

## Draft Regulation

Police Act  
(chapter P-13.1)

### École nationale de police du Québec — Training Plan — Amendment

Notice is hereby given, in accordance with sections 10 and 11 of the Regulations Act (CQLR, c. R-18.1), that the Regulation to amend the Training Plan Regulation of the École nationale de police du Québec, the text of which appears below, may be made by the École nationale de police du Québec, upon the expiry of 30 days from this publication.

This draft regulation aims at withdrawing some admission requirements for the basic training program in police patrolling, and making certain clarifications to the forms attached to the current regulation concerning the physical achievement test required from the applicants and the medical questionnaire which must be filled out by the applicants with the help of the physician, respectively.

In accordance with section 12 of the Regulations Act, this regulation may be made within a shorter period than the 45-day period provided for in section 11 of this Act.

The École nationale de police du Québec is of the opinion that this shorter publication period is justified by the urgency due to the obligation for the applicants to submit their application for admission for the year 2015-2016 by 1 May, 2015, at the latest. The enactment of this regulation will allow applicants to benefit from new admission requirements for the basic training program in police patrolling.

To date, study of the draft regulation has not revealed any impact on businesses.

For additional information, please contact Mr. Pierre St-Antoine, Director of Institutional Affairs and Communications, 350, rue Marguerite-D'Youville, Nicolet, Québec, J3T 1X4; telephone: 819 293-8631 extension 6247.

Any interested person having comments to make may send them in writing, before the expiry of the 30-day period, to the Director of Institutional Affairs and Communications of the École nationale de police du Québec, Mr. Pierre St-Antoine, 350, rue Marguerite-D'Youville, Nicolet, Québec, J3T 1X4.

PIERRE ST-ANTOINE,  
*Director of Institutional Affairs  
and Communications*

## Regulation to amend the Training Plan Regulation of the École nationale de police du Québec

Police Act  
(chapter P-13.1, s. 16)

**1.** Section 3 of the Training plan regulation of the École nationale de police du Québec (c. P-13.1, r. 4) is amended by replacing the number “434” in the third paragraph by the number “450”.

**2.** Section 4 of this Regulation is amended:

(1) by replacing subparagraph 8 of the first paragraph by the following subparagraph:

“(8) in the case of an applicant holding a Diploma of College Studies in police technology, have passed one of the following language tests or examinations:

— the uniform examination in language of instruction and literature, as prescribed by the Minister of Higher Education, Research, Science and Technology under section 26 of the College Education Regulations (c. C-29, r. 4);

— the French examination required by an educational institution at the university level, in accordance with the Act respecting educational institutions at the university level (c. E-14.1);

— the “SEL” test administered by Télé-Université, which is part of the Université du Québec network;”;

(2) by repealing subparagraphs 11 and 12 of the first paragraph and the Schedule “C”;

(3) by replacing “passed” at the beginning of subparagraphs 13 and 14 of the first paragraph by “undergone”;

(4) by replacing the fifth paragraph by the following paragraph:

“The physician must complete the form provided for in Schedule “A” and send it to the School.”;

(5) by striking out the number “12” in the sixth paragraph.

**3.** Section 5 of this Regulation is amended:

(1) by striking out “in writing” in the introductory terms of this section;

(2) by replacing “the” at the beginning of subparagraph 1 by “copy of the”;

(3) by replacing “one of the tests, examinations or courses” in subparagraph 4 by “one of the tests or examinations”;

(4) by repealing subparagraph 5.

**4.** Section 6 of this Regulation is amended:

(1) by replacing “examination and investigation” in the second paragraph by “examination and/or investigation”;

(2) by replacing the fifth paragraph by the following paragraph:

“The registration to the program may be suspended or cancelled at all times should the applicant or the student no longer meet the admission requirements provided for in section 4.”

**5.** Section 9 of this Regulation is amended by replacing the number “900” in the third paragraph by the number “340”.

**6.** Section 11 of this Regulation is amended:

(1) by replacing “acquired” in the first paragraph, by “developed”;

(2) by replacing “acquired” in the second paragraph by “developed”;

(3) by striking out “knowledge” in the second paragraph;

(4) by replacing “skill development” in the second paragraph by “the mastery of such skills”.

**7.** Section 12 of this Regulation is replaced by the following section:

**12.** The School issues to each student registered in a professional training activity a transcript of his grades stating his developed skills and, if applicable, a document indicating the observations relating to the student’s self-management skills and respect of the School’s values during his training.

The evaluation results are established in one of two ways:

(1) A+	=	96.3 to 100%
A	=	92.7 to 96.2%
A-	=	89.1 to 92.6%
B+	=	85.5 to 89.0%
B	=	81.8 to 85.4%
B-	=	78.1 to 81.7%
C+	=	74.5 to 78.0%
C	=	70.9 to 74.4%
C-	=	67.3 to 70.8%
D+	=	63.6 to 67.2%
D	=	60.0 to 63.5%
E	=	59.9% or less.

(2) indication “S” (pass) or “E” (fail).”

**8.** Section 13 of this Regulation is amended by inserting “or the indication “S” ” in the first sentence after “a “D””.

**9.** The Title of Section III of this Regulation is amended by the following Title: “Standards for Equivalence”.

**10.** Section 15 of this Regulation is amended:

(1) by replacing “acquire” in the first paragraph by “master”;

(2) by replacing “work experience evaluation” in the third paragraph by “evaluation of the skills developed through work experience”;

(3) by striking “knowledge” in the third paragraph;

(4) by replacing “skill development” in the third paragraph by “mastery of such skills”.

**11.** Section 25 of this Regulation is repealed.

**12.** Schedules “B” and “D” are replaced by the schedules attached to this Regulation.

**13.** This Regulation comes into force on the fifteenth day following the date of its publication in the *Gazette officielle du Québec*. However, the admission requirements amended in section 2, as well as Schedules “B” and “D” replaced by section 12, do not apply to the assessment of the applicant’s admissibility until the 2015-2016 academic year.

**SCHEDULE "B"**  
**PHYSICAL ACHIEVEMENT TEST (PAT-ENPQ) REPORT**

Last Name _____	First Name _____
Permanent Code _____	Sex _____ Assessment Date _____
College Institution _____	A.E.C. <input type="checkbox"/> yes
Address _____	
Postal Code _____	Telephone _____
E-mail address _____	

**20-METRE SHUTTLE RUN TEST, WITH 1 MINUTE STAGES**  
(Minimum to be achieved: 6.5 stages)

Wave number: \_\_\_\_\_

Group: \_\_\_\_\_ Number of completed stages: \_\_\_\_\_ , \_\_\_\_\_

Bib number: \_\_\_\_\_

Trainer's initials: \_\_\_\_\_ Decision: P  F

**TIMED CIRCUIT**  
(Maximum duration of 392 seconds)

Timed circuit elapsed time		Faults – <i>The ditch</i>						
		Call	Centre	Reception				
Light targets	<table border="1" style="width:100%; height:100%; border-collapse: collapse;"> <tr><td style="height:20px;"> </td></tr> <tr><td style="height:20px;"> </td></tr> <tr><td style="height:20px;"> </td></tr> </table>				Lap 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total penalties*	Lap 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Total time	Lap 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		* 3 sec.	* 10 sec.	* 3 sec.				

Trainer's initials: \_\_\_\_\_ Decision: P  F

**AUTONOMOUS STATIONS**

	Stages of CPR (Chronological order)	Order
Push-up tests/number of attempts ① ② ③ ④ P <input type="checkbox"/> F <input type="checkbox"/>	Check state of consciousness	
Pull-up tests/number of attempts ① ② ③ ④ P <input type="checkbox"/> F <input type="checkbox"/>	Give 30 compressions	
Carrying an unconscious victim P <input type="checkbox"/> F <input type="checkbox"/>	Open the airway	
CPR P <input type="checkbox"/> F <input type="checkbox"/>	Give 2 breaths	
Time lapsed when the applicant checked the state of consciousness: _____		
Total time for 3 <sup>rd</sup> section: _____		
Trainer's initials: _____ Decision: P <input type="checkbox"/> F <input type="checkbox"/>		

**RESULT**

Final result: P  F  Note: P = Pass F = Fail

Signature of person in charge of assessment \_\_\_\_\_



## SCHEDULE "D"

## MEDICAL QUESTIONNAIRE

Last Name _____	First Name _____
File Number _____	
Address _____	
Postal Code _____	Telephone _____

## D) PERSONAL MEDICAL HISTORY

Have you ever suffered or do you currently suffer from the following problems or symptoms?  
(If yes, fill out the appropriate boxes)

	Yes	No	Date of Onset	Specify Illness
<b>Head, Nose, Mouth and Throat</b>				
Frequent nose bleed				
Frequent nasal congestion				
Hoarseness without a cold				
Difficulty swallowing				
Loss of taste or smell				
<b>Ears and Auditory Acuity</b>				
Hearing loss				
Use of hearing aids				
Vertigo – dizziness				
Ringing in the ears				
<b>Eyes and Vision</b>				
Glaucoma				
Cataract				
Eye injury				
Eye irritation (itching)				
Eye surgery				
Wearing corrective glasses				
Wearing contact lenses				
<b>Gastrointestinal System</b>				
Persistent abdominal pain				
Vomiting blood				
Ulcer				
Hepatitis				
Jaundice				
Black stools - blood in stools				
Persistent constipation				
Persistent diarrhea				
Haemorrhoids				
<b>Urinary System</b>				
Kidney stones				
Kidney disease				
Blood in urine				
Frequent urination				
<b>Cardiovascular System</b>				
Chest pain or tightening				
Palpitations or irregular heartbeats				
High blood pressure				
Swollen legs (oedema)				
Heart murmur				
Vascular disease				
Heart disease (angina and/or heart attack)				
<b>Pulmonary System</b>				
Shortness of breath				
Persistent night sweats				
Morning cough with sputum				
Cough with blood				
Pneumonia				
Asthma				
Tuberculosis				
Emphysema				
<b>Musculoskeletal System</b>				
Vertebral column (cervical, thoracic, lumbosacral) such as:				
Sprain				
Hernia				
Fracture				
Dislocation				

	Yes	No	Date of Onset	Specify Illness
Osteoarthritis				
Others				
<b>Musculoskeletal System</b>				
Origin of the problem:				
Personal				
S.A.A.Q.				
C.S.S.T. (work-related accident)				
Have you ever undergone vertebral column surgery?				
Shoulders, elbows, wrists, hips, knees, ankles, such as :				
Sprain				
Bursitis				
Tendinitis				
Fracture				
Carpal tunnel				
Epicondylitis				
Others				
Have you ever undergone radiologic examination for your vertebral column or other limbs such as: radiography, computerized axial tomography, scintigraphy, magnetic resonance, myelography, electromyogram?				
Other injury not listed				
<b>Psychological – Mood Disorder - Mental Health</b>				
Have you ever received a diagnosis related to a mental health condition?				
<b>Endocrine System - Metabolism</b>				
Diabetes				
Hypoglycemia				
Thyroid disease				
<b>Neurological System</b>				
Headaches – Migraine				
Convulsion, epilepsy				
Loss of consciousness - fainting				
Numbness – weakness in the limbs				
Tremor (shaking)				
Concussion				
Attention disorder (ADHD)				
Dyslexia				
<b>Skin</b>				
Eczema				
Skin rash				
Hives				
<b>Infectious Diseases</b>				
Aids or HIV positive				
Rheumatic fever				
<b>Circulatory – Lymphatic System</b>				
Anemia				
Hemorrhagic disease				
Blood transfusions				
<b>Oncology (cancer)</b>				
Cancer (specify type)				
Surgery				
Radiotherapy				
Chemotherapy				
<b>Male Reproductive System</b>				
Testicular lump				
<b>Female Reproductive System</b>				
Breast or armpit lump				
Severe menstrual pain				
Date of last period:				
Are you pregnant?				
<b>Dependence</b>				
<b>Smoking:</b>				
Do you smoke?			Quantity/day:	
Have you ever smoked?			Year stopped:	
Have you ever undergone treatment for addiction to alcohol, drugs or medication?			Number of weeks:	
<b>Alcohol:</b>				
Quantity of beer bottles/day				
Quantity of beer bottles /week				
Quantity of beer bottles /weekend				
Quantity of spirit (ounce)/day				
Quantity of spirit (ounce)/week				
Quantity of spirit (ounce)/weekend				
<b>Drug:</b>				
Do you use drugs?			Specify which ones:	
Daily use				
Weekend				

	Yes	No	Date of Onset	Specify Illness
<b>Addiction</b>				
Frequency of consumption				
Date of last consumption				
If you currently no longer use drugs, have you used drugs in the past years?			Specify which ones:	
Frequency of consumption				
Date you stopped using drugs				
Reason				
<b>Medication:</b>				
Do you use any medication?			Specify which ones:	
Reason				
Have you used other medications during the past year?			Specify which ones:	
Name of the treating physician				
Remarks:				
<b>Please indicate any other illness, health condition or problem you have suffered from:</b>				

**II) HOSPITALIZATION**

Have you ever been hospitalized? (If yes, fill out the appropriate boxes)

	1 <sup>st</sup> time	2 <sup>nd</sup> time	3 <sup>rd</sup> time
Reason (diagnosis)			
Date (month/year)			
Name of hospital			

**III) COMPENSATION**

Have you ever applied for or received benefits or compensation payments as a result of an injury, an illness, a disability or motor vehicle accident? (If yes, fill out the appropriate boxes)

Date (Month/Year)	Type of injury (Diagnosis)	Nature of treatment	Type of impairment
Comments:			

**IV) ALLERGIES**

Do you suffer from any allergies?

No  Yes

Specify: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**V) FAMILY MEDICAL HISTORY**

	Age	Health condition	If deceased, age at death	Cause of death
Father				
Mother				
Brother				
Brother				
Brother				
Sister				
Sister				
Sister				
Remarks:				

## V) FAMILY MEDICAL HISTORY (CONTINUED)

Diseases	Father	Mother	Brothers/Sisters
Heart disease			
Hypertension			
Pulmonary disease			
Asthma			
Diabetes			
Migraine			
Rheumatism – arthritis			
Psychological disorder such as depression - anxiety - suicide			
Alcoholism			
Cancer			
Digestive disease (ulcer, other)			
Neurological disease (epilepsy, paralysis, multiple sclerosis, others)			
Other diseases (specify)			

## VI) PERSONAL LIFESTYLE

1. Please quantify your level of stress in general.

None       Low       Average       High       Excessive

2. Do you exercise?    No     Yes       Frequency     Less than 1 hour a week  
 1 hour to 5 hours a week  
 more than 5 hours a week

What type(s) of physical activities do you practice? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**I hereby attest that the above information is true and complete to the best of my knowledge. I am aware that any false statement or omission regarding the information provided in the questionnaire could cancel my application for admission to the École nationale de police du Québec.**

\_\_\_\_\_  
 Signature of applicant (in the presence of the physician)

\_\_\_\_\_  
 Date