complete and submit the academy application

The completed Jefferson College Law Enforcement Academy application [that follows] should include copies of items 1-6 and originals of items 7-10. (Copies for items 1-6 can be made at the academy)

Copies Required:

1. Birth Certificate, Naturalization Papers or Passport
2. Social Security Card
3. High School diploma or GED certification
4. College transcript(s), verifying degree status, if applicable
5. Valid driver's license for your state of residence
6. Military DD 214 form, if applicable

Original Documents Required:

7. Physical examination from a health care professional – the attached form can be used. Any form used requires a doctor's signature with name printed or stamped on the form. *(Obtained no more than 30 days prior to application deadline)*
8. Police record check (See your local police or sheriff's agency.) *(Obtained no more than 30 days prior to application deadline)*
9. College Placement scores
10. P.O.S.T. Legal Questionnaire.

All "Yes" responses must provide copies of police reports, court dispositions and narratives [the applicant's account of what happened for each incident].

Narratives must be signed and dated by the applicant.

5. Physical Assessment

All academy applicants must complete a Physical Fitness Assessment test. The assessment requirements are included at the end of these APPLICATION DIRECTIONS. Failure to meet minimum standards at the start of your academy education will **not** automatically eliminate you from being accepted to the program, but it will be part of the consideration process. You have been given this information to better prepare for the assessment test. You must have your physical examination completed prior to the Physical Fitness Assessment test.



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6. Interview

Each applicant is interviewed by Academy personnel.

Applicants will receive a letter/phone call to schedule his/her interview date and time. Please inform the academy staff at (636) 481-3425 as soon as possible if you are unable to make your scheduled interview time.

7. Acceptance letters

A letter will be sent to all individuals informing them of their acceptance/non-acceptance into the program. If accepted, you will be notified of the mandatory class orientation date and time. If accepted, before class orientation, you will be required to have your fingerprints taken by a vendor selected by P.O.S.T. In your acceptance letter, you will be notified where you must have the fingerprints taken as well as the cost.

Any adverse information obtained as a result of a criminal history record check and/or as a result of the fingerprint check is sent directly to P.O.S.T. This information may be the basis for denying acceptance to the academy. During the later portion of the training, this facility will be actively involved in the P.O.S.T. Commission certification process for trainees. Adverse criminal history information could be cause for denying peace officer certification. Criminal histories must also be checked in any other state of prior residence.*

8. Orientation Day

On Orientation Day, uniform requirements will be explained and classroom materials will be available. Uniforms will cost approximately \$600 and books are approximately \$800 for the whole program. Available used books and uniforms both are payable [in cash] upon purchase. P.O.S.T. only book expense is under \$100.00.

9. Registration

Academy staff will provide you with the completed registration forms. After you complete the personal data you will return the registration form back to the academy staff and they do the actual registration for law enforcement students.

10. Tuition Costs (*Follow the link below to the Tuition/Fees page on the Jefferson College website*)

Tuition costs will vary depending on residency status: **In-District** (Jefferson County resident), **Out-of-District** (Missouri resident), or **Out-of-State** resident.

<http://www.jeffco.edu/future-students/tuitionfees#.WR3ak-SQwdU>

(Scroll down this page to the Jefferson College Law Enforcement Academy)

Tuition fees do not include the cost of books, uniforms, and fees. The JCLEA programs (Day class, Night class and POST class) are eligible for financial aid if you qualify. Contact the Financial Aid Department if you want to apply for financial aid. (*See previous item #1- FAFSA information*)

If you have any questions concerning this application or experience a delay in securing the documents listed in item #4, please call the Academy at (636) 481-3425.

**The Academy may grant provisional acceptance pending submission of supporting documents.*



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Physical Agility Assessment

All Jefferson College Law Enforcement Academy recruits are required to take a physical agility assessment examination. The recommended performance standards are listed below. Recruits are required to pass the physical agility examination (or attain the identified improvement benchmarks) at mid-term and at graduation as a condition of attendance and graduation.

Recommended Physical Agility Standards

- Run 1.5 Miles: Must run 1.5 miles within the maximum time allowed (may be on an indoor or outdoor track).
- Trunk Flex: Must meet the minimum requirements.
- Sit-ups: Must be completed within one minute.
- Push-ups: Must be completed within one minute.

MEN

AGE:	19-29 years	30-39 years	40-49 years	50 years & older
1.5 Mile Run	12:18	12:51	13:53	14:55
Trunk Flex	17.5 inches	16.5 inches	15.5 inches	14.5 inches
Sit-ups	40	36	31	26
Push-ups	33	27	21	15

WOMEN

AGE:	19-29 years	30-39 years	40-49 years	50 years & older
1.5 Mile Run	14:55	15:26	16:27	17:24
Trunk Flex	20.0 inches	19.0 inches	18.0 inches	18.0 inches
Sit-ups	35	27	22	17
Push-ups	26	21	15	13

Recruits who fail to meet minimum standards are required to show measurable improvement as individually assigned following the initial assessment.

Recruits are encouraged to take advantage of facilities and courses available on campus.

** Female recruits can perform push-ups using knees as point of contact with the ground for first assessment only – must perform ‘male’ push-ups for mid-term & final.*



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Applicant Name: _____

Social Security Number: _____

Check which class you are applying for:

1000 Hour DAY Class _____

1000 Hour NIGHT Class _____

720 Hour P.O.S.T. Only Class _____

ACADEMY OPTIONS:

JCLEA - Day Class (August - May) *Recommended Application Deadline: June 17*

The JCLEA Day class includes required P.O.S.T. curriculum and general education curriculum as they apply to the law enforcement field. Specialized certifications are earned. *Classes meet Monday-Friday, 8:00 a.m. to 3:30 p.m.*

Upon successful completion of the program, recruits earn an Associate of Applied Science Degree in Law Enforcement and the opportunity to test for a Class "A" P.O.S.T. License.

JCLEA - Night Class (January - December) *Recommended Application Deadline: November 19*

The JCLEA Night class includes required P.O.S.T. curriculum and general education curriculum as they apply to the law enforcement. Specialized certifications are earned. *Classes meet Monday-Thursday, 6:00 p.m. to 10:00 p.m. and two 8-hour Saturdays a month.*

Upon successful completion of the program, recruits earn an Associate of Applied Science Degree in Law Enforcement and the opportunity to test for a Class "A" P.O.S.T. License.

JCLEA - P.O.S.T. Only (October - July) *Recommended Application Deadline: August 20*

The JCLEA P.O.S.T. class is only available for those applicants who already have a degree or have the general education prerequisites. The P.O.S.T. Only class includes the required P.O.S.T. curriculum for a Class "A" P.O.S.T. License and requisites for a Certificate in Law Enforcement. Specialized certifications are earned.

Classes meet Monday-Thursday, 6:00 p.m. to 10:00 p.m. and two 8-hour Saturdays a month. Upon successful completion of the program, recruits earn the opportunity to test for a Class "A" P.O.S.T. License.

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CERTIFICATION OF APPLICATION AUTHORIZATION FOR RELEASE OF INFORMATION *(Read Carefully Before Signing)*

I, (PRINT FULL NAME HERE) _____ hereby certify that all statements made on or in connection with this application are true and complete to the best of my knowledge and belief. I understand and agree that any misstatements or omission of material facts will cause forfeiture on my part of all rights to admission as a recruit in the Academy

I hereby authorize all law enforcement agencies, the veterans administration, all military agencies, all federal, state, or local government agencies, state and federal tax bureaus, credit bureaus, medical agencies, schools and universities, to furnish the holder of this release with all and any available information regarding me to determine my suitability for police work.

I authorize the holder of this release to make inquiry of my present and past employers regarding my character, integrity and reputation, and work performance.

I authorize the release of any and all information regarding my employment, credit, arrest, conviction record, or any other information, whether personal or otherwise, that may or may not be on their records, and release said company, person and Academy from all liability for any damage, whatsoever that may issue from furnishing such information to the holder of this release.

I authorize this application to be released to any law enforcement agency.

I authorize the Jefferson College Law Enforcement Academy to obtain arrest information from records that may be confidential or closed.

A Photostat copy of this authorization will be considered as effective and valid as the original.

Applicant's Signature: _____ Date: _____

Applicant's SSN: _____ Date of Birth: _____

Subscribed and sworn to before me this _____ day of _____, 20____.

I am commissioned as a notary public within the county of _____, state of _____ and my commission expires on _____, 20____.

NOTARY PUBLIC

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INSTRUCTIONS FOR COMPLETING APPLICATION

READ and **FOLLOW** the information in the **APPLICATION DIRECTIONS** at the beginning of this document.

Read every question carefully and answer each question as accurately, completely and neatly as possible. **ALL ENTRIES IN THIS APPLICATION**, except signatures, **MUST BE PRINTED legibly BY THE APPLICANT**.

If a question does not apply to you, write N/A in that space.

The information requested on this application will be used for reference by those who will be considering your application for acceptance to the JCLEA. A background investigation will be conducted into your personal and/or criminal history.

Applicants may be requested to take a polygraph test or CVSA (lie detector) examination to confirm the information supplied in this application. Any false, misleading, or incomplete information will be grounds to disqualify you for any academy position.

Please confirm that you have read and understand the above by signing below.

Signature: _____

Date: _____

Social Security No.: _____

Email Address: _____

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If additional space is needed for any Section, use Page 12 to complete.

PERSONAL DATA (SECTION I)

Last Name		First Name			Middle Name	
Street Address		City			State & Zip Code	
Home Telephone Number		Cell Telephone Number			Email Address	
Age	Height	Weight	Hair Color	Eye Color	Date of Birth	Place of Birth
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Ethnicity: <input type="checkbox"/> African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic/Latin American <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Other _____				
Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No				Were you naturalized? <input type="checkbox"/> Yes <input type="checkbox"/> No		
List ANY names/aliases you have <u>ever</u> used:						
List all Social Media ID(s) you currently have:						
Starting with your present address, list all addresses where you have lived for the past ten (10) years, including military addresses:						
Dates From To		Street Address	City			State & Zip Code

FAMILY & EMERGENCY INFORMATION (SECTION II)

Check one: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed					
Beginning with your spouse, list the full names of your immediate family (father, mother & her maiden name, brothers, sisters):					
Name	Relationship	Address	Telephone	Occupation	Date of Birth

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List the full names of your spouse's immediate family include, father, mother, brothers and sisters:					
Name	Relationship	Address	Telephone	Occupation	Date of Birth
Marriage Information (list all marriages)					
Date Married	City/State	Spouse's Full Name			
If divorced or separated, list current name and address of former spouse(s) if known:					
Name	Address			Telephone	
Separated, Annulled or Divorced	Date of Order or Decree	Where Issued (Court of State)	Offending Party as Decreed by Law	Reason	
List all children and dependents, include step-children and adopted children					
Name	Date of Birth	Place of Birth	Address	Resides with whom	Supported by whom
If you claim income tax exemptions for support of dependents other than spouse and children, provide the following:					
Name	Address		Relationship	% of Support Provided	

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What does your spouse or significant other think of you becoming a police officer?

RECREATION & REFERENCES (SECTION III)

List your principle recreation and social activities:

List four (4) character references---responsible adults who have known you well for three (3) years or more.
DO NOT list relatives or in-laws.

Name	Known how long?	Address	Telephone	Occupation

DRIVING HISTORY (SECTION IV)

List all driver's licenses you now hold or have previously held. Indicate if you have ever had your license revoked or suspended.

State	Type of License	Expiration	License Number	Revoked or Suspended?

Have you ever been sentenced to a driver improvement school? Yes No

If Yes:	When?	Where?
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List all driving citations or summons you have received, starting with the most recent:

Month/Year	Charge	Issuing Agency/City/ State	Disposition

List all traffic accidents in which you have been involved in the past five (5) years:

Date	Location

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Name and address of your current automobile insurance company:				
Name	Address		Telephone	
Have you ever been denied automobile insurance or had your insurance cancelled? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes, explain: _____				

List all vehicles which you own, lease or have access to for personal use:				
Year	Make	Model	License Number	State

FINANCIAL & CREDIT STATUS (SECTION V)

List all sources of income at the present time:			
Type of Income	Amount	Source	
Salary	\$		
Support from others	\$		
Dividends/Interest	\$		
Pension	\$		
Other (Itemize)	\$		
For the following questions (a-i), itemize details for any "Yes" answers on Page 12			
a) Have you ever been delinquent in any of your financial obligations?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) Have you ever been refused credit?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
c) Have you ever had a garnishment or wage assessment placed against you?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
d) Have you ever had any of your property repossessed?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
e) Have you ever filed bankruptcy?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
f) Have you ever been evicted from any dwelling or apartment?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
g) Have you ever had any gambling debts?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
h) Have you ever used an employer's money to gamble with?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
i) Have you ever worked for a gambling operation or booked any bets?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
List two (2) credit references:			
Name	Address	Telephone	Date Established

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CRIMINAL HISTORY (SECTION VI)

Have you ever been arrested, charged, questioned, accused, warned or detained for any offense, or alleged violation for any statute, ordinance, law, or regulation by any civil or military authority, either in this country or any other country?
 Yes No

Date	Charge	City/State/Country	Arresting Agency	Disposition

Have you ever been convicted of any crime other than a traffic offense? Yes No If Yes, explain in detail:

Have you ever committed or been a participant in an undetected crime? Yes No If Yes, explain in detail:

Have you ever been served with a criminal or civil subpoena or summons (other than traffic)? Yes No

If Yes, explain:

Have you ever applied to any other law enforcement academy? Yes No

Date	Name of Academy	What was the outcome?

Are you acquainted with any law enforcement officers? Yes No

If Yes, list names and the agencies they work for:

Officer's name	Agency

If the necessity arose for you to legally and justifiably shoot a human being in the course of your duties as a police officer, would you have any reluctance to do so?

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MILITARY STATUS (SECTION VII)

Have you ever served in the active or reserve forces of the Army, Navy, Marine Corps, Air Force, Coast Guard or the National Guard of any state? <input type="checkbox"/> Yes <input type="checkbox"/> No List all service and time periods for each:				
Month/Year Entered	Branch or Organization	Discharge Date	Type of Discharge	Rank
Have you ever served in a military or naval organization with any foreign government? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes, explain in detail: _____ _____ _____				
List all military service numbers:				
Were you ever reduced in rank in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes, explain in detail: _____ _____				
Were you ever court-martialed, tried on charges, subject to a summary court, or non-judicial proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes, explain in detail: _____ _____				

EDUCATION (SECTION VIII) *(Use page 12 if additional space is needed)*

	Date Earned	Name of School/Location
<input type="checkbox"/> GED certificate		
<input type="checkbox"/> High School Diploma		
<input type="checkbox"/> College Degree		
<input type="checkbox"/> Other Schooling		
If you are currently attending school, list the following information:		
Name of Institution	Address	Number of Courses Enrolled In
How many college credit hours have been earned to date?		
Have you ever been suspended, expelled or asked to leave any school for disciplinary reasons? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, explain detail: _____ _____		

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List all extracurricular activities from high school and/or college (clubs, varsity sports, offices held, honors, etc.)

EMPLOYMENT HISTORY (SECTION IX)

List all the places you have worked starting with your current or most recent employer. Also include periods of school attendance, military service, and unemployment, along with all full time, part time, temporary, seasonal and/or contractual employment. List everything for the past ten (10) years. OMIT NOTHING.

DATES: From	EMPLOYER	EMPLOYER ADDRESS	DUTIES
To		TELEPHONE	
SUPERVISOR		JOB TITLE	REASON FOR LEAVING
DATES: From	EMPLOYER	EMPLOYER ADDRESS	DUTIES
To		TELEPHONE	
SUPERVISOR		JOB TITLE	REASON FOR LEAVING
DATES: From	EMPLOYER	EMPLOYER ADDRESS	DUTIES
To		TELEPHONE	
SUPERVISOR		JOB TITLE	REASON FOR LEAVING
DATES: From	EMPLOYER	EMPLOYER ADDRESS	DUTIES
To		TELEPHONE	
SUPERVISOR		JOB TITLE	REASON FOR LEAVING
DATES: From	EMPLOYER	EMPLOYER ADDRESS	DUTIES
To		TELEPHONE	
SUPERVISOR		JOB TITLE	REASON FOR LEAVING

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DATES: From	EMPLOYER	EMPLOYER ADDRESS	DUTIES
To		TELEPHONE	
SUPERVISOR		JOB TITLE	REASON FOR LEAVING
DATES: From	EMPLOYER	EMPLOYER ADDRESS	DUTIES
To		TELEPHONE	
SUPERVISOR		JOB TITLE	REASON FOR LEAVING
DATES: From	EMPLOYER	EMPLOYER ADDRESS	DUTIES
To		TELEPHONE	
SUPERVISOR		JOB TITLE	REASON FOR LEAVING
DATES: From	EMPLOYER	EMPLOYER ADDRESS	DUTIES
To		TELEPHONE	
SUPERVISOR		JOB TITLE	REASON FOR LEAVING
DATES: From	EMPLOYER	EMPLOYER ADDRESS	DUTIES
To		TELEPHONE	
SUPERVISOR		JOB TITLE	REASON FOR LEAVING
DATES: From	EMPLOYER	EMPLOYER ADDRESS	DUTIES
To		TELEPHONE	
SUPERVISOR		JOB TITLE	REASON FOR LEAVING



Missouri Peace Officer License Legal Questionnaire



New Licensure Applicants
Last Revised 03/09/2017

Instructions:

- All basic training applicants shall complete this questionnaire prior to being admitted into a basic training course.
- If the applicant indicates “yes” to the question listed below, submit the questionnaire to the P.O.S.T. Program for review **prior** to admitting the individual into a basic training course.
- Maintain a copy of the completed questionnaire and submit it along with the individual’s Peace Officer License Application.

Licensed Basic Training Center: Jefferson College Law Enforcement Academy

Applicant’s Name: _____ DOB: _____

Social Security Number: _____ Daytime Telephone Number: _____

Home Mailing Address: _____

Have you ever been arrested for, or charged with, or committed any criminal offense? (§ 590.080.1(2), RSMo)

YES* NO

*If yes, describe the offense(s) below. If needed, you may attach additional pages.

Date	Charge/Offense	City/County/State	Misd/Felony/Ordinance	Disposition	Arresting Agency

Before signing and submitting the notarized questionnaire, please feel free to discuss any questions you might have with a representative of the P.O.S.T. Program by calling (573) 751-3409.

I am aware that causing a material fact to be misrepresented for the purpose of obtaining a peace officer license issued pursuant to Chapter 590 RSMo, is a Class B Misdemeanor.

Signature of Applicant: _____ **Date:** _____

Subscribed and sworn to before me this ____ day of _____, 20 ____ . I am commissioned as a notary public within the county of _____, state of _____, and my commission expires on _____, 20____.

NOTARY PUBLIC

P.O.S.T. USE ONLY

Based on the information provided, the above listed applicant is eligible for licensure.

P.O.S.T. Program Representative: _____ Date: _____

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AUTHORIZATION FOR RELEASE OF INFORMATION

Rev. 06.28.2018

I, _____ hereby authorize any individual, organization, court, or law enforcement agency to release any and all records related to my prior law enforcement training and certification or licensure; any and all records related to any criminal or internal investigation conducted on me; and any and all pre-employment application or employment records pertaining to me, to the Missouri Department of Public Safety's Peace Officer Standards and Training Program for the purpose of obtaining or retaining a peace officer license.

A copy of this authorization will be considered as effective and valid as the original and shall not expire.

Signature of Applicant or Licensee

Date

Subscribed and sworn to before me this _____ day of _____, 20___. I am commissioned as a notary public within the county of _____, state of _____, and my commission expires on _____, 20__.

NOTARY PUBLIC

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Physical Examination Form - Page 2

MEDICAL

✓
Normal Abnormal findings:

Head, Face, Neck, Scalp		
Eyes: R/20 corrected to L/20 corrected to		
Ears, general		
Nose, Sinuses		
Mouth, Throat		
Lymph nodes		
Heart		
Murmurs		
Lungs, Chest		
Genitalia		
Abdomen		
Skin		

Applicant is _____ pounds overweight. Please indicate the number of pounds per month this applicant can lose without jeopardizing his/her health. (_____ pounds per month)

Comments:

Health Care Professional Signature

Date signed

PRINT NAME of Health Care Professional / Office Address or Stamp