LAW ENFORCEMENT BICYCLE ASSOCIATION
BICYCLE OFFICER CERTIFICATION COURSE
PRESENTED BY
COLUMBUS DIVISION OF POLICE

BACKGROUND
FORMED IN 1987 WITH THE BIRTH OF MODERN DAY POLICE CYCLING, THE LAW ENFORCEMENT BICYCLE ASSOCIATION (L.E.B.A.) HAS CONTINUED TO EVOLVE AND PROVIDE THE HIGHEST LEVEL OF TRAINING CURRICULUM TO THE BICYCLE OFFICER. L.E.B.A. IS AN INTERNATIONALLY RECOGNIZED TRAINING ORGANIZATION WHICH CERTIFIES BICYCLE OFFICERS UPON SUCCESSFUL COMPLETION OF THE TRAINING COURSE.

COURSE DESCRIPTION
THIS 40-HOUR COURSE CONSISTS OF CLASSROOM DISCUSSION ALONG WITH RIDING INSTRUCTION STRUCTURED TO INCREASE THE STUDENT’S KNOWLEDGE AND DEVELOP RIDING SKILLS SO THE CANDIDATE MAY BECOME A MORE CONFIDENT AND EFFECTIVE BICYCLE OFFICER.

TOPICS OF CLASSROOM INSTRUCTION:
- Mountain bicycle nomenclature
- Proper helmet/ bike fit
- Riding protocol
- Cycling injuries, prevention and first aid
- Gears, cadence and shifting
- Effective cycling and accident prevention
- Bicycle inspection, maintenance and repair
- Bicycle officer nutrition/ exercise physiology

TOPICS OF RIDING/ DRILL INSTRUCTION:
- Emergency braking, "power-slides"
- Ascending/ descending stairs, slow speed maneuvers
- Vehicle stops/ suspect approaches
- Formation rides, riding protocol and night rides
- Dismounts and falls
- Defensive tactics
- Firearms course

COURSE REQUIREMENTS
STUDENTS MUST SUPPLY THE FOLLOWING REQUIRED EQUIPMENT: POLICE MOUNTAIN BICYCLE WITH WORKING HEADLIGHT/ TAILLIGHT, HELMET, EYE/EAR PROTECTION, DUTY BELT/ GEAR INCLUDING DUTY WEAPON, 25 ROUNDS OF DUTY AMMO, RIDING UNIFORM. RIDING GLOVES ARE RECOMMENDED. PRACTICAL EXERCISES MUST BE SUCCESSFULLY PERFORMED AND PASSED TO THE SATISFACTION OF THE INSTRUCTOR(S) TEACHING THE COURSE. STUDENTS MUST COMPLETE TRAINING RIDES USING EFFECTIVE CYCLING TECHNIQUES TO PASS THIS COURSE. STUDENTS MUST ALSO PASS THE WRITTEN EXAMINATION BY A SCORE OF 70%. UPON SUCCESSFUL COMPLETION, THE STUDENT WILL BECOME A CERTIFIED L.E.B.A. BICYCLE OFFICER.

COURSE DATES & TIMES
MAY 18–22, 2015 (8 AM– 5 PM)
JUNE 8–12, 2015 (8 AM-5 PM)
AUGUST 17-21, 2015 (8 AM– 5 PM)
SEPTEMBER 14-18, 2015 (8 AM-5 PM)

*ONE DAY DURING EACH LISTED TRAINING WEEK INCLUDES A NIGHT TIME TRAINING RIDE IN WHICH HOURS ON THAT DAY WILL BE DEVOTED TO ACCOMMODATE RIDE.

EACH CLASS LIMITED TO 20 STUDENTS!!

COST: $250 (INCLUDES T-SHIRT & STUDENT MANUAL)
WWW.LEBA.ORG

LOCATION AND CONTACT INFORMATION
COLUMBUS OHIO DIVISION OF POLICE
JAMES G. JACKSON TRAINING ACADEMY
1000 NORTH HAGUE AVENUE
COLUMBUS, OHIO 43204

COMPLETE REGISTRATION FORM ON PAGE 2 AND SUBMIT BY FAX OR MAIL TO LISTED ADDRESS—ATTENTION: ADVANCED TRAINING- OFFICER NORM RUSSELL

FOR FURTHER QUESTIONS CONTACT OFFICER RUSSELL AT:
(614) 645-4800
NRUSSELL@COLUMBUSPOLICE.ORG
REGISTRATION FORM

Complete one form for each student and each course. Please print.

Name: _______________________________________________________
     Last                                      First                                      Middle

Daytime Phone: (   )___________________________

Agency: _________________________________________________________________________________

Address: _________________________________________________________________________________

City: ____________________________________       State: _______________      Zip: __________________

Agency’s Telephone Number: (   )__________________     Agency Fax Number: (   )_______________

Student’s E-Mail Address: ________________________________

Course Information:

Course Title: __ Bicycle Officer Certification Course

Course Date(s): _______________________________________________    Total Cost: $250

Billing Information: ****T-Shirt Size: M   L   XL   2XL  (circle one)

Check one:

Payment enclosed ________ Make check payable to: Columbus Division of Police ETP Fund

Send invoice ________

Send Invoice To: ___________________________________________________________________________

Billing Address: ____________________________________________________________________________

City: ____________________________________       State: _______________      Zip: __________________

_________________________________ ______________________________ ________________________
Student’s Signature           Authorizing Signature           Date