



Ohio Peace Officer Training Commission State Certification Examination Qualification Form

SCHOOL NAME: _____ COUNTY: _____

SCHOOL #: (Include prefix) _____ CURRICULUM CODE: _____

DATE OF EXAMINATION: _____ TIME: _____ LOCATION: _____

SCHOOL COMMANDER: _____

PHONE NUMBER: _____ FAX NUMBER: _____

EMAIL ADDRESS: _____

PEACE OFFICER BASIC TRAINING

PEACE OFFICER BASIC TRAINING (BAS) NO. OF STUDENTS _____

REFRESHER BASIC TRAINING (REF) NO. OF STUDENTS _____

CORRECTIONS TRAINING FOR A FULL SERVICE FACILITY

CORRECTIONS BASIC TRAINING (CBT) NO. OF STUDENTS _____

JAILER TRAINING

JAILER BASIC TRAINING (JBT) NO. OF STUDENTS _____

JAILER SWORN POLICE OFFICER TRAINING (JSP) NO. OF STUDENTS _____

JAILER CONTACT TRAINING (JCT) NO. OF STUDENTS _____

JAILER 12-HOUR BASIC TRAINING (JTH) NO. OF STUDENTS _____

PRIVATE SECURITY TRAINING

PRIVATE SECURITY TRAINING (PSA) NO. OF STUDENTS _____

School Commander Signature

Date

Field Agent Signature

Date



Ohio Peace Officer Training Commission State Certification Examination Student Roster

FAX TO: OPOTC TESTING COORDINATOR – 866-393-1275

SCHOOL NAME: _____ **SCHOOL #:** *(Include prefix)* _____

SCHOOL COMMANDER: _____ **NUMBER OF STUDENTS:** _____

DATE OF EXAMINATION: _____ **LOCATION:** _____

***List *alphabetically* by last name those students who are eligible to test.**

OPOTC Use Only	*LAST NAME	FIRST NAME	M.I.	SSN #	D.O.B. (mm/dd/yy)	EMPLOYING AGENCY
	1.					
	2.					
	3.					
	4.					
	5.					
	6.					
	7.					
	8.					
	9.					
	10.					
	11.					
	12.					
	13.					
	14.					
	15.					
	16.					
	17.					
	18.					
	19.					
	20.					

_____ *School Commander Signature* _____ *Date* _____ *Field Agent Signature* _____ *Date*

State Certification Examination Student Roster

OPOTC Use Only	*LAST NAME	FIRST NAME	M.I.	SSN #	D.O.B. (mm/dd/yy)	EMPLOYING AGENCY
	21.					
	22.					
	23.					
	24.					
	25.					
	26.					
	27.					
	28.					
	29.					
	30.					
	31.					
	32.					
	33.					
	34.					
	35.					
	36.					
	37.					
	38.					
	39.					
	40.					

STUDENTS TAKING PLUG-IN COURSE/EXAM

	1.					
	2.					
	3.					
	4.					

School Commander Signature

Date

Field Agent Signature

Date

OHIO PEACE OFFICER TRAINING COMMISSION SCHOOL APPLICATION

OPOTC USE ONLY	
OPOTC-Assigned	_____
School Number	_____
Approved By	_____
Date	_____
Curriculum Code	_____

PEACE OFFICER

- Basic Training
- Refresher
- Update/Mandates
- College Academy

CORRECTIONS

- Full-Service Jail Basic Training

PRIVATE SECURITY

- Academic Weapon Type R A S
- Basic Firearms Weapon Type R A S
- Firearms Requalification Weapon Type R A S

JAILERS

- 12-Day Facility Basic Training
- Jailer Occasional Contact
- Jailer Sworn Peace Officer
- 12-Hour Facility Basic Training

BAILIFF/PROBATION/PAROLE

- Bailiff Basic Training
- Probation Officer Handgun Training
- Adult Parole Authority Handgun Training

Number of Firing Points _____

Field Agent Assigned _____

REQUESTING OFFICIAL NAME & TITLE _____

REQUESTING OFFICIAL PHONE _____ **EMAIL** _____

THE REQUESTING OFFICIAL IS THE CHIEF EXECUTIVE OFFICER OF A (CHECK ONE):

- STATE COUNTY MUNICIPAL CORPORATION PUBLIC SCHOOL DISTRICT
- TECHNICAL COLLEGE DISTRICT DEPARTMENT OF NATURAL RESOURCES

SCHOOL NAME _____ **COUNTY** _____

COMMANDER _____ **COMMANDER #** _____

PROPOSED DATES: _____ **From** _____ **To** _____ **Total Hours** _____ **Number of Students** _____

DAYS PER WEEK:

SU	M	T	W	TH	F	S
----	---	---	---	----	---	---

HOURS: _____ **TO** _____ **INDICATE AM OR PM**

(CHECK DAYS THAT APPLY)

APPLICATION FEE (Private Security Only) _____ **CHECK/M.O. #** _____ **AMOUNT \$** _____

FACILITY ADDRESS _____ **(STREET)** _____ **(CITY)** _____ **(ZIP)** _____

RANGE ADDRESS _____ **(STREET)** _____ **(CITY)** _____ **(ZIP)** _____

MAILING ADDRESS _____ **(STREET)** _____ **(CITY)** _____ **(ZIP)** _____

PHONE: _____ **COMMANDER:** _____ **TRAINING FACILITY:** _____

FAX: _____ **CELL:** _____

EMAIL: _____

INSTRUCTOR INFORMATION FOR ALL SCHOOLS

(List instructors alphabetically by last name) (Duplicate if needed)

LAST NAME, FIRST NAME, M.I.	BLDG. SEARCHES	CRIME SCENE	DRIVING	FIREARMS	FIRST AID/CPR/AED	HAZMAT	ICS	NIMS	PATROL TECHN.	PHYS. COND.	SFST	SPEED MEAS. DEVICE	STOPS & APPR.	SUBJ. CONTROL	TRAFF. CRASH INV.	OPOTC INSTRUCTOR #	EXPIRATION DATE
1.																	
2.																	
3.																	
4.																	
5.																	
6.																	
7.																	
8.																	
9.																	
10.																	
11.																	
12.																	
13.																	
14.																	
15.																	
16.																	
17.																	
18.																	
19.																	
20.																	

Skill Topics “√” if instructor scheduled.

NOTE: If firearms safety officer is used, indicate “SO” in firearms column after instructor’s name.

COMMANDER SIGNATURE

DATE

COMMANDER NAME (typed)

INSTRUCTOR INFORMATION FOR ALL SCHOOLS

(List instructors alphabetically by last name) (Duplicate if needed)

LAST NAME, FIRST NAME, M.I.	BLDG. SEARCHES	CRIME SCENE	DRIVING	FIREARMS	FIRST AID/CPR/AED	HAZMAT	ICS	NIMS	PATROL TECHN.	PHYS. COND.	SFST	SPEED MEAS. DEVICE	STOPS & APPR.	SUBJ. CONTROL	TRAFF. CRASH INV.	OPOTC INSTRUCTOR #	EXPIRATION DATE
21.																	
22.																	
23.																	
24.																	
25.																	
26.																	
27.																	
28.																	
29.																	
30.																	
31.																	
32.																	
33.																	
34.																	
35.																	
36.																	
37.																	
38.																	
39.																	
40.																	

Skill Topics “√” if instructor scheduled.

NOTE: If firearms safety officer is used, indicate “SO” in firearms column after instructor’s name.

COMMANDER SIGNATURE

DATE

COMMANDER NAME (typed)



MIKE DEWINE

★ OHIO ATTORNEY GENERAL ★



Ohio Peace Officer Training Commission
Office 800-346-7682
Fax 740-845-2675

P.O. Box 309
London, OH 43140
www.OhioAttorneyGeneral.gov

STUDENT DISCLOSURES AND STATEMENT OF UNDERSTANDING

Student Name: _____
(Last) (First) (Middle Initial)

Student SSN: _____ Student DOB: _____

School Name: _____ School Number: _____

Please answer the following questions by checking either "Yes" or "No:"

1. Have you ever been convicted of a felony offense in any jurisdiction, including any conviction that has been sealed or expunged? (If so, you may not attend any portion of a Peace Officer Basic Training Academy.) _____ YES _____ NO
2. Are you a fugitive from justice? _____ YES _____ NO
3. Have you ever been convicted of a felony offense of violence as defined in ORC 2901.01 _____ YES _____ NO
4. Have you ever been adjudicated a delinquent child for the commission of an offense that, if committed by an adult, would have been a felony offense of violence? _____ YES _____ NO
5. Have you ever been convicted of any felony offense involving a drug of abuse? _____ YES _____ NO
6. Have you ever been adjudicated a delinquent child for the commission of an offense that, if committed by an adult, would have been a felony offense involving a drug of abuse? _____ YES _____ NO
7. Are you drug dependent, in danger of drug dependence, or a chronic alcoholic? _____ YES _____ NO
8. Are you under adjudication from any court for mental incompetence? _____ YES _____ NO
9. Have you been adjudicated by a court as a mental defective? _____ YES _____ NO
10. Have you been committed by a court to a mental institution? _____ YES _____ NO
11. Have you been found by a court to be a mentally ill person subject to hospitalization by court order, or have you been an involuntary patient other than one who is a patient only for purposes of observation? _____ YES _____ NO
12. Have you been ever been convicted of a crime that had a possible sentence of more than one year? _____ YES _____ NO
13. Are you an alien, illegally or unlawfully in the United States? _____ YES _____ NO
14. Have you been discharged from the Armed Forces under dishonorable conditions? _____ YES _____ NO
15. Have you renounced your United States citizenship? _____ YES _____ NO
16. Are you under a court order that restrains you from harassing, stalking, or threatening an intimate partner or the child of such intimate partner, or engaging in other conduct that would place an intimate partner in reasonable fear of bodily injury to the partner or child? _____ YES _____ NO
- 17a. Have you been convicted of a misdemeanor crime of domestic violence? _____ YES _____ NO
- 17b. Have you been convicted of a misdemeanor crime that has, as an element of that crime, the use or attempted use of physical force, or the threatened use of a deadly weapon? _____ YES _____ NO
If yes, please explain your relationship with the victim (stranger, present or former spouse, household member, child, other family member, other – please describe). _____

18. Do you currently have criminal charges pending in any jurisdiction? _____ YES _____ NO
19. Do you currently possess a valid driver's license and have driving privileges in the state of Ohio? _____ YES _____ NO

I ACKNOWLEDGE AND UNDERSTAND THE FOLLOWING:

1. If I provide false information on this form I may be discharge from this school, and may be charged with a crime.
2. If a criminal or delinquency charge is filed against me while I am a student of this school, I MUST report it to the Commander immediately
3. If I am charged with any offense that may result in a felony conviction or in a state or federal weapons disability, I may be suspended from this school until the case is complete, and at that time, my ability to be reinstated to the school would be re-examined.
4. If I am convicted of a felony offense or one that results in a state or federal weapons disability, I may be ineligible to attend the school.
5. I hereby grant OPOTC consent to disclose to the Commander information regarding any and all of my criminal or delinquency history information that might impact my ability to participate as a student in an OPOTC-approved school.

MUST APPEAR IN PERSON BEFORE A NOTARY TO COMPLETE THE FOLLOWING AFFIDAVIT

AFFIDAVIT

I declare under the penalty of perjury that the information in this Application is true and correct to the best of my knowledge.

Signature

Date

Subscribed and sworn personally before me by the above-named Affiant, this _____ day of _____ ,
20____ , at _____, in the County of _____, and State of Ohio.

(Seal)

Printed Name of Notary

Signature of Notary

Date Notary Commission Expires



MIKE DEWINE

★ OHIO ATTORNEY GENERAL ★



Ohio Peace Officer Training Commission
Office 800-346-7682
Fax 740-845-2675

P.O. Box 309
London, OH 43140
www.OhioAttorneyGeneral.gov

REQUEST FOR NATIONAL WEBCHECK®

All information must be typed or printed.

This completed form is to be returned to the commander by the student.

INSTRUCTIONS TO NATIONAL WEBCHECK® FACILITY

- Transaction Type is both BCI and FBI.
- Reason Fingerprinted is “Law Enforcement Employment” or “Law Enforcement/Criminal Justice” for BCI and “Law” for FBI.
- This is a **Direct Copy** transaction to the Ohio Peace Officer Training Academy (OPOTA). No address needs entered.

TO BE COMPLETED BY STUDENT

I am scheduled to attend an Ohio Peace Officer Training Commission-approved Program to be held at:

_____ beginning on _____
(Academy Name) (Date)

As part of the enrollment process, the OPOTC requires that I have a criminal record background check conducted within 90 days of the above date by the Ohio Bureau of Criminal Identification (BCI) and the Federal Bureau of Identification (FBI). Therefore, I am requesting a National WebCheck®, 10-digit, for law enforcement purposes.

Name: _____
(Last) (First) (Middle Initial)

Alias: _____

Date of Birth: _____ Social Security Number: _____

Address (including P.O. Box, if applicable): _____

City: _____ State: _____ Zip Code: _____

Name of Fingerprinting Agency: _____

Signature of Person Being Fingerprinted: _____ Date Fingerprinted: _____



MIKE DEWINE

★ OHIO ATTORNEY GENERAL ★



Ohio Peace Officer Training Commission
Office 800-346-7682
Fax 740-845-2675

P.O. Box 309
London, OH 43140
www.OhioAttorneyGeneral.gov

OPOTC STUDENT WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

I understand the following:

The Ohio Peace Officer Training Commission (OPOTC) provides class curriculum and assumes no responsibility other than the opportunity to learn under supervision. OPOTC, the Attorney General's Office, the State of Ohio, and its employees and agents are hereby relieved of all liability. Some risks are inherent in the nature of the training courses and cannot be eliminated or reduced. These inherent and other risks, hazards, and dangers can cause physical or emotional injury, disability or death. **I understand and agree, as evidenced by my signature below, that I am participating in this training course at my own risk.**

Therefore, prior to attending the class, I acknowledge the following:

1. I have received a medical examination and medical approval signed by a medical doctor (MD), osteopath (DO), physician's assistant (PA), or certified nurse practitioner (CNP) licensed by the Ohio State Medical Board or the Ohio State Board of Nursing, or U.S. states' equivalent was obtained and submitted prior to enrollment, **except that**, if I am in the military and stationed outside of the U.S., I have received a medical examination and medical approval by a medical professional with a substantially similar license as utilized by the military base where I am currently stationed, or from a medical professional with a similar license who is employed by the military or the Veteran's Administration.
2. I understand that the training involves a degree of physical exercise and physical contact, which involves a risk of injury to me.
3. I will have to endure some degree of discomfort or pain during the application, instruction or demonstration of certain techniques and/or certain practice sessions.
4. I do not have any of the following conditions: pregnancy, chronic/acute problems of the neck, back, wrist, knee, heart or muscular system, or other medical conditions such as stress disorder, hypertension (high blood pressure), hip bursitis or other injuries, illnesses, disabilities or conditions which could be made worse by participation or otherwise cause me harm during this training.
5. If I develop or am diagnosed with any such illness, injury, condition, disability, or condition during the course of the training program, I shall promptly notify my Commander, instructors, and school and resubmit to a medical examination and obtain approval from a medical provider acceptable to OPOTC in order to continue to participate in training.
6. I am in good physical and mental health.
7. I agree to abide by the course safety rules and instructions given by the instructors.
8. I agree that to receive a certificate for this training I must pass **ALL** applicable tests.

In consideration of OPOTC allowing me to participate in the training class, I hereby agree to the following:

1. Having read and understood the above statements, I accept all risks that may be associated with this training.
2. I waive any and all claims that I may have against OPOTC, the Attorney General's Office, the State of Ohio, and its employees and agents, including but not limited to any and all liability claims or demands for personal injury, sickness, or death, as well as property damages and expenses, of any nature whatsoever which may be incurred while participating in the above referenced program or in any medical procedure arising out of or related to my participation in such program, including but not limited to any training conducted at the school and at any and all state training locations from any cause whatsoever, including any claims or demands based upon negligence.
3. I release OPOTC, the Attorney General's Office, the State of Ohio, and its employees and agents, from any and all liability, and I further agree to indemnify the OPOTC, the Attorney General's Office, the State of Ohio, and its employees and agents, from any loss, liability, damage, or cost, including reasonable attorneys fees, that may occur due to my participation in the above referenced program or in any medical procedure arising out of or related to my participation in such program, whether or not such loss, liability, damage, or cost results from the negligence or other action, except intentional acts.
4. I understand and intend that this release of liability shall be effective and binding upon my heirs, next of kin executors, administrators and assigns in the event of my death.

I have carefully read this agreement and fully understand its contents. I am aware that the agreement contains a waiver of liability, an assumption of risk, and an agreement by me to release and indemnify OPOTC, the Attorney General's Office, the State of Ohio, and its employees and agents and I sign it of my own free will and volition.

Student Signature: _____ Printed Name (including middle initial): _____ Date: _____

Witness Signature: _____ Printed Name: _____ Date: _____

School Name: _____



STUDENT ENROLLMENT LIST

_____ **Original**
 _____ **Revised**

SCHOOL NAME: _____ SCHOOL NO _____

PROPOSED DATES: _____ to _____

TYPE AND ALPHABETIZE BY LAST NAME

(DUPLICATE AS NEEDED)

STUDENT'S NAME (Last, First, Middle Initial)	S.S.N.	D.O.B.	AGENCY
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			

_____ **COMMANDER SIGNATURE**

_____ **DATE**

SCHOOL NAME: _____ SCHOOL NO _____

PROPOSED DATES: _____ to _____

STUDENT'S NAME (Last, First, Middle Initial)	S.S.N.	D.O.B.	AGENCY
21.			
22.			
23.			
24.			
25.			
26.			
27.			
28.			
29.			
30.			
31.			
32.			
33.			
34.			
35.			
36.			
37.			
38.			
39.			
40.			
41.			
42.			
43.			
44.			
45.			

COMMANDER SIGNATURE

DATE



STUDENT ACKNOWLEDGEMENT FORM

Name: _____
(Last) (First) (Middle Initial)

School Name: _____ School Number: _____

1. Appointment Status. I understand the following: _____ [initials]

- I am a student in an Ohio Peace Officer Basic Training Commission (OPOTC) program.
- I am not yet a peace officer and that I may not perform the functions of a peace officer until I am appointed as officer and receive a certificate of successful completion from the OPOTC Executive Director.
- The OPOTC program enrolls both sworn officers (students who are already appointed as peace officers) and “open enrollment” students who do not yet have an appointment as a peace officer.
- I must immediately notify my Commander if my appointment status change should change from open enrollment to sworn, or from sworn to open enrollment.
- Sworn cadets will, upon passing the state certification examination, receive a certificate of successful completion from the OPOTC Executive Director
- Open enrollment students will not receive a *certificate* of successful completion upon passing the state certification examination, but will instead receive a *letter* of completion from the Executive Director.
- Open enrollment students are subject to the following requirements:
 - If within one year of passing the state certification examination an open enrollment student receives an appointment as a peace officer or is employed in a position that statutorily requires a basic training certificate, a certificate of successful completion will be awarded, providing no additional training has been mandated. If additional training has been mandated, it must be completed before a certificate of successful completion is awarded.
 - If more than one year, but less than two years after passing the state certification examination, an open enrollment student receives an appointment as a peace officer or is employed in a position that statutorily requires a basic training certificate, the open enrollment student shall attend the refresher course and any additional training that has been mandated since passing the exam, before the student may perform the functions of a peace officer. Upon completion of the refresher course and mandated training (if any), a certificate of successful completion will be awarded. If the student does not complete the refresher course within one year of the appointment date, the student shall not be eligible to receive a certificate and will be required to repeat the entire basic training course.
 - If more than two years after passing the state certification examination, the open enrollment student has not received an appointment as a peace officer, the student shall again successfully complete an entire OPOTC course and examination before the student may perform the functions of a peace officer.

2. Disqualifying Offenses. I understand the following: _____ [initials]

- If I have ever been convicted of a felony, even if the conviction has been sealed or expunged; a misdemeanor charge of domestic violence or any related offense occurring as a result of a domestic violence incident; any misdemeanor crime that has, as an element of that crime, the use or attempted use of physical force, or the threatened use of a deadly weapon where the victim was a current or former spouse, child, guardian, a person who shares a child in common, a person who is or has cohabitated as a spouse, child, or ward, or a person similarly situation to a spouse, child, or ward; or any other offense creating a weapons disability under state or federal law (such as

ORC 2923.13 or 18 USC 922), I may not be permitted to participate in the OPOTC program, and may not be eligible for reinstatement. While a felony conviction, even one that is sealed or expunged, prohibits me from attending any portion of a Peace Officer Basic Training Academy, the other above-noted matters prohibit me from firearms possession/training only, and if I choose to continue with the Academy while I try to get that matter sealed, I continue at the risk that I may ultimately not be permitted to take firearms and/or receive an Ohio Peace Officer Training Commission certification.

- In certain situations, juvenile adjudications regarding similar matters may also result in a disqualification.
- For the duration of the OPOTC program, I must immediately report to my Commander any criminal or juvenile delinquency charges filed against me.
- If I am charged with any of the above crimes or adjudications, I may be suspended from the training program until that criminal or juvenile case is adjudicated and complete, and only then may I be considered for reinstatement.

3. Standards of Conduct. I understand the following: _____ [initials]

- The Ohio Peace Officer Training Commission is committed to maintaining an academic environment in which all individuals are treated with respect and dignity, free from any type of discrimination or harassment.
- In keeping with this commitment, OPOTC will not tolerate discrimination or harassment in an OPOTC program, whether committed by a student, an instructor, a commander, or another associated with the program.
- I must report incidences of suspected discrimination or harassment to my Commander and to the OPOTC Executive Director, whether that suspected behavior involves a student, an instructor, or another associated with the program. If the suspected behavior involves a commander, I must report incidences of suspected discrimination or harassment to the OPOTC Executive Director,
- If the OPOTC Executive Director finds that a student has engaged in discrimination or harassment, the student may be suspended or expelled from the OPOTC program.

4. Attendance. I understand the following: _____ [initials]

- To be eligible to take the OPOTC state certification examination, I must have 100% attendance in every hour of every mandatory topic, and have 95% attendance in all non-mandatory topics hours.
- If I have an excused absence for any topics hours, it is my obligation to make arrangements with Commander to make up the missed topic hours.
- Hour-for-hour make-ups may only be taught by the original instructor.
- If I am unable to schedule a make-up session with the original instructor for specific missed hours, I will be required to make-up the entire topic with a different instructor.
- If I complete make-up hours in another academy, I must attend the entire block of instruction for that topic.
- It is my obligation to make-up these topics/hours before the end of scheduled OPOTC topics.
- The Commander may set stricter requirements than these OPOTC minimum standards.

5. Notebook Requirements. I understand the following: _____ [initials]

- To be eligible to take the OPOTC state certification examination I must maintain a notebook during the OPOTC course. The notebook shall contain appropriate entries of pertinent material covered during the classroom sessions of the course.
- I must submit this notebook to the Commander for inspection at the conclusion of the program. It will be evaluated on its sufficiency of course content, organization, appropriateness of material, regularity of entries, neatness, accuracy, and legibility, and will be graded as either satisfactory or unsatisfactory by the Commander.
- To be eligible to take the OPOTC state certification examination, my notebook must be deemed satisfactory by the Commander.

6. Physical Fitness, Injuries and Illnesses. I understand the following: _____ [initials]
- While I am enrolled as a student in the OPOTC program, I must immediately notify my Commander immediately of any injury, illness, or medical condition sustained or arising during training or arising outside of training.
 - To be eligible to take the OPOTC state certification examination I must successfully complete the OPOTC physical fitness assessment, consisting of sit-ups, push-ups, and a one and one-half (1 ½) mile run.
 - I have been informed by the Commander of the requirements for my age and gender, and I understand that I must meet these requirements in each event.
 - I understand that the OPOTC physical fitness assessment will be held within the last eighty (80) hours of scheduled OPOTC topics, and I understand that I will be given two (2) opportunities to meet the requirements.
 - If I fail any requirement during my first attempt, I must meet the requirements for all three (3) events (sit-ups, push-ups, and 1 ½ mile run) during the second attempt.
 - An unexcused absence from an assessment constitutes a failure of the OPOTC physical fitness assessment.
 - It is my obligation to notify my Commander before a scheduled assessment, if I suffer any illness, injury, or condition which might preclude my participation in the assessment.
 - If I suffer illness or injury during an attempt, the attempt will be counted as a failure.
 - If I wish to request an extension of time for an assessment for medical reasons, I must give the Commander a written excuse, signed by a medical doctor (MD), osteopath (DO), physician's assistant (PA), Certified Nurse Practitioner (CNP) licensed in Ohio, on a form prescribed by the OPOTC.
 - If I am granted an extension of time to complete the assessment I will receive a letter from the OPOTC Executive notifying me of the extension, and a deadline date for when I must complete the physical assessment.
 - If I am granted an extension of time to complete the assessment I must complete the make-up assessment and re-test, if necessary, before my extension expires, and it must be done so at the Ohio Peace Officer Training Academy in London, Ohio.

7. Certification Examination. I understand the following: _____ [initials]
- To be eligible to take the OPOTC state certification examination, I must first demonstrate to the satisfaction of my Commander the requisite proficiencies in each skills unit/topic.
 - I must pass the written OPOTC state certification examination with a score of at least 70% at the conclusion of this course.
 - If I do not pass on the first attempt, I will be given one additional opportunity to pass the examination.
 - I will not disclose any information concerning specific questions regarding the OPOTC state certification examination.
 - If I request any special accommodations (such as those relating to learning/reading disabilities, dyslexia, etc.) for this written examination, then at least forty-five (45) days before the last day of OPOTC topics, my Commander must submit written documentation supporting my request to the OPOTC.
 - If this request and documentation is not submitted by that time, I may be prevented from receiving an accommodation.

Student Signature

Date

School Commander/Witness Signature

Date



STUDENT HEALTH DATA FORM

Name: _____ Age: _____ Gender: _____ Female _____ Male
(Last) (First) (MI)

School Name: _____ School Number: _____

Do you have any physical or psychological limitations/injuries (recent or old) that might in any way restrict your full participation in physical activities during training?

_____ Yes _____ No If "yes," please describe: _____

(Student Signature)

(Date)

This section to be completed by medical professional (medical doctor (MD), osteopath (DO), physician's assistant (PA) or certified nurse practitioner (CNP)): This physical examination should ascertain any conditions which may preclude the student's ability to participate in, or which may be aggravated by, strenuous physical exercise. As a part of peace officer basic training, the student will engage in calisthenics, running, jumping, wrestling, unarmed self-defense, firearms, driving and other physically demanding exercises.

Height (without shoes): _____ feet _____ inches Weight: _____ pounds

Resting Pulse Rate: _____ beats per minute Blood Pressure: _____ / _____

Does the patient have a medical history of, or presently demonstrate symptoms of, any of the following?

YES	NO		YES	NO	
_____	_____	1. Uncorrected visual deficiency	_____	_____	9. Dizziness/Fainting
_____	_____	2. Major impairment of the senses	_____	_____	10. Back/Neck injury or recurrent pain
_____	_____	3. Asthma or Breathing difficulties	_____	_____	11. Pregnancy
_____	_____	4. Heart attack; Angina Pectoris	_____	_____	12. Communicable diseases
_____	_____	5. Stroke	_____	_____	13. Amputation/Prosthetic devices
_____	_____	6. Hemorrhage	_____	_____	14. Bone/joint injury or recurrent pain
_____	_____	7. Hypertension	_____	_____	15. Taking medication
_____	_____	8. Allergies (Drug, Environmental, Etc.)	_____	_____	16. Under physician's continuing care

Please note any other condition(s) not listed above which may affect the student's participation. Also please explain each "Yes" response above, indicating the item number:

As a result of my physical examination, I have determined that the student can, without limitation, safely function in all phases of strenuous physical training including, but not limited to, calisthenics, running, jumping, wrestling, unarmed self-defense, firearms, driving and a physical fitness assessment consisting of sit-ups, push-ups, and a timed 1.5 mile run.

Signature of Medical Professional

Typed/Printed Name

Title (MD, DO, PA, or CNP)

License Number

Issuing State

Address

Phone Number

City, State, ZIP

Date of Examination

DATE: _____

Executive Director
Ohio Peace Officer Training Commission
P. O. Box 309
London, OH 43140

REF: School Number _____

Dear Executive Director:

The students listed on the attached Student Enrollment List are fulltime employees of the _____ Police Department and are considered "Training Recruits" under Ohio Administrative Code Section 109:2-1-02(H) which states: "The term "training recruit" means a fulltime employee of a law enforcement agency whose primary duty is to attend and successfully complete the basic course and who, upon completion of the basic course, is appointed as a peace officer by that agency."

I understand that a copy of the peace officer appointment document for each student who successfully completes the course and is appointed must be submitted with the closing documentation of the course.

Commander's Signature

Commander's Name (Typed)

FIELD AGENT SIGNATURE

SF118bas
Effective 01/01/2014

OPOTC STUDENT SIGN-IN SHEET

SCHOOL NAME _____

SCHOOL NUMBER _____ DATE _____

TOPIC & TITLE # _____ FROM _____ TO _____ HOURS _____ INSTRUCTORS (CIRCLE) _____
 TOPIC & TITLE # _____ FROM _____ TO _____ HOURS _____ INSTRUCTORS (CIRCLE) _____
 TOPIC & TITLE # _____ FROM _____ TO _____ HOURS _____ INSTRUCTORS (CIRCLE) _____
 TOPIC & TITLE # _____ FROM _____ TO _____ HOURS _____ INSTRUCTORS (CIRCLE) _____
 TOPIC & TITLE # _____ FROM _____ TO _____ HOURS _____ INSTRUCTORS (CIRCLE) _____

A	B	C	D	E	F	G	H
A	B	C	D	E	F	G	H
A	B	C	D	E	F	G	H
A	B	C	D	E	F	G	H
A	B	C	D	E	F	G	H

TOTAL HOURS FOR THE DAY: _____

STUDENT NAME (ALPHABETICAL)	SIGNATURE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	HOURS ABSENT	HOURS PRESENT
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
11.									
12.									
13.									
14.									
15.									
16.									
17.									
18.									
19.									
20.									
21.									
22.									
23.									
24.									
25.									

INSTRUCTOR "A" SIGNATURE/CERT #

INSTRUCTOR "B" SIGNATURE/CERT #

INSTRUCTOR "C" SIGNATURE/CERT #

INSTRUCTOR "D" SIGNATURE/CERT #

INSTRUCTOR "E" SIGNATURE/CERT #

INSTRUCTOR "F" SIGNATURE/CERT #

INSTRUCTOR "G" SIGNATURE/CERT #

INSTRUCTOR "H" SIGNATURE/CERT #

COMMANDER SIGNATURE

COMMENTS _____



MIKE DEWINE
 ★ OHIO ATTORNEY GENERAL ★



Ohio Peace Officer Training Commission
 Office 800-346-7682
 Fax 740-845-2675

P.O. Box 309
 London, OH 43140
 www.OhioAttorneyGeneral.gov

FIRST AID/CPR/AED PROFICIENCY TESTING RECORD
Curriculum Code BAS-030

SCHOOL NAME: _____ SCHOOL NUMBER _____

SPO	ACTION
1	Pass one of the three approved First Aid, CPR, and AED programs?

STUDENT'S NAME (Last, First, Middle Initial)	TEST #1	TEST #2
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		

ENTER P OR F ONLY

 INSTRUCTOR SIGNATURE OPOTC #: _____

COMMANDER/ADMINISTRATOR SIGNATURE: _____ DATE: _____
 NO STAMPS / ORIGINAL SIGNATURES ONLY

OHIO PEACE OFFICER TRAINING COMMISSION HANDGUN PROFICIENCY TESTING RECORD

Curriculum Code BAS-030

STUDENT NAME: _____
LAST NAME
FIRST NAME
M.I.

APPOINTING AGENCY: _____ OPEN ENROLLMENT
CHECK

HANDGUN MAKE: _____ MODEL: _____ CALIBER: _____

SPO	ACTIVITY / TECHNIQUE	TEST 1	TEST 2
2	Demonstrate loading the semi-automatic pistol		
	Maintain muzzle discipline		
	Draw the pistol with their trigger finger off the trigger		
	Seat magazine		
	Charge the chamber		
	Maintain finger outside of the trigger guard when holstering		
	Remove magazine while pistol secured in holster		
	Place round in magazine		
	Seat magazine again		
	3	Demonstrate unloading the semi-automatic pistol	
Draw the pistol with their trigger finger off the trigger			
Maintain muzzle discipline			
Remove magazine			
Run the slide several times to eject chambered round			
Lock the slide to the rear			
Physically and visually check the chamber and magazine well			
Let the slide run forward			
Return firearm to holster			
4	Demonstrate proficiency by shooting a passing score on the qualification standards		
	Load & Make Ready		
	Stage 1 – Distance to Target 4 feet		
	Stage 2 – Distance to Target 9 feet		
	Stage 3 – Distance to Target 12 feet, One-handed Shooting		
	Stage 4 – Distance to Target 20 feet		
	Stage 5 – Distance to Target 30 feet		
	Stage 6 – Distance to Target 50 feet		
Unload, Clear and Holster			

Enter P or F only

CERTIFYING INSTRUCTOR(S) SIGNATURE(S) & OPOTC INSTRUCTOR:

INSTRUCTOR SIGNATURE _____ OPOTC #: _____ EXP.: _____

INSTRUCTOR SIGNATURE _____ OPOTC #: _____ EXP.: _____

INSTRUCTOR SIGNATURE _____ OPOTC #: _____ EXP.: _____

SCHOOL NAME: _____ SCHOOL NO.: _____

COMMANDER SIGNATURE: _____ DATE: _____

NO STAMPS / ORIGINAL SIGNATURES ONLY
SF125bas

**OHIO PEACE OFFICER TRAINING COMMISSION
RANGE PROFICIENCY RECORD: HANDGUN**

NAME: _____ AGENCY: _____

SCHOOL NAME: _____ SCHOOL NO.: _____

WEAPON MAKE: _____ MODEL: _____

HITS IN THE PREFERRED AREA (**PA**) COUNT AS A PLUS ONE (+1)

HITS IN THE NON-PREFERRED AREA (**NPA**), BUT INSIDE OF THE TARGET OUTLINE ARE A ZERO (0)

ROUNDS NOT FIRED (**NF**) ARE ZERO (0)

HITS OUTSIDE OF THE TARGET OUTLINE (**MISS**), OFF OF THE TARGET (**MISS**), OR FIRED OVER THE TIME LIMIT (**OT**) ARE A MINUS 1 (-1), EXTRA ROUNDS FIRED (**ERF**) ARE MINUS 1 (-1).

STAGE 1 PA: _____ NPA: _____ NF: _____ MISS: _____ OT: _____ ERF: _____

STAGE 2 2 HITS IN THE PREFERRED AREA, ONE HIT IN THE HEAD OR HIP
PA: _____ NPA: _____ NF: _____ MISS: _____ OT: _____ ERF: _____

STAGE 3A PA: _____ NPA: _____ NF: _____ MISS: _____ OT: _____ ERF: _____

STAGE 3B PA: _____ NPA: _____ NF: _____ MISS: _____ OT: _____ ERF: _____

STAGE 4 PA: _____ NPA: _____ NF: _____ MISS: _____ OT: _____ ERF: _____

STAGE 5 PA: _____ NPA: _____ NF: _____ MISS: _____ OT: _____ ERF: _____

STAGE 6 PA: _____ NPA: _____ NF: _____ MISS: _____ OT: _____ ERF: _____

SUB TOTALS: _____ MISS: _____ OT: _____ ERF: _____

TOTAL: _____ (PASSING IS A MINIMUM OF 20)

DATE TESTED: _____ PASSED: _____ FAILED: _____

INSTRUCTOR SIGNATURE OPOTC #: _____ EXP.: _____

INSTRUCTOR SIGNATURE OPOTC #: _____ EXP.: _____

INSTRUCTOR SIGNATURE OPOTC #: _____ EXP.: _____



SHOTGUN PROFICIENCY TESTING RECORD

Curriculum Code BAS-030

STUDENT NAME: _____

LAST NAME

FIRST NAME

M.I.

APPOINTING AGENCY: _____

CHECK

OPEN ENROLLMENT

SHOTGUN MAKE: _____ MODEL: _____ CALIBER: _____

SPO	ACTIVITY / TECHNIQUE	TEST 1	TEST 2
1	Demonstrate loading the shotgun		
	Start in condition 4		
	Point the muzzle in a safe direction and visually and physically inspect the chamber and magazine tube to ensure the weapon is unloaded		
	Put the weapon in condition 3		
	Put the weapon in condition 2		
2	Demonstrate unloading the shotgun		
	Keep the muzzle pointed in a safe direction with the safety on		
	Remove the round from the chamber		
	Push up the carrier		
	Cover the ejection port with either hand		
	With the fingers curled under the loading throat and forming a pocket at the ejection port, pull the action to the rear with a sharp motion		
	Rotate the weapon so the loading port is facing you		
	Depress the shell stops		
	Guide the shell from the magazine tube into your hand		
	Repeat until the magazine is empty		
	Visually and physically inspect the chamber		
	Close the action by pushing the action handle forward		
3	Demonstrate proficiency by shooting a passing score on the qualification standards		
	Place shotgun in condition 3 and load the magazine tube with 4 rounds of buckshot		
	Stage 1 – Distance to Target 10 feet		
	Stage 2 – Distance to Target 20 feet		
	Stage 3 – Distance to Target 30 feet		
	Stage 4 (slug) – Distance to Target 50 feet		
	Proper unloading and clearing procedures		

ENTER "P" OR "F" IN TEST #1 OR #2
DO NOT ENTER PERCENTAGE

CERTIFYING INSTRUCTOR(S) SIGNATURE(S) & OPOTC INSTRUCTOR #:

INSTRUCTOR SIGNATURE

OPOTC #: _____ EXP.: _____

INSTRUCTOR SIGNATURE

OPOTC #: _____ EXP.: _____

INSTRUCTOR SIGNATURE

OPOTC #: _____ EXP.: _____

SCHOOL NAME: _____ SCHOOL NO.: _____

COMMANDER / ADMINISTRATOR SIGNATURE: _____

DATE: _____



MIKE DEWINE

★ OHIO ATTORNEY GENERAL ★



Ohio Peace Officer Training Commission
Office 800-346-7682
Fax 740-845-2675

P.O. Box 309
London, OH 43140
www.OhioAttorneyGeneral.gov

SUBJECT CONTROL PROFICIENCY TESTING RECORD Curriculum Code BAS-030

STUDENT'S NAME: _____ SCHOOL NAME: _____ SCHOOL NUMBER _____

SPO	ACTION	TEST #1		TEST #2		SPO	ACTION	TEST #1		TEST #2	
		P / F	P / F	P / F	P / F			P / F	P / F		
1	DEFENSIVE POSTURE					6	GROUND DEFENSE				
	Proper stance						Defend against takedowns				
	Reactionary gap/distance						Ground defense position				
	Situational awareness						Outside line positions and escapes				
	Proper movement/balance						Inside line positions and escapes				
2	SUBJECT APPROACH AND CONTROL						Transition to handcuffing				
	Balance displacement touching/non-touching						Weapon retention				
	Contact and cover touching/non-touching					7	WEAPON RETENTION				
	Pat down frisk						Holstered weapon retention from front, side, and rear				
	Escorts						Defend against a gun stripping attempt				
	Joint locks						Gun takeaway				
	Touch pressure points						Long gun retention				
3	STRIKES						Long gun takeaway				
	Closed and open hand strikes					8	HOLD RELEASES				
	Elbows						Choke escapes				
	Forearms						Body lock escape				
	Knees						Head lock escape				
	Kicks					9	ENVIRONMENTAL WEAPONS				
	Strike defense						From ground defense				
4	TAKEDOWNS						During weapon retention				
	Rear fall-line takedown					10	SHOT AVOIDANCE				
	Front fall-line takedown					11	EDGED WEAPON DEFENSE				
	Side fall-line takedown						Spontaneous				
	Stabilization						Observed				
	Position for handcuffing					12	ETHICAL DECISION MAKING AND CRITICAL THINKING IN A PRACTICAL APPLICATION SCENARIO				
5	HANDCUFFING						Write a narrative based on that scenario				
	Standing										
	Kneeling										
	Prone										
	Decuffing										

ENTER P OR F ONLY

INSTRUCTOR SIGNATURE OPOTC #: _____

COMMANDER / ADMINISTRATOR SIGNATURE: _____ DATE: _____
NO STAMPS / ORIGINAL SIGNATURES ONLY



MIKE DEWINE

★ OHIO ATTORNEY GENERAL ★



Ohio Peace Officer Training Commission
Office 800-346-7682
Fax 740-845-2675

P.O. Box 309
London, OH 43140
www.OhioAttorneyGeneral.gov

DRIVING PROFICIENCY TESTING RECORD Curriculum Code BAS-030

STUDENT NAME: _____

LAST NAME

FIRST NAME

M.I.

SCHOOL NAME: _____ SCHOOL NUMBER: _____

APPOINTING AGENCY: _____ OPEN ENROLLMENT
CHECK

VEHICLE MAKE: _____ MODEL: _____

SPO	ACTIVITY / TECHNIQUE	MINIMUM % REQUIREMENT	TEST #1 P / F	TEST #2 P / F
13	Apex (60 Sec.)	75%		
14	Controlled Braking	75%		
15	Controlled Weave (90 Sec.)	75%		
16	Dynamics Park (120 Sec.)	75%		
17	Evasive Maneuver	75%		
18	Fast Back (15 Sec.)	75%		
19	Interchange of Traffic Lanes (30 Sec.)	75%		
20	Pursuit Turns (45 Sec.)	75%		
21	Reverse Curves (60 Sec.)	75%		
22	Shuffle Steering (40 Sec.)	75%		
23	Straight Line Braking Left	75%		
24	Straight Line Braking Right	75%		

ENTER "P" OR "F" IN TEST #1 OR #2
DO NOT ENTER PERCENTAGE

CERTIFYING INSTRUCTOR(S) SIGNATURE(S) & OPOTC INSTRUCTOR #:

INSTRUCTOR SIGNATURE

OPOTC #

COMMANDER SIGNATURE

DATE



MIKE DEWINE

★ OHIO ATTORNEY GENERAL ★



Ohio Peace Officer Training Commission
Office 800-346-7682
Fax 740-845-2675

P.O. Box 309
London, OH 43140
www.OhioAttorneyGeneral.gov

STOPS & APPROACHES PROFICIENCY TESTING RECORD

Curriculum Code BAS-030

STUDENT'S NAME: _____ SCHOOL NAME: _____ SCHOOL NUMBER _____

ACTION	TEST #1 TEST #2	
	P / F	P / F
Demonstrate one approach pattern for Unknown-Risk vehicle stops (SPO #12)		
Check for traffic hazards prior to exiting cruiser?		
Maintain weapon awareness?		
Read body language (movements) of suspect(s)?		
Close cruiser door without slamming?		
Monitor traffic?		
Handle flashlight according to lesson plan, if applicable?		
Watch suspect's reverse and brake lights?		
Visually inspect rear seat area?		
Stay behind the "trailing edge" of the suspect's door?		
Approach withdraw, properly according to lesson plan?		
Demonstrate one Walk-back pattern for Elevated-Risk vehicle stops (SPO #15)		
Check for traffic hazard prior to exiting cruiser?		
Maintain weapon awareness?		
Read body language (movement) of suspect(s)?		
Exit cruiser and take a position behind open cruiser door of choice in a ready stance according to the lesson plan?		
Monitor traffic?		
Handle flashlight according to lesson plan, if applicable?		
Watch suspect's reverse and brake lights?		
Ensure there is a break in traffic to allow suspect safe exit?		
Request suspect to get out of car?		
Greet the suspect politely?		
Request the suspect to walk back to the cruiser?		
Receive documents by requiring suspect to extend his/her hand to officer?		
Request suspect to return to vehicle?		
From position behind open cruiser door, remain standing until suspect has re-entered his/her vehicle?		
Demonstrate the procedure for High-Risk vehicle stops (SPO #19)		
Initiate High-Risk vehicle stop?		
Position cruisers for High-Risk vehicle stop?		
Fulfill assigned area of responsibility?		
Maintain control of all occupants?		
Control exit and movement custody of at least one suspect according to lesson plan?		
Participate in clearing the suspect vehicle according to the lesson plan?		

ENTER P OR F ONLY

INSTRUCTOR SIGNATURE OPOTC #: _____

COMMANDER / ADMINISTRATOR SIGNATURE: _____ DATE: _____

NO STAMPS / ORIGINAL SIGNATURES ONLY

SF131bas Effective 07/01/2014



MIKE DeWINE

★ OHIO ATTORNEY GENERAL ★



Ohio Peace Officer Training Commission
Office 800-346-7682
Fax 740-845-2675

P.O. Box 309
London, OH 43140
www.OhioAttorneyGeneral.gov

NHTSA STANDARDIZED FIELD SOBRIETY TESTING (SFST) PROFICIENCY TESTING RECORD

Curriculum Code BAS-030

STUDENT'S NAME: _____ SCHOOL NAME: _____ SCHOOL NUMBER _____

SPO	ACTION	TEST #1 P/F	TEST #2 P/F
1	Complete the NHTSA Standardized Field Sobriety Testing (SFST) Training		
	Earn at least an 80% on the NHTSA Post test		
	Administer the complete test battery, in an instructor's presence, without deleting or erroneously performing any of the critical administrative elements of the tests		
	Demonstrate administration of the horizontal gaze nystagmus SFST on a testing subject.		
	Have subject remove glasses, if worn.		
	Stimulus held in proper position (approximately 12"-15" from nose, just above eye level).		
	Check for equal pupil size and look for resting nystagmus.		
	Check for equal tracking.		
	Smooth movement from center of nose to maximum deviation in approximately two seconds and then back across subject's face to maximum deviation in right eye, and back to center. Each movement should take approximately two seconds to bring the eye from center to side. Check left eye, then right eye. Repeat.		
	Eye held at maximum deviation for a minimum of four seconds (no white showing). Check left eye, then right eye. Repeat.		
	Eye moved slowly (approximately 4 seconds) from center to a 45° angle. Check left eye, then right eye. Repeat.		
	Check for Vertical Gaze Nystagmus. Eyes held at maximum elevation for at least four seconds. Check both eyes at the same time. Repeat.		
	Demonstrate administration of the walk and turn SFST on a testing subject.		
	Instructions given from a safe position.		
	Tells subject to place left foot on a line, then right foot in front of left foot touching heel to toe with arms at sides, and gives demonstration.		
	Tells subject not to begin walking until instructed to do so and asks if subject understands.		
	Tells subject to take nine heel-to-toe steps on the line and demonstrates.		
	Explains and demonstrates turning procedure.		
	Tells subject to return on the line taking nine heel-to-toe steps.		
	Tells subject to count steps out loud.		
	Tells subject to look at feet while walking.		
	Tells subject not to raise arms from sides.		
	Tells subject not to stop walking until the test is completed		
	Asks subject if all instructions are understood.		
	Demonstrate administration of the one-leg stand SFST on a testing subject.		
	Instructions given from a safe position.		
	Tells subject to stand straight, place feet together, and hold arms at sides.		
	Tells subject not to begin test until instructed to do so and asked if subject understands.		
	Tells subject to raise one leg, either leg, approximately six inches from the ground, keeping raised foot parallel to the ground, and gives demonstration.		
	Tells subject to keep both legs straight, arms at sides, and to look at elevated foot.		
	Tells subject to count in the following manner: 1,000 one, 1,000 two, until told to stop and gives demonstration.		
	Asks subject if all instructions are understood		
	Checks actual time subject holds leg up. (Time for 30 seconds.)		

ENTER P OR F ONLY

INSTRUCTOR SIGNATURE

OPOTC #: _____

COMMANDER / ADMINISTRATOR SIGNATURE: _____ DATE: _____

NO STAMPS / ORIGINAL SIGNATURES ONLY

SF132bas Effective 07/01/2014



MIKE DEWINE

★ OHIO ATTORNEY GENERAL ★



Ohio Peace Officer Training Commission
Office 800-346-7682
Fax 740-845-2675

P.O. Box 309
London, OH 43140
www.OhioAttorneyGeneral.gov

HAZMAT & WMD AWARENESS PROFICIENCY TESTING RECORD Curriculum Code BAS-030

SCHOOL NAME: _____ SCHOOL NUMBER _____

SPO	ACTION
1	Ohio Fire Academy: Ohio HazMat & WMD Awareness for the First Responder course

STUDENT'S NAME (Last, First, Middle Initial)	TEST #1	TEST #2
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		

ENTER P OR F ONLY

INSTRUCTOR SIGNATURE OPOTC #: _____

COMMANDER/ADMINISTRATOR SIGNATURE: _____ DATE: _____
NO STAMPS / ORIGINAL SIGNATURES ONLY



MIKE DEWINE

★ OHIO ATTORNEY GENERAL ★



Ohio Peace Officer Training Commission
Office 800-346-7682
Fax 740-845-2675

P.O. Box 309
London, OH 43140
www.OhioAttorneyGeneral.gov

INCIDENT COMMAND SYSTEM PROFICIENCY TESTING RECORD Curriculum Code BAS-030

SCHOOL NAME: _____ SCHOOL NUMBER _____

SPO	ACTION
1	Federal Emergency Management Agency (FEMA) IS-100.b Introduction to Incident Command System course

STUDENT'S NAME (Last, First, Middle Initial)	TEST #1	TEST #2
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		

ENTER P OR F ONLY

INSTRUCTOR SIGNATURE OPOTC #: _____

COMMANDER/ADMINISTRATOR SIGNATURE: _____ DATE: _____
NO STAMPS / ORIGINAL SIGNATURES ONLY



MIKE DEWINE

★ OHIO ATTORNEY GENERAL ★



Ohio Peace Officer Training Commission
Office 800-346-7682
Fax 740-845-2675

P.O. Box 309
London, OH 43140
www.OhioAttorneyGeneral.gov

NATIONAL INCIDENT MANAGEMENT SYSTEM (NIMS) PROFICIENCY TESTING RECORD Curriculum Code BAS-030

SCHOOL NAME: _____ SCHOOL NUMBER _____

SPO	ACTION
1	Federal Emergency Management Agency (FEMA) IS-700.A: National Incident Management System, An Introduction course

STUDENT'S NAME (Last, First, Middle Initial)	TEST #1	TEST #2
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		

ENTER P OR F ONLY

INSTRUCTOR SIGNATURE

OPOTC #: _____

COMMANDER/ADMINISTRATOR SIGNATURE: _____ DATE: _____
NO STAMPS / ORIGINAL SIGNATURES ONLY



MIKE DEWINE

★ OHIO ATTORNEY GENERAL ★



Ohio Peace Officer Training Commission
Office 800-346-7682
Fax 740-845-2675

P.O. Box 309
London, OH 43140
www.OhioAttorneyGeneral.gov

PATROL TECHNIQUES PROFICIENCY TESTING RECORD Curriculum Code BAS-030

STUDENT NAME: _____
LAST NAME FIRST NAME M.I.

SCHOOL NAME: _____ SCHOOL NUMBER: _____

SPO	ACTION	TEST #1	TEST #2
8	Demonstrate a proper field interview with a role player		
	Display good officer safety tactics		
	Use appropriate questioning to obtain the necessary information		
9	Identify any physiological clues that are displayed		
	Demonstrate necessary officer safety factors during a foot pursuit scenario		
	Properly clear the suspect's vehicle		
	Properly clear the corner of the building		
	Demonstrate good decision making at the end of the scenario based on the suspect's actions		

ENTER P OR F ONLY

INSTRUCTOR SIGNATURE OPOTC #: _____

COMMANDER / ADMINISTRATOR SIGNATURE: _____ DATE: _____
NO STAMPS / ORIGINAL SIGNATURES ONLY



MIKE DEWINE

★ OHIO ATTORNEY GENERAL ★



Ohio Peace Officer Training Commission
Office 800-346-7682
Fax 740-845-2675

P.O. Box 309
London, OH 43140
www.OhioAttorneyGeneral.gov

BUILDING SEARCHES PROFICIENCY TESTING RECORD

Curriculum Code BAS-030

STUDENT NAME: _____
LAST NAME FIRST NAME M.I.
SCHOOL NAME: _____ SCHOOL NUMBER: _____

SPO	ACTION	TEST #1	TEST #2
3	Demonstrate a single officer room entry		
	“Slice the pie” to clear as much of the room as possible prior to entry		
	Check the hard corner and clear the remaining area		
4	Demonstrate a button hook room entry with a partner		
	Move in the opposite direction of your partner after making entry		
	Check hard corners first then clear the remaining area		
5	Demonstrate a criss-cross room entry with a partner		
	Move in the opposite direction of your partner after making entry		
	Check hard corners first then clear the remaining area		
6	Demonstrate a modified combination of a button hook and criss-cross room entry with a partner		
	Move in the opposite direction of your partner after making entry		
	Check hard corners first then clear the remaining area		
	Maintain weapon discipline and shooting platform		

ENTER P OR F ONLY

INSTRUCTOR SIGNATURE OPOTC #: _____

COMMANDER / ADMINISTRATOR SIGNATURE: _____ DATE: _____
NO STAMPS / ORIGINAL SIGNATURES ONLY



MIKE DEWINE

★ OHIO ATTORNEY GENERAL ★



Ohio Peace Officer Training Commission
Office 800-346-7682
Fax 740-845-2675

P.O. Box 309
London, OH 43140
www.OhioAttorneyGeneral.gov

NHTSA SPEED MEASURING DEVICE TRAINING PROFICIENCY TESTING RECORD Curriculum Code BAS-030

STUDENT'S NAME: _____ SCHOOL NAME: _____ SCHOOL NUMBER _____

SPO	ACTION	TEST #1	TEST #2
		P / F	P / F
1	Complete the NHTSA Speed Measuring Device Training		
	Demonstrate the set-up and testing of the radar device		
	Complete at least 20 target radar readings while stationary		
	Complete at least 20 target radar readings while moving		
	Demonstrate the set-up and testing of the lidar device		
	Complete 20 lidar target readings while sitting inside of the vehicle		
	Complete 20 lidar target readings while standing outside the vehicle		
	Earn at least a 75% on the Post test		

ENTER P OR F ONLY

INSTRUCTOR SIGNATURE OPOTC #: _____

COMMANDER / ADMINISTRATOR SIGNATURE: _____ DATE: _____



IMPACT WEAPONS PROFICIENCY TESTING RECORD
Curriculum Code BAS-030

STUDENT'S NAME: _____

SCHOOL NAME: _____ SCHOOL NUMBER _____

SPO	ACTION	TEST #1	TEST #2
		P / F	P / F
2	Principles of transitioning		
	Transitioning to impact weapon		
	Transitioning from impact weapon to another force option		
3	Strikes/blocks with an impact weapon		
	Closed mode/short impact weapon		
	Open mode/straight or side-handle baton		
4	Escapes from body locks/hold releases with an impact weapon		
5	Ground defense with an impact weapon		
6	Impact weapon retention		
	From the holder		
	When impact weapon is out		
7	Arrest and control techniques with an impact weapon		
8	Demonstrate ethical decision making and critical thinking in a practical application scenario		

ENTER P OR F ONLY

 INSTRUCTOR SIGNATURE OPOTC #: _____

COMMANDER/ADMINISTRATOR SIGNATURE: _____ DATE: _____
 NO STAMPS / ORIGINAL SIGNATURES ONLY

DATE

Executive Director
Ohio Peace Officer Training Commission
P.O. Box 309
London, Ohio 43140

RE: School # _____

School Name _____

Dates: From _____ To _____

SCHOOL TYPE: (Check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Peace Officer Basic Training* | <input type="checkbox"/> Corrections Basic Training* | <input type="checkbox"/> Private Security Firearms |
| <input type="checkbox"/> Prior Equivalent Training* | <input type="checkbox"/> Jailer Basic Training | <input type="checkbox"/> Parole Officer Firearms |
| <input type="checkbox"/> Refresher Training* | <input type="checkbox"/> Bailiff Basic Training | <input type="checkbox"/> Probation Officer Firearms |
| <input type="checkbox"/> Update Training | <input type="checkbox"/> Private Security Academic* | |

* State Certification Examination required upon completion of training

I, as a School Commander of the above cited class, do hereby state that the students from this class are recommended for certification as represented on the attached student information records. They have received at least the minimum number of hours of instruction in all prescribed topics as required by the Ohio Administrative Code and/or Ohio Revised Code. They have proven their proficiency in performing all the mandatory Student Performance Objectives. This training was conducted in compliance with the rules of the Ohio Administrative Code and the standards of the Ohio Peace Officer Training Commission.

I further state that all records submitted are true and accurate reflections of the results of the training course, and acknowledge that submission of falsified records is a criminal violation.

If applicable, I recommend the students as listed on the EX-710 (Student Certification Examination Qualification Form) submitted with the attached closing package, for certification upon their successful passing of the state certification examination and all other Ohio Peace Officer Training Commission requirements.

SCHOOL COMMANDER SIGNATURE

SCHOOL COMMANDER NAME (TYPED)



MIKE DeWINE

★ OHIO ATTORNEY GENERAL ★



Ohio Peace Officer Training Commission
740-845-2700
800-346-7682
Fax 740-845-2675

P.O. Box 309
London, Ohio 43140
www.OhioAttorneyGeneral.gov

Medical Extension Physical Fitness Assessment Request Form

All Peace Officer Basic Training students granted a Medical Extension are required to perform their Physical Fitness Assessment at the OPOTA London campus. Commanders must submit this form to the Medical Extension PFA Coordinator at least two weeks prior to the requested test date.

Please submit via U.S. Mail, fax, or electronic mail attachment to:

Mr. James D. Daniels
MedEx PFA Coordinator
P.O. Box 309
London, OH 43140

PHONE: 740-845-6304

EMAIL: james.daniels@ohioattorneygeneral.gov

FAX: 740-845-6318

Student Name			Student Address	Driver's License
<i>Last</i>	<i>First</i>	<i>Middle</i>		Number
Date of Birth		Sex		Expiration <i>Day/Month/Year</i>
		M F		
School Name			School Address	School Number
				<i>BAS:</i>
School Commander			Medical Professional (MD, PO, CNP, PA)	Class Start Date
<i>Name and phone number</i>			<i>Name and phone number</i>	<i>Day/Month/Year</i>
Medical Extension Deadline			OPOTA PFA Date Requested	Previous PFA's
<i>Day/Month/Year</i>			<i>(Please Choose 1st and 2nd Preferred Test Dates)</i>	<i>Day/Month/Year</i>
			<i>Jan. 13 & 27</i>	<i>July 28</i>
			<i>Feb. 10 & 24</i>	<i>Aug. 11 & 25</i>
			<i>March 10 & 31</i>	<i>Sept. 8</i>
			<i>April 14 & 29</i>	<i>Oct. 6 & 27</i>
			<i>May 27</i>	<i>Nov. 10 & 24</i>
<i>(Please List All Medical Extensions Previously Granted)</i>			<i>June 2 & 23 & 30</i>	<i>Dec. 8 & 29</i>
Student Signature			Date	
Commander Signature			Date	

The MedEx PFA Coordinator will notify Commander of the approved test date. If a test date has been coordinated by phone, this form must still be submitted. Physical Fitness Assessment standards and protocol remain unchanged. Please refer to the Medical Extension PFA FAQ sheet for further guidance.



MIKE DEWINE

★ OHIO ATTORNEY GENERAL ★



Ohio Peace Officer Training Commission
Office 800-346-7682
Fax 740-845-2675

P.O. Box 309
London, OH 43140
www.OhioAttorneyGeneral.gov

OPOTC MEDICAL EXTENSION REQUEST FORM

Student Name: _____
(Last) (First) (Middle)

Student Address: _____

School Name: _____

School Address: _____

School Number: _____ School Start Date: _____

OPOTC Compliance Officer Name: _____

The above-named student has provided to me an “OPOTC Injury/Medical Condition Examination Form,” signed by a medical doctor (MD), osteopath (DO), physician’s assistant (PA), or certified nurse practitioner (CNP) licensed by the Ohio State Medical Board or the Ohio State Board of Nursing, or neighboring state’s equivalent, and has asked that I request an extension of time for them to complete _____. A copy of this document is attached to this form. I have reviewed this document, and I support the student’s request. I hereby request a medical extension to allow this student to recuperate and participate in this topic(s). I have informed the student that prior to participation, the student must produce an “OPOTC Medical Release Form,” signed by their MD, DO, PA, or CNP, releasing them to full activity. If this is an extension of a physical fitness assessment, I have informed the student that the assessment will be held at OPOTA, London campus, and will include sit-ups, push-ups, and a 1.5 mile run, and that the student must meet the established requirements in each event. Finally, I have informed the student that, should the student fail to successfully complete required training within the allotted extension of time (to include a retest, as appropriate) or should the student fail to meet the requirements in any event, the student will not be permitted to take the Ohio Peace Officer Basic Certification Examination.

Date of Request: _____

Commander Signature: _____

Commander Name: _____

Commander Phone #: _____

Commander Email: _____



MIKE DEWINE

★ OHIO ATTORNEY GENERAL ★



Ohio Peace Officer Training Commission
Office 800-346-7682
Fax 740-845-2675

P.O. Box 309
London, OH 43140
www.OhioAttorneyGeneral.gov

OPOTC INJURY/MEDICAL CONDITION EXAMINATION FORM

Student Name: _____
(Last) (First) (Middle)

School Name: _____

School Number: _____ School Start Date: _____

Commander Name: _____

.....

This section to be completed by MD, DO, PA, or CNP (please type or print legibly)

Examination Date: _____

Diagnosis: _____

Patient Prognosis: _____

Signature of Medical Professional: _____

Title (MD, DO, PA, or CNP): _____ Issuing State: _____ License #: _____

Name: _____

Address: _____

Phone #: _____



MIKE DEWINE

★ OHIO ATTORNEY GENERAL ★



Ohio Peace Officer Training Commission
Office 800-346-7682
Fax 740-845-2675

P.O. Box 309
London, OH 43140
www.OhioAttorneyGeneral.gov

OPOTC MEDICAL RELEASE FORM

Student Name: _____
(Last) (First) (Middle)

School Name: _____

School Number: _____ School Start Date: _____

Commander Name: _____

.....

This section to be completed by MD, DO, PA, or CNP (please type or print legibly)

Examination Date: _____

I, _____ [name of medical professional], hereby release _____ [patient name] from my care and find that the student may immediately resume physical activity (to include, but not limited to, sit-ups, push-ups, and a timed 1.5-mile run), with no restrictions.

Signature of Medical Professional: _____

Title (MD, DO, PA, or CNP): _____ Issuing State: _____ License #: _____

Name: _____

Address: _____

Phone #: _____



MIKE DEWINE

★ OHIO ATTORNEY GENERAL ★



Ohio Peace Officer Training Commission
Office 800-346-7682
Fax 740-845-2675

P.O. Box 309
London, OH 43140
www.OhioAttorneyGeneral.gov

BASIC TRAINING PHYSICAL ASSESSMENT FORM

School Name: _____ School #: _____

Student's Name: _____
(Last) (First) (MI)

Gender: _____ M _____ F DOB: _____ Age: _____

Initial Assessment Date: _____ Final Assessment Date: _____ Retest Date: _____

Status at Final Assessment: _____ Appointed _____ Open Enrollment

Age and Gender Minimum Scores						Initial Assessment	Final Assessment (Score/P-F)	Retest (Score/P-F)
	Males (<29)		Females (<29)					
Sit-ups (1 min.)	15%	50%	15%	50%				
Push-ups (1 min.)	32	40	23	35	# Sit-ups Completed	# Sit-ups Completed	# Sit-ups Completed	
1.5 Mile Run	19	33	9	18				
	14:33	11:58	17:53	14:15				
	Males (30-39)		Females (30-39)					
Sit-ups (1 min.)	15%	50%	15%	50%				
Push-ups (1 min.)	28	36	18	27	# Push-ups Completed	# Push-ups Completed	# Push-ups Completed	
1.5 Mile Run	15	27	7	14				
	15:14	12:25	19:01	15:14				
	Males (40-49)		Females (40-49)					
Sit-ups (1 min.)	15%	50%	15%	50%				
Push-ups (1 min.)	22	31	22	35	1.5 Mile Time	1.5 Mile Time	1.5 Mile Time	
1.5 Mile Run	10	21	10	18				
	16:09	13:05	16:09	14:15				
	Males (50-59)		Females (50-59)					
Sit-ups (1 min.)	15%	50%	15%	50%				
Push-ups (1 min.)	17	26	7	17				
1.5 Mile Run	7	15	n/a	13 (modified)				
	18:22	14:33	22:53	18:05				
	Males (60+)		Females (60+)					
Sit-ups (1 min.)	15%	50%	15%	50%	OVERALL (P/F)	OVERALL (P/F)	OVERALL (P/F)	
Push-ups (1 min.)	13	20	2	8				
1.5 Mile Run	5	15	n/a	8 (modified)	15% (Y/N)			
	21:34	16:19	25:02	20:08				

Students must pass each event, at the minimum 50th percentile of the Cooper Institute standards, in order to be eligible for the state certification exam.

Fitness Specialist Signature Date

Commander Signature Date

Fitness Specialist Signature Date

Commander Signature Date

Fitness Specialist Signature Date

Commander Signature Date



MIKE DEWINE

★ OHIO ATTORNEY GENERAL ★



Ohio Peace Officer Training Commission
Office 800-346-7682
Fax 740-845-2675

P.O. Box 309
London, OH 43140
www.OhioAttorneyGeneral.gov

APPLICATION FOR PEACE OFFICER BASIC TRAINING ACADEMY COMMANDER CERTIFICATION

I. PERSONAL DATA

Name _____
First Middle Last

SSN _____ DOB _____ Male _____ Female _____

Mailing Address _____
#/Street/P.O. Box _____
City State Zip Code County

Phone: Residence (____) _____ Daytime (____) _____
Cell (____) _____ FAX (____) _____

Email _____
NOTE: This email address will be used for OPOTC/OPOTA business-related communications, some of which may be time sensitive.

Academy Name _____
County

Academy Address _____
#/Street/P.O. Box City State Zip Code

Academy Phone (____) _____

A letter from the CEO of school (i.e. college president, department chair) attesting to appointment or employment as the school commander of the POBT school is required.

II. EMPLOYMENT HISTORY (FULL TIME ONLY) - Minimum of 7 Years Law Enforcement

<u>Department</u>	<u>Employment Dates</u>	<u>Highest Rank Obtained</u>
_____	From ____/____/____ To ____/____/____	_____
_____	From ____/____/____ To ____/____/____	_____

Supervisory Experience (Full Time Only)

Department _____ Rank _____ From ____/____/____ To ____/____/____
Department _____ Rank _____ From ____/____/____ To ____/____/____

III. TRAINING/EDUCATION

Basic Academy Information

Name of Academy _____ From ____/____/____ To ____/____/____
Peace Officer Certification Number (attach copy of certificate) _____

Secondary Education Information

High School Attended _____ City & State _____

Date of Graduation or Date of Receipt of GED ____/____/____
(Circle Graduation or GED, whichever is applicable.)

College/University Information

Institution Attended _____ City & State _____

Course of Study/Major _____ Dates Attended: From ____/____/____ To ____/____/____

Diploma/Degree Awarded (if applicable) _____ Date ____/____/____
(Attach Copy of Degree/Diploma)

If no degree, number of quarter hours _____ semester hours _____ attended.
(Attach Copy of Transcript from College/University showing number of hours attended)

IV. BACKGROUND INFORMATION

Have you ever been convicted of a felony in any jurisdiction of the United States or under the uniform code of military justice?
_____no _____yes

Have you ever been convicted of an offense of domestic violence or any related offense occurring as a result of a domestic violence incident? _____no _____yes

Do you currently have criminal charges pending in any jurisdiction? _____no _____yes

Have you ever been investigated for, disciplined for, terminated for, matters of veracity or of moral turpitude? _____no _____yes
If yes, include a detailed summary.

V. PROFESSIONAL REFERENCES (Must be current police administrator, or rank of Lieutenant or above.)

<u>Name</u>	<u>Rank</u>	<u>Department</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Attach letters of reference from the above-named individuals. These must accompany application.

MUST APPEAR IN PERSON BEFORE A NOTARY TO COMPLETE THE FOLLOWING AFFIDAVIT

AFFIDAVIT

I declare under the penalty of perjury that the information in this Application is true and correct to the best of my knowledge.

Signature Date

Subscribed and sworn personally before me by the above-named Affiant, this _____ day of _____, 20____, at _____, in the County of _____, and State of Ohio.

Printed name of Notary

(Seal)

Signature of Notary

Date notary commission expires

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.



**PEACE OFFICER BASIC TRAINING PROGRAM
UNIT INSTRUCTOR APPLICATION**

The application must be completed in its entirety, signed, and notarized. Attach additional documentation as requested. The following criteria must be met:

- Must be a high school graduate or possess a GED
- Five years relevant experience as a full-time law enforcement officer
- Completion of OPOTC-approved 80-hour Instructional Skills course, or 40-hour Instructional Skills course and 14-hour update
- Completion of courses which will allow a person to learn specific knowledge and skills in the unit/topics for which the instructor desires certification
- Recommendation of a school commander who has been the commander of record of a Peace Officer Basic Training or Peace Officer Refresher school held within the last two years

Utilize the curriculum sheet on the last page of the application to indicate the units/topics in which the instructor desires certification.

Return application with all supporting documentation to:

Ohio Peace Officer Training Commission
Professional Standards Division
P.O. Box 309
London, Ohio 43140

B. Advanced Training - College or University Education

<u>Name & Address of School Attended</u>	<u>Dates Attended (From - To)</u>	<u>Field of Study</u>	<u>Type of Degree</u>

2. **SPECIAL TRAINING RECEIVED**

(F.B.I. Academy, Special Police, Government, Military Organizations, *OSP*, *OPOTA*, etc.)

<u>Agency Name and Address</u>	<u>Dates (From - To)</u>	<u>Total Number of Years/Months</u>

3. **RELEVANT EXPERIENCE AS A FULL-TIME LAW ENFORCEMENT OFFICER**
If specialized assignment (detective, narcotics, SWAT, etc.) list below with dates.

<u>Agency Name and Address</u>	<u>Title/ Position</u>	<u>Dates of Employment (From - To)</u>	<u>Total Number of Years Employed</u>

4. **COMPLETION OF A COMMISSION-APPROVED INSTRUCTIONAL SKILLS COURSE**
 (After July 1, 2009, 80-Hour Instructor Skills required. After August 1, 2007, 40-Hour Instructor Skills and 14-Hour Update required. A minimum of 40 clock hours is required.)

NOTE: IT IS REQUIRED THAT YOU ATTACH A COPY OF YOUR 40/80 HOUR INSTRUCTOR TRAINING CERTIFICATE AND INSTRUCTOR SKILLS 14-HOUR UPDATE

<u>Name & Address of Instructor Skills School Completed</u>	<u>Dates Attended (From - To)</u>	<u>Number of Clock Hours</u>	<u>Date Course Completed</u>

<u>Name & Address of Instructor Skills 14-Hour Update School Completed, if applicable</u>	<u>Dates Attended (From - To)</u>	<u>Number of Clock Hours</u>	<u>Date Course Completed</u>

5. **BACKGROUND INFORMATION**

Have you ever been investigated for, disciplined for, terminated for, matters of veracity or of moral turpitude?
___Yes ___No If yes, include a detailed summary.

MUST APPEAR IN PERSON BEFORE A NOTARY TO COMPLETE THE FOLLOWING AFFIDAVIT

AFFIDAVIT

I declare under the penalty of perjury that the information in this Application is true and correct to the best of my knowledge.

Signature

Date

Subscribed and sworn personally before me by the above-named Affiant, this _____ day of _____, 20____, at _____, in the County of _____, and State of Ohio.

Printed name of Notary

(Seal)

Signature of Notary

Date notary commission expires

THIS SECTION TO BE COMPLETED AND SIGNED BY PEACE OFFICER BASIC TRAINING SCHOOL COMMANDER ONLY

RECOMMENDATION BY AN APPROVED AND CURRENT PEACE OFFICER BASIC TRAINING SCHOOL COMMANDER

Pursuant to the Rules and Regulations specified in 109:2-1-06(A) of the Ohio Administrative Code, I recommend the above named individual receive a Unit Instructor certificate for the units indicated on the attached form. For purposes of making this recommendation, I have been the Commander of record for a basic training or refresher school in the past two years.

Name of School Commander
(Please type or print clearly)

School Name

Mailing Address

Signature of School Commander

Date

Commander Number



MIKE DEWINE

★ OHIO ATTORNEY GENERAL ★



Ohio Peace Officer Training Commission
Office 800-346-7682
Fax 740-845-2675

P.O. Box 309
London, OH 43140
www.OhioAttorneyGeneral.gov

Peace Officer Basic Training Curriculum Effective 07/01/2014

1. Administration

1. Introduction to Basic Training
2. Introduction to Policing
3. Fundamentals of the Criminal Justice System
4. *INTENTIONALLY LEFT BLANK*
5. Ethics & Professionalism
6. *INTENTIONALLY LEFT BLANK*
7. Fundamentals of Report Writing

2. Legal*

1. General Provisions*
2. Ohio Revised Code*
3. Arrest, Search, & Seizure*
4. *INTENTIONALLY LEFT BLANK*
5. *INTENTIONALLY LEFT BLANK*
6. Civil Liability & Use of Force*
7. Testifying In Court*

3. Human Relations

1. Public Relations
2. *INTENTIONALLY LEFT BLANK*
3. Domestic Violence*
4. Crisis Intervention
5. Child Abuse & Neglect*
6. The Missing & Human Trafficking*
7. Juvenile Justice System*
8. Victims' Rights
9. *INTENTIONALLY LEFT BLANK*
10. Community Diversity*
11. *INTENTIONALLY LEFT BLANK*

4. Firearms*

1. Revolver
2. Shotgun
3. Semi-Auto Pistol

**A SPECIAL SUBJECT
INSTRUCTOR CANNOT
REQUEST UNITS 4 OR 5**

5. Driving*

6. Subject Control Techniques*

1. Subject Control Techniques*
2. Impact Weapons*

7. First Aid/CPR/AED*

8. Patrol

1. Patrol Techniques
2. *INTENTIONALLY LEFT BLANK*
3. *INTENTIONALLY LEFT BLANK*
4. Building Searches
5. Stops & Approaches*
6. Vehicle Theft & Identification
7. Gang Awareness
8. Law Enforcement Automated Data System (LEADS)
9. Prisoner Booking & Handling
10. Ohio Law Enforcement Gateway (OHLEG)

9. Civil Disorders

10. Traffic

1. Introduction to Traffic
2. Motor Vehicle Offenses
3. *INTENTIONALLY LEFT BLANK*
4. Traffic Crash Investigation
5. Uniform Traffic Ticket
6. NHTSA Speed Measuring Device*
7. Traffic Direction & Control
8. NHTSA Standardized Field Sobriety Testing*
9. *INTENTIONALLY LEFT BLANK*

11. Investigation

1. Crime Scene
2. Electronic Evidence*
3. *INTENTIONALLY LEFT BLANK*
4. Police Photography
5. Tracing Stolen Property
6. *INTENTIONALLY LEFT BLANK*
7. Drug Awareness
8. *INTENTIONALLY LEFT BLANK*
9. *INTENTIONALLY LEFT BLANK*
10. *INTENTIONALLY LEFT BLANK*
11. Lineups
12. Gambling
13. *INTENTIONALLY LEFT BLANK*
14. Surveillance
15. Interview & Interrogation
16. *INTENTIONALLY LEFT BLANK*
17. *INTENTIONALLY LEFT BLANK*
18. *INTENTIONALLY LEFT BLANK*

12. Physical Conditioning

1. Physical Fitness & Conditioning*
2. Critical Incident Stress Awareness*

13. Homeland Security

1. HazMat and WMD Awareness for the First Responder*
2. Bombs and Explosives
3. Terrorism Awareness
4. Incident Command System (ICS)
5. National Incident Management System (NIMS)

* Denotes Instructor Course Is Required For Certification.



**PEACE OFFICER BASIC TRAINING PROGRAM
SPECIAL SUBJECT INSTRUCTOR APPLICATION**

The application must be completed in its entirety, signed, and notarized. Attach additional documentation as requested. The following criteria must be met:

- Must be a high school graduate or possess a GED
- Five years experience in area specialty, three of which must be full-time
- Completion of OPOTC-approved 80-hour Instructional Skills course, or 40-hour Instructional Skills course and 14-hour update
- Completion of courses which will allow a person to learn specific knowledge and skills in the unit/topics for which the instructor desires certification
- Exceptions to the training requirements are:
 - Attorneys licensed in the state of Ohio who apply for Special Subject certification in any legal topic. (Submit a copy of your attorney registration card.)
 - Duly qualified First Aid instructors for American Heart Association, Red Cross, or American Safety and Health Institute. (Submit a copy of your instructor card.)
 - Duly qualified Special Topic Instructors in Homeland Security topics
- Recommendation of a school commander who has been the commander of record of a Peace Officer Basic Training or Peace Officer Refresher school held within the last two years

Utilize the curriculum sheet on the last page of the application to indicate the units/topics in which the instructor desires certification.

Return application with all supporting documentation to:

Ohio Peace Officer Training Commission
Professional Standards Division
P.O. Box 309
London, Ohio 43140



MIKE DeWINE

★ OHIO ATTORNEY GENERAL ★



Ohio Peace Officer Training Commission
Office 800-346-7682
Fax 740-845-2675

P.O. Box 309
London, OH 43140
www.OhioAttorneyGeneral.gov

APPLICATION FOR SPECIAL SUBJECT INSTRUCTOR CERTIFICATE

(Please type or print clearly)

Name _____
First Middle Last

SSN _____ DOB _____ Male _____ Female _____

Mailing Address _____
#/Street/P.O. Box

City State Zip Code County

Phone: Residence (_____) _____ Daytime (_____) _____

Cell (_____) _____ FAX (_____) _____

Email _____

NOTE: This email address will be used for OPOTC/OPOTA business-related communications, some of which may be time sensitive.

At times we receive requests for information on instructors approved to teach a particular topic. By checking this box, you are authorizing OPOTC staff to release information about your instructor certification which would allow others to contact you in their efforts to find an instructor.

1. EDUCATION

A. High School Education or GED

Name & Address of School Attended	Dates Attended (From - To)	High School Diploma		GED Certificate	
		Yes	No	Yes	No
_____	(Mo/Yr)	__	__	__	__

B. Advanced Training - College or University Education

NOTE: IT IS REQUIRED THAT YOU ATTACH A COPY OF DEGREES OBTAINED

Name & Address of School Attended	Dates Attended (From - To)	Field of Study	Type of Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

THIS FORM MAY BE REPRODUCED

2. **TRAINING IN THE SUBJECT AREA TO BE TAUGHT**

NOTE: IT IS REQUIRED THAT YOU ATTACH COPIES OF TRAINING CERTIFICATES RECEIVED.

<u>Name & Address of School Attended</u>	<u>Course Title</u>	<u>Course Length (In Weeks)</u>	<u>Date Completed</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. **FULLTIME EXPERIENCE IN THE SUBJECT AREA TO BE TAUGHT**

<u>Agency Name and Address</u>	<u>Title/ Position</u>	<u>Dates of Employment (From - To)</u>	<u>Total Number of Yrs/Mos Employed</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. **COMPLETION OF A COMMISSION-APPROVED INSTRUCTIONAL SKILLS COURSE**
(After July 1, 2009, 80-Hour Instructor Skills required. After August 1, 2007, 40-Hour Instructor Skills and 14-Hour Update required.)

NOTE: IT IS REQUIRED THAT YOU ATTACH A COPY OF YOUR 40/80 HOUR INSTRUCTOR TRAINING CERTIFICATE AND INSTRUCTOR SKILLS 14-HOUR UPDATE

<u>Name & Address of Instructor Skills School Completed</u>	<u>Dates Attended (From - To)</u>	<u>Number of Clock Hours</u>	<u>Date Course Completed</u>
_____	_____	_____	_____

<u>Name & Address of Instructor Skills 14-Hour Update School Completed, if applicable</u>	<u>Dates Attended (From - To)</u>	<u>Number of Clock Hours</u>	<u>Date Course Completed</u>
_____	_____	_____	_____

5. **BACKGROUND INFORMATION**

Have you ever been investigated for, disciplined for, terminated for, matters of veracity or of moral turpitude? no yes If yes, include a detailed summary.

MUST APPEAR IN PERSON BEFORE A NOTARY TO COMPLETE THE FOLLOWING AFFIDAVIT

AFFIDAVIT

I declare under the penalty of perjury that the information in this Application is true and correct to the best of my knowledge.

Signature

Date

Subscribed and sworn personally before me by the above-named Affiant, this _____ day of _____, 20____, at _____, in the County of _____, and State of Ohio.

Printed name of Notary

(Seal)

Signature of Notary

Date notary commission expires

THIS SECTION TO BE COMPLETED AND SIGNED BY A PEACE OFFICER BASIC TRAINING SCHOOL COMMANDER ONLY

RECOMMENDATION BY AN APPROVED AND CURRENT PEACE OFFICER BASIC TRAINING SCHOOL COMMANDER

Pursuant to the Rules and Regulations specified in 109:2-1-06(A) of the Ohio Administrative Code, I recommend the above named individual receive a Special Subject Instructor certificate for the special subjects indicated on the attached form. For purposes of making this recommendation, I have been the Commander of record for a basic training or refresher school in the past two years.

Name of School Commander
(Please type or print clearly)

School Name

Mailing Address

Signature of School Commander

Date

Commander Number



**Peace Officer Basic Training Curriculum
 Effective 07/01/2014**

1. Administration

1. Introduction to Basic Training
2. Introduction to Policing
3. Fundamentals of the Criminal Justice System
4. *INTENTIONALLY LEFT BLANK*
5. Ethics & Professionalism
6. *INTENTIONALLY LEFT BLANK*
7. Fundamentals of Report Writing

2. Legal*

1. General Provisions*
2. Ohio Revised Code*
3. Arrest, Search, & Seizure*
4. *INTENTIONALLY LEFT BLANK*
5. *INTENTIONALLY LEFT BLANK*
6. Civil Liability & Use of Force*
7. Testifying In Court*

3. Human Relations

1. Public Relations
2. *INTENTIONALLY LEFT BLANK*
3. Domestic Violence*
4. Crisis Intervention
5. Child Abuse & Neglect*
6. The Missing & Human Trafficking*
7. Juvenile Justice System*
8. Victims' Rights
9. *INTENTIONALLY LEFT BLANK*
10. Community Diversity*
11. *INTENTIONALLY LEFT BLANK*

4. Firearms*

1. Revolver
2. Shotgun
3. Semi-Auto Pistol

**A SPECIAL SUBJECT
 INSTRUCTOR CANNOT
 REQUEST UNITS 4 OR 5**

5. Driving*

6. Subject Control Techniques*

1. Subject Control Techniques*
2. Impact Weapons*

7. First Aid/CPR/AED*

8. Patrol

1. Patrol Techniques
2. *INTENTIONALLY LEFT BLANK*
3. *INTENTIONALLY LEFT BLANK*
4. Building Searches
5. Stops & Approaches*
6. Vehicle Theft & Identification
7. Gang Awareness
8. Law Enforcement Automated Data System (LEADS)
9. Prisoner Booking & Handling
10. Ohio Law Enforcement Gateway (OHLEG)

9. Civil Disorders

10. Traffic

1. Introduction to Traffic
2. Motor Vehicle Offenses
3. *INTENTIONALLY LEFT BLANK*
4. Traffic Crash Investigation
5. Uniform Traffic Ticket
6. NHTSA Speed Measuring Device*
7. Traffic Direction & Control
8. NHTSA Standardized Field Sobriety Testing*
9. *INTENTIONALLY LEFT BLANK*

11. Investigation

1. Crime Scene
2. Electronic Evidence*
3. *INTENTIONALLY LEFT BLANK*
4. Police Photography
5. Tracing Stolen Property
6. *INTENTIONALLY LEFT BLANK*
7. Drug Awareness
8. *INTENTIONALLY LEFT BLANK*
9. *INTENTIONALLY LEFT BLANK*
10. *INTENTIONALLY LEFT BLANK*
11. Lineups
12. Gambling
13. *INTENTIONALLY LEFT BLANK*
14. Surveillance
15. Interview & Interrogation
16. *INTENTIONALLY LEFT BLANK*
17. *INTENTIONALLY LEFT BLANK*
18. *INTENTIONALLY LEFT BLANK*

12. Physical Conditioning

1. Physical Fitness & Conditioning*
2. Critical Incident Stress Awareness*

13. Homeland Security

1. HazMat and WMD Awareness for the First Responder*
2. Bombs and Explosives
3. Terrorism Awareness
4. Incident Command System (ICS)
5. National Incident Management System (NIMS)

*** Denotes Instructor Course Is Required For Certification.**



MIKE DEWINE

★ OHIO ATTORNEY GENERAL ★



Ohio Peace Officer Training Commission
Office 800-346-7682
Fax 740-845-2675

P.O. Box 309
London, OH 43140
www.OhioAttorneyGeneral.gov

Application for Renewal of Peace Officer's Basic UNIT Instructor Certificate

(Type or print clearly)

Name _____
First Middle Last

SSN _____ DOB _____ Male _____ Female _____

Mailing Address _____
#/Street/P.O. Box

City State Zip Code County

Phone: Residence (____) _____ Daytime (____) _____
Cell (____) _____ FAX (____) _____

Email _____
NOTE: This email address will be used for OPOTC/OPOTA business-related communications, some of which may be time sensitive.

Certificate Number _____ Expiration Date _____

At times we receive requests for information on instructors approved to teach a particular topic. By checking this box, you are authorizing OPOTC staff to release information about your instructor certification which would allow others to contact you in their efforts to find an instructor.

I authorize the OPOTC to place my firearms instructor information on the publicly accessible web site for Concealed Carry Weapon instructor purposes. My home phone number may be used: ___Yes ___No
If no, other: _____

Ohio Administrative Code, Chapter 109:2-1-06(C): Instructors certified by unit shall renew their certificate every 3 years. At least **60 days and no more than 90 days** before expiration of the certificate, the instructor shall file with the Executive Director, an application for renewal on a form supplied by the Executive Director. The instructor shall at the same time file:

1. Written evidence from the educational or training facility where the instructor received training documenting that the instructor has successfully completed **within the past three years, a minimum of twenty-four (24) clock hours of training in topics related to the basic training curriculum.**
2. Written evidence from the school commander or administrator that the instructor has **taught in two approved peace officer basic training schools for a minimum total of twenty-four (24) teaching hours within the past three years.**

1. Training to upgrade instructional ability. Minimum of 24 hours required. (Attach written evidence.)

<u>Educational/Training Facility</u>	<u>Course Title</u>	<u>Date</u>	<u>Number of Clock Hrs</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Taught in the following schools (Attach written evidence – i.e. letter from school commander attesting to school name and number, date(s), topic(s), hours taught; or copy of revised school calendar.)

<u>Name of School & Number</u>	<u>Date(s) Taught</u>	<u>Topic No. Taught</u>	<u>No. of Hours Taught</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. Have you ever been investigated for, disciplined for, terminated for, matters of veracity or of moral turpitude? Yes No If yes, include a detailed summary.

MUST APPEAR IN PERSON BEFORE A NOTARY TO COMPLETE THE FOLLOWING AFFIDAVIT

AFFIDAVIT

I declare under the penalty of perjury that the information in this Application is true and correct to the best of my knowledge.

Signature

Date

Subscribed and sworn personally before me by the above-named Affiant, this _____ day of _____, 20____, at _____, in the County of _____, and State of Ohio.

Printed name of Notary

(Seal)

Signature of Notary

Date notary commission expires

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED



MIKE DEWINE

★ OHIO ATTORNEY GENERAL ★



Ohio Peace Officer Training Commission
Office 800-346-7682
Fax 740-845-2675

P.O. Box 309
London, OH 43140
www.OhioAttorneyGeneral.gov

Application for Renewal of Peace Officer's Basic SPECIAL SUBJECT Instructor Certificate

(Type or print clearly)

Name _____
First Middle Last

SSN _____ DOB _____ Male _____ Female _____

Mailing Address _____
#/Street/P.O. Box

City State Zip Code County

Phone: Residence (____) _____ Daytime (____) _____

Cell (____) _____ FAX (____) _____

Email _____

NOTE: This email address will be used for OPOTC/OPOTA business-related communications, some of which may be time sensitive.

Certificate Number _____ Expiration Date _____

At times we receive requests for information on instructors approved to teach a particular topic. By checking this box, you are authorizing OPOTC staff to release information about your instructor certification which would allow others to contact you in their efforts to find an instructor.

Ohio Administrative Code, Chapter 109:2-1-06(C): Instructors certified by special subject shall renew their certificate every 3 years. At least **60 days and no more than 90 days** before expiration of the certificate, the instructor shall file with the Executive Director, an application for renewal on a form supplied by the Executive Director. He/she shall at the same time file:

1. Written evidence from the educational or training facility where the instructor received training documenting that the instructor has successfully completed **within the past three years, a minimum of twelve (12) clock hours of training in topics related to the basic training curriculum.**
2. Written evidence from the school commander or administrator that the instructor has **taught in two approved peace officer basic training schools for a minimum total of twelve (12) teaching hours within the past three years.**

1. Training to upgrade instructional ability. Minimum of 12 hours required. (Attach written evidence.)

<u>Educational/Training Facility</u>	<u>Course Title</u>	<u>Date</u>	<u>Number of Clock Hrs</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Taught in the following schools (Attach written evidence – i.e. letter from school commander attesting to school name and number, date(s), topic(s), and hours taught; or copy of revised school calendar.)

<u>Name of School & Number</u>	<u>Date(s) Taught</u>	<u>Topic No. Taught</u>	<u>No. of Hours Taught</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. Have you ever been investigated for, disciplined for, terminated for, matters of veracity or of moral turpitude? ___Yes ___No If yes, include a detailed summary.

MUST APPEAR IN PERSON BEFORE A NOTARY TO COMPLETE THE FOLLOWING AFFIDAVIT

AFFIDAVIT

I declare under the penalty of perjury that the information in this Application is true and correct to the best of my knowledge.

Signature

Date

Subscribed and sworn personally before me by the above-named Affiant, this _____ day of _____, 20____, at _____, in the County of _____, and State of Ohio.

Printed name of Notary

(Seal)

Signature of Notary

Date notary commission expires

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED



MIKE DEWINE

★ OHIO ATTORNEY GENERAL ★



Ohio Peace Officer Training Commission
Office 800-346-7682
Fax 740-845-2675

P.O. Box 309
London, OH 43140
www.OhioAttorneyGeneral.gov

REQUEST FOR AMENDMENT OF INSTRUCTOR CERTIFICATION

Date _____

To: Certification Officer
P. O. Box 309
London, OH 43140

I request amendment be approved for:

Name _____
First Middle Last

SSN _____ DOB _____ Male _____ Female _____

Mailing Address _____
#/Street/P.O. Box

City State Zip Code County

Phone: Residence (_____) _____ Daytime (_____) _____

Cell (_____) _____ FAX (_____) _____

Email _____

NOTE: This email address will be used for OPOTC/OPOTA business-related communications, some of which may be time sensitive.

Certificate Number _____ Expiration Date _____

For the following units/topics:

Documentation of training/experience is attached.

At times we receive requests for information on instructors approved to teach a particular topic. By checking this box, you are authorizing OPOTC staff to release information about your instructor certification which would allow others to contact you in their efforts to find an instructor.

I authorize the OPOTC to place my firearms instructor information on the publicly accessible web site for Concealed Carry Weapon instructor purposes. My home phone number may be used: ___Yes ___No If no, other: _____

Have you ever been investigated for, disciplined for, terminated for, matters of veracity or of moral turpitude?
___Yes ___No If yes, include a detailed summary.

I would like my certificate/denial sent to:

Name: _____

Address: _____
#/Street/P.O. Box City State Zip Code

Daytime Phone: _____ Email: _____

School Commander Signature: _____ Commander # _____

Name of School: _____



FIREARMS SAFETY OFFICER APPLICATION

Name _____
First Middle Last

SSN _____ DOB _____ Male ___ Female ___

Mailing Address _____
#/Street/P.O. Box
City State Zip Code County

Phone: Residence (____) _____ Daytime (____) _____
Cell (____) _____ FAX (____) _____

Email _____
NOTE: This email address will be used for OPOTC/OPOTA business-related communications, some of which may be time sensitive.

Requesting School: _____ Commander Name: _____

School Address: _____
#/Street/P.O. Box City State Zip Code

A. Is applicant an OPOTC firearms instructor certified for the program being conducted (Peace Officer Basic, Private Security, Probation Firearms, Adult Parole Authority or Bailiff Firearms)? If yes, please list instructor certificate number.
Yes, Certificate Number: _____ No _____

B. Is applicant an approved OPOTC Special Subject/Topic or Unit instructor certified for the program being conducted (Peace Officer Basic, Private Security, Probation Firearms, or Adult Parole Authority or Bailiff), but not necessarily a firearms instructor? If yes, please list instructor certificate number.
Yes, Certificate Number: _____ No _____

*List qualifications which give applicant sufficient knowledge of firearms.

C. Is applicant a Law Enforcement Officer who has completed OPOTC Peace Officer Basic Training or Ohio State Highway Patrol Recruit Training? ___Yes ___No If yes, complete the following:

a. Department's name and officer's title: _____
b. Academy/Training Facility attended: _____
c. Dates attended: _____

D. Has applicant completed an OPOTC-approved firearms safety program which provided sufficient knowledge to make the applicant familiar with safe range practices? If yes, explain program(s) attended and attach copies of certificates received. ___Yes ___No

E. Has applicant ever been investigated for, disciplined for, terminated for, matters of veracity or of moral turpitude? ___Yes ___No If yes, include a detailed summary.



MIKE DEWINE

★ OHIO ATTORNEY GENERAL ★



Ohio Peace Officer Training Commission
Office 800-346-7682
Fax 740-845-2675

P.O. Box 309
London, OH 43140
www.OhioAttorneyGeneral.gov

NOTICE OF PEACE OFFICER APPOINTMENT

1. Within ten days of the appointment or status change, submit one copy of this form either by email, fax or mail.
2. Type or print legibly and complete all blanks. Enter N/A if not applicable.
3. Submit pages 1 and 2 when an officer is newly-appointed to your agency, or has previously left the agency and returns.
4. Submit only page 1 when an officer continues to be appointed by your agency, but has a change from one status, as listed in Box 15, to a different status.
5. Enter any necessary information for a Correction to Record, submitting all affected pages, and attach a letter explaining the requested change.

OFFICER INFORMATION	1. Name (Last) (First) (Middle)		2. Social Security Number
	3. Alias (Last) (First) (Middle)		
4. Birth date (mm/dd/yyyy)	5. Email Address		6. Phone Number
7. Home Mailing Address (#/Street/PO Box) (City) (State) (Zip Code) (County Name)			
8. Basic Training Academy (Academy Name) (Academy Number) (Dates of Training) (Only complete if this is the officer's first appointment or OSP)			

AGENCY INFORMATION	9. Agency Name		
	10. Agency Email Address		11. Agency Phone Number
	12. Agency Mailing Address (#/Street/PO Box) (City) (Zip Code) (County Name)		

APPOINTMENT INFORMATION <i>(Complete Date, Status and ORC)</i>	13. New Appointment Date / /		14. Status Change Date / /	
	15. Select New Status <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal			
16. Select New ORC				
<input type="checkbox"/> City Full-Time/Part-Time (737.02)		<input type="checkbox"/> City Auxiliary/Reserve/Special (737.051)		<input type="checkbox"/> City Chief (737.02)
<input type="checkbox"/> Village Full-Time/Part-Time/Special (737.16)		<input type="checkbox"/> Village Auxiliary/Reserve (737.161)		<input type="checkbox"/> Village Chief (737.15)
<input type="checkbox"/> Township Police Officer (505.49)		<input type="checkbox"/> Township Constable (509.01)		<input type="checkbox"/> Other Chief - List ORC/Charter _____
<input type="checkbox"/> Other - List ORC/Charter _____		<input type="checkbox"/> Deputy Sheriff (311.04)		<input type="checkbox"/> Sheriff (311.01)

ATTESTATION OF REPORTING AUTHORITY		I attest that the information provided on this form is true and correct and is based on my personal knowledge or inquiry.		
17. Signature of Reporting Authority		18. Name and Title		19. Date / /

NOTARY		
Sworn to and subscribed before me this _____ day of _____, 20__ in the county of _____, Ohio.		
_____ Signature of Notary		Affix Seal Here

Officer Name (Last)

(First)

(Middle)

Social Security Number

20. OATH OF OFFICE

I do solemnly swear or affirm that I will support the Constitution and Laws of the United States of America, the Constitution and Laws of the State of Ohio, and Laws and Ordinances of the political subdivision to which I am appointed and to the best of my ability will discharge the duties of this office.

Signature of Appointee

Name of Appointing Authority (Typed or Printed Legibly)

Signature of Appointing Authority

Title of Appointing Authority (Typed or Printed Legibly)

OHIO PEACE OFFICER APPOINTMENT HISTORY

Please list all prior appointments. Use additional copies of page 2, as needed, to list the entire appointment history.

21. Appointed By (Agency Name and County):	22. From(mm/dd/yyyy): / /	To(mm/dd/yyyy): / /
23. Appointment Status (Check Appropriate Box) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		

24. Appointed By (Agency Name and County):	25. From(mm/dd/yyyy): / /	To(mm/dd/yyyy): / /
26. Appointment Status (Check Appropriate Box) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		

27. Appointed By (Agency Name and County):	28. From(mm/dd/yyyy): / /	To(mm/dd/yyyy): / /
29. Appointment Status (Check Appropriate Box) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		

30. Appointed By (Agency Name and County):	31. From(mm/dd/yyyy): / /	To(mm/dd/yyyy): / /
32. Appointment Status (Check Appropriate Box) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		

33. Appointed By (Agency Name and County):	34. From(mm/dd/yyyy): / /	To(mm/dd/yyyy): / /
35. Appointment Status (Check Appropriate Box) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		

36. Appointed By (Agency Name and County):	37. From(mm/dd/yyyy): / /	To(mm/dd/yyyy): / /
38. Appointment Status (Check Appropriate Box) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input type="checkbox"/> Special <input type="checkbox"/> Seasonal		

PEACE OFFICER BASIC TRAINING OPENING CHECKLIST	PEACE OFFICER BASIC TRAINING CLOSING CHECKLIST	
School Name _____ School Commander _____ Proposed Dates _____	School Name _____ School Number _____ Dates _____	
<p>SF100unv – APPLICATION FORM</p> <p>____ RECEIVED 21 CALENDAR DAYS PRIOR TO START OF ACADEMY TYPED</p> <p>____ NUMBER OF TOTAL HOURS _____</p> <p>____ NUMBER OF NON-MANDATORY HOURS _____</p> <p>____ VERIFY CURRICULUM CODE _____</p> <p>INSTRUCTOR INFORMATION:</p> <p>____ LIST ONLY INSTRUCTORS SCHEDULED TO TEACH OPOTC REQUIRED TOPICS – 10 MINIMUM</p> <p>____ INSTRUCTOR'S LAST NAME, FIRST NAME, MIDDLE INITIAL</p> <p>____ INSTRUCTORS TEACHING SKILLED TOPICS, CHECK APPROPRIATE COLUMN</p> <p>____ INSTRUCTORS TEACHING UNIT 7: CURRENT INSTRUCTOR'S CERTIFICATION FROM AHA, RC, OR ASHI</p> <p>____ INSTRUCTOR'S OPOTC CERTIFICATION NUMBER AND EXPIRATION DATE</p> <p>SF105unv – CALENDAR</p> <p>____ TYPED</p> <p>____ SCHOOL NAME AT THE TOP OF PAGE</p> <p>____ DATE RECORDED FOR EACH SESSION</p> <p>____ DAY RECORDED</p> <p>____ NUMBER OF HOURS RECORDED</p> <p>____ TIME RECORDED (FROM/TO)</p> <p>____ TOPIC NUMBER RECORDED FOR EACH TOPIC TITLE (EXAMPLE: 3.8 VICTIMS RIGHTS)</p> <p>____ OPOTC TOPIC TITLE RECORDED (EXAMPLE: FIREARMS)</p> <p>____ INSTRUCTOR'S LAST NAME, FIRST NAME, & OPOTC CERTIFICATION NUMBER RECORDED</p> <p>____ ½ HOUR BREAK FOR EVERY TRAINING SESSION THAT EXCEEDS 5 HOURS</p> <p>____ CHECK RATIOS ON INSTRUCTORS TO STUDENTS IN APPLICABLE SKILLS AREAS</p> <p>____ ONLY OPOTC SUBJECTS AND TOPICS APPEAR ON CALENDAR</p> <p>____ DATE RECORDED (BOTTOM OF PAGE)</p> <p>____ "ORIGINAL" CALENDAR SUBMITTED</p> <p>____ ORIGINAL SIGNATURE OF SCHOOL COMMANDER</p> <p>____ INITIAL PHYS. ASSESS. FIRST 80 CLOCK HRS.</p> <p>____ FINAL PHYS. ASSESS. AND RETESTS FINAL 80 CLOCK HRS.</p> <p>SF110unv – STUDENT ENROLLMENT LIST</p> <p>____ NAME OF STUDENT, SSN, DOB, & APPOINTING AGENCY/OPEN ENROLLMENT</p> <p>____ SIGNED BY SCHOOL COMMANDER</p> <p>SF102bas – REQUEST FOR NATIONAL WEBCHECK</p> <p>____ TYPED OR PRINTED (for all students listed on SF110unv)</p> <p>____ SUBMITTED IN ALPHABETICAL ORDER</p> <p>ON-SITE INSPECTION</p> <p>____ CURRENT ON-SITE INSPECTION FORM ON FILE</p>	<p>SF120unv – ATTENDANCE ROSTER</p> <p>____ TYPED</p> <p>____ SCHOOL NAME, NUMBER, & DATES</p> <p>____ RECORDED (TOP OF PAGE)</p> <p>____ ATTENDANCE ROSTER SHOWS OPOTC REQUIRED TOPICS ONLY</p> <p>____ MANDATORY TOPICS CLEARLY INDICATED – INDICATE MANDATORY TOPIC NUMBER UNDER DAY TAUGHT</p> <p>____ STUDENTS' NAMES LISTED</p> <p>____ ALPHABETICALLY (LAST NAME, FIRST, M.I.)</p> <p>____ HOURS OF ACTUAL ATTENDANCE</p> <p>____ RECORDED PER DAY</p> <p>____ ORIGINAL SIGNATURE OF COMMANDER & DATE (BOTTOM OF PAGE)</p> <p>____ SCHOOL COMMANDER'S NAME TYPED (BOTTOM OF PAGE)</p> <p>____ NON-FULLTIME STUDENTS LISTED SEPARATELY</p> <p>SF105unv – REVISED TRAINING CALENDAR</p> <p>____ TYPED</p> <p>____ SIGNED BY SCHOOL COMMANDER</p> <p>____ REVISED CALENDAR INDICATED</p> <p>____ CHANGES IN TIME, DAY, INSTRUCTOR NOTED</p> <p>____ RE-CHECK RATIOS ON INSTRUCTORS TO STUDENTS IN APPLICABLE SKILLS AREAS</p> <p>SF155bas – STUDENT EVALUATION RECORD</p> <p>____ TYPED</p> <p>____ SCHOOL NAME & NUMBER RECORDED (TOP OF PAGE)</p> <p>____ FAILED SKILLS AND NOTEBOOK INDICATED WITH AN "X"</p> <p>____ % OF OPOTC HOURS MISSED (MAX OF 5% OF OPOTC NON-MANDATORY HRS. ALLOWED)</p> <p>____ MANDATORY HOURS MISSED AND NOT MADE UP INDICATED WITH AN "X"</p> <p>____ NON-FULLTIME STUDENTS LISTED SEPARATELY</p> <p>____ DEMOGRAPHIC AND STATUS DATA COMPLETED</p> <p>SF185unv – NOTIFICATION OF CHANGES IN COURSE SCHEDULE</p> <p>____ TYPED</p> <p>____ ORIGINAL SIGNATURE OF SCHOOL COMMANDER</p>	<p>SF122unv – NOTIFICATION OF MAKE-UP HOURS MAKE-UP ATTENDANCE ROSTER ATTACHED (SF120unv)</p> <p>____ COPIES OF OPOTC INSTRUCTOR CERTIFICATES INDICATING TOPICS IF OTHER THAN ORIGINAL</p> <p>____ COPIES OF AHA, RC, OR ASHI INSTRUCTOR CERTIFICATE IF OTHER THAN ORIGINAL FOR UNIT 7 FIRST AID/CPR/AED</p> <p>SF175unv – LETTER OF CERTIFICATION (CLOSING LETTER)</p> <p>____ TYPED</p> <p>____ ORIGINAL SIGNATURE OF SCHOOL COMMANDER</p> <p>SPO SHEETS REVIEWED</p> <p>____ SF123bas FIRST AID/CPR/AED</p> <p>____ SF125bas HANDGUN</p> <p>____ SF126bas SHOTGUN</p> <p>____ SF127bas SUBJECT CONTROL</p> <p>____ SF128bas DRIVING</p> <p>____ SF131bas STOPS & APPROACHES</p> <p>____ SF132bas STANDARDIZED FIELD SOBRIETY TESTING</p> <p>____ SF133bas HAZMAT</p> <p>____ SF134bas INCIDENT COMMAND SYSTEM</p> <p>____ SF136bas NATIONAL INCIDENT MANAGEMENT SYSTEM</p> <p>____ SF138bas PATROL TECHNIQUES</p> <p>____ SF139bas BUILDING SEARCHES</p> <p>____ SF141bas NHTSA SPEED MEASURING DEVICE TRAINING</p> <p>____ SF142bas IMPACT WEAPONS</p> <p>____ SF195bas PHYSICAL ASSESSMENT FORMS</p> <p>EX705 – QUALIFICATION FORM</p> <p>____ TYPED</p> <p>____ VERIFY CURRICULUM CODE _____</p> <p>EX710 – ACADEMY ROSTER</p> <p>____ TYPED</p> <p>____ PRIOR EQUIVALENT STUDENTS LISTED WITH FULL-TIME STUDENTS</p> <p>____ LIST PLUG-IN REFRESHER STUDENTS UNDER THE PLUG-IN COURSE/EXAM SECTION</p>
	FIELD AGENT _____	DATE _____



Peace Officer Basic Training Audit Sheet

Curriculum Code: BAS-030

All Topics & Hours are Mandatory

1. Administration

1. Introduction to Basic Training (7/1/14)	1	___
2. Introduction to Policing (7/1/14)	6	___
3. Fundamentals of the Criminal Justice System (7/1/14)	3	___
4. INTENTIONALLY LEFT BLANK (7/1/14)	0	___
5. Ethics & Professionalism (1/1/14)	3	___
6. INTENTIONALLY LEFT BLANK (7/1/14)	0	___
7. Fundamentals of Report Writing (7/1/14)	8	___
	<u>21</u>	

2. Legal

1. General Provisions (1/1/14)	2	___
2. Ohio Revised Code		
A. Homicide, Assault & Menacing (7/1/13)	3	___
B. Kidnapping & Extortion (7/1/14)	1	___
C. Sexual Assault (7/1/13)	2	___
D. Prostitution & Obscenity (1/1/14)	2	___
E. Arson & Related Offenses (7/1/14)	2	___
F. Robbery, Burglary, Trespass & Related Offenses (7/1/13)	2	___
G. Theft, Fraud & Related Offenses (1/1/13)	3	___
H. INTENTIONALLY LEFT BLANK (1/1/14)	0	___
I. Liquor Control (1/1/14)	1	___
J. Drug Offenses (7/1/13)	2	___
K. Offenses Against Public Peace (7/1/14)	2	___
L. Selected Offenses Against the Family (7/1/13)	1	___
M. Offenses Against Justice & Public Administration (7/1/13)	3	___
N. Conspiracy, Attempt & Complicity (7/1/14)	1	___
O. Weapons (7/1/13)	1	___
3. Arrest, Search, & Seizure (1/1/14)	24	___
4. INTENTIONALLY LEFT BLANK (1/1/14)	0	___
5. INTENTIONALLY LEFT BLANK (1/1/14)	0	___
6. Civil Liability & Use of Force (7/1/12)	4	___
7. Testifying in Court (7/1/14)	5	___
	<u>61</u>	

3. Human Relations

1. Public Relations (7/1/13)	2	___
2. INTENTIONALLY LEFT BLANK (1/1/13)	0	___
3. Domestic Violence (1/1/14)	12	___
4. Crisis Intervention (1/1/14)	16	___
5. Child Abuse & Neglect (7/1/13)	6	___
6. The Missing & Human Trafficking (7/1/14)	12	___
7. Juvenile Justice System (7/1/12)	4	___
8. Victims' Rights (1/1/13)	2	___
9. INTENTIONALLY LEFT BLANK (7/1/14)	0	___
10. Community Diversity (7/1/13)	12	___
	<u>66</u>	

4. Firearms

1. Handgun (1/1/14) *	N/A	___
2. Shotgun (7/1/14) *	N/A	___
	<u>60</u>	

5. Driving

1. Driving (7/1/14) *	<u>24</u>	
-----------------------	-----------	--

6. Subject Control Techniques

1. Subject Control Techniques (7/1/14) *	60	___
2. Impact Weapons (7/1/14) *	8	___
	<u>68</u>	

7. First Aid/CPR/AED

1. First Aid/CPR/AED (7/1/12) *	<u>12</u>	
---------------------------------	-----------	--

8. Patrol

1. Patrol Techniques (7/1/13) *	12	___
2. INTENTIONALLY LEFT BLANK (7/1/13)	0	___
3. INTENTIONALLY LEFT BLANK (7/1/13)	0	___
4. Building Searches (7/1/13) *	12	___
5. Stops & Approaches (7/1/12) *	20	___
6. Vehicle Theft & Identification (7/1/13)	2	___
7. Gang Awareness (7/1/13)	4	___
8. LEADS (7/1/14)	2	___
9. Prisoner Booking & Handling (1/1/14)	4	___
10. Ohio Law Enforcement Gateway (OHLEG) (7/1/12)	1	___
	<u>57</u>	

9. Civil Disorders

1. Civil Disorders (1/1/14)	<u>8</u>	
-----------------------------	----------	--

10. Traffic

1. Introduction to Traffic (7/1/14)	1	___
2. Motor Vehicle Offenses (7/1/14)	8	___
3. INTENTIONALLY LEFT BLANK (7/1/13)	0	___
4. Traffic Crash Investigation (1/1/13)	21	___
5. Uniform Traffic Ticket (7/1/14)	2	___
6. NHTSA Speed Measuring Device (1/1/14) *	40	___
7. Traffic Direction & Control (7/1/13)	1	___
8. NHTSA SFST (7/1/14) *	40	___
	<u>113</u>	

11. Investigation

1. Crime Scene (1/1/14)	24	___
2. Electronic Evidence (7/1/14)	2	___
3. INTENTIONALLY LEFT BLANK (1/1/14)	0	___
4. Police Photography (1/1/14)	3	___
5. Tracing Stolen Property (1/1/14)	1	___
6. INTENTIONALLY LEFT BLANK (7/1/13)	0	___
7. Drug Awareness (1/1/14)	8	___
8. INTENTIONALLY LEFT BLANK (7/1/12)	0	___
9. INTENTIONALLY LEFT BLANK (7/1/14)	0	___
10. INTENTIONALLY LEFT BLANK (1/1/14)	0	___
11. Lineups (1/1/14)	2	___
12. Gambling (1/1/14)	1	___
13. INTENTIONALLY LEFT BLANK (1/1/14)	0	___
14. Surveillance (1/1/14)	2	___
15. Interview & Interrogation (1/1/14)	6	___
	<u>49</u>	

12. Physical Conditioning

1. Physical Fitness & Conditioning (7/1/14) *	40	___
2. Critical Incident Stress Awareness (7/1/14)	4	___
	<u>44</u>	

13. Homeland Security

1. HazMat & WMD Awareness for the First Responder (7/1/12) *	8	___
2. Bombs & Explosives (7/1/14)	2	___
3. Terrorism Awareness (1/1/13)	4	___
4. Incident Command System (ICS) (7/1/12) *	4	___
5. National Incident Management System (NIMS) (7/1/12) *	4	___
	<u>22</u>	

TOTAL HOURS **605**

PEACE OFFICER BASIC TRAINING PREPARING THE ENROLLMENT PACKET

ACADEMY NAME:

ACADEMY #

_____ **SF110unv – STUDENT ENROLLMENT LIST** - TO BE SUBMITTED WITH ALL PAPERWORK

- _____ NO LESS THAN 10 STUDENTS UNLESS APPROVED BY THE EXECUTIVE DIRECTOR
- _____ STUDENTS LISTED ALPHABETICALLY BY FULL-TIME & PART-TIME STATUS
- _____ INDICATES REVISED & SIGNED BY SCHOOL COMMANDER

CATAGORIES OF STUDENTS AND PAPERWORK TO BE SUBMITTED:

1. APPOINTED OFFICERS:

- _____ SF115unv – STUDENT ENROLLMENT/CERTIFICATION FORM
- _____ SF400adm – NOTICE OF PEACE OFFICER APPOINTMENT
- _____ SF114bas - STUDENT HEALTH DATA FORM OR LETTER FROM CEO THAT PHYSICAL IS ON FILE
- _____ SF103bas - OPOTC STUDENT WAIVER OF LIABILITY & INDEMNITY AGREEMENT
- _____ SF113bas - OPOTC STUDENT ACKNOWLEDGEMENT FORM
- _____ SF101unv – STATEMENT OF UNDERSTANDING, NEGATIVE RESPONSES ADDRESSED WITH COMMANDER
- _____ SF102unv – REQUEST FOR NATIONAL WEBCHECK IF NOT SUBMITTED WITH ORIGINAL OPENING PAPERWORK

2. OPEN ENROLLMENT STUDENTS

- _____ SF115unv – STUDENT ENROLLMENT/CERTIFICATION FORM
- _____ SF114bas - STUDENT HEALTH DATA FORM
- _____ SF103bas - OPOTC STUDENT WAIVER OF LIABILITY & INDEMNITY AGREEMENT
- _____ SF113bas - OPOTC STUDENT ACKNOWLEDGEMENT FORM
- _____ SF101unv – STATEMENT OF UNDERSTANDING, NEGATIVE RESPONSES ADDRESSED WITH COMMANDER
- _____ SF102unv – REQUEST FOR NATIONAL WEBCHECK IF NOT SUBMITTED WITH ORIGINAL OPENING PAPERWORK

3. TRAINING RECRUITS (IF RECRUIT IS EMPLOYED BY TRAINING AGENCY)

- _____ SF115unv – STUDENT ENROLLMENT/CERTIFICATION FORM
- _____ SF118bas – TRAINING RECRUIT LETTER
- _____ SF114bas - STUDENT HEALTH DATA FORM OR LETTER FROM CEO THAT PHYSICAL IS ON FILE
- _____ SF103bas - OPOTC STUDENT WAIVER OF LIABILITY & INDEMNITY AGREEMENT
- _____ SF101unv - STATEMENT OF UNDERSTANDING, NEGATIVE RESPONSES ADDRESSED WITH COMMANDER
- _____ SF113bas - OPOTC STUDENT ACKNOWLEDGEMENT FORM
- _____ SF102unv – REQUEST FOR NATIONAL WEBCHECK IF NOT SUBMITTED WITH ORIGINAL OPENING

4. NON-FULLTIME STUDENTS (MUST BE SUBMITTED TO FIELD AGENT AT TIME OF REQUEST FOR ADMISSION TO ACADEMY)

A. PLUG-IN REFRESHER STUDENTS (REFRESHER EXAM REQUIRED)

- _____ SF115unv – STUDENT ENROLLMENT/CERTIFICATION FORM
- _____ OPOTC LETTER OF DETERMINATION
- _____ SF101bas - STATEMENT OF UNDERSTANDING, NEGATIVE RESPONSES ADDRESSED WITH COMMANDER

B. PRIOR EQUIVALENT STUDENTS (FULL EXAM REQUIRED)

- _____ SF115unv – STUDENT ENROLLMENT/CERTIFICATION FORM
- _____ SF101unv - STATEMENT OF UNDERSTANDING, NEGATIVE RESPONSES ADDRESSED WITH COMMANDER
- _____ OPOTC LETTER OF DETERMINATION
- _____ SF114bas - STUDENT HEALTH DATA FORM OR LETTER FROM CEO THAT PHYSICAL IS ON FILE
- _____ SF103bas - OPOTC STUDENT WAIVER OF LIABILITY & INDEMNITY AGREEMENT
- _____ SF113bas - OPOTC STUDENT ACKNOWLEDGEMENT FORM

C. PROBATION OFFICER/ ADULT PAROLE AUTHORITY PAROLE OFFICER PLUG-IN (FIREARMS ONLY, NO EXAM REQUIRED)

- _____ SF115unv – STUDENT ENROLLMENT/CERTIFICATION FORM
- _____ SF101unv - STATEMENT OF UNDERSTANDING, NEGATIVE RESPONSES ADDRESSED WITH COMMANDER
- _____ SF119pof or SF119apa – AUTHORIZATION TO CARRY FIREARM
- _____ SF110unv – REVISED STUDENT ENROLLMENT LIST IF NOT SUBMITTED ON ORIGINAL

D. BAILIFF/COURT OFFICER PLUG-IN (FIREARMS ONLY, NO EXAM REQUIRED)

- _____ SF115unv – STUDENT ENROLLMENT/CERTIFICATION FORM
- _____ SF101unv - STATEMENT OF UNDERSTANDING, NEGATIVE RESPONSES ADDRESSED WITH COMMANDER
- _____ SF117bbt – AUTHORIZATION FOR BAILIFF/COURT OFFICER BASIC TRAINING
- _____ SF110unv – REVISED STUDENT ENROLLMENT LIST IF NOT SUBMITTED ON ORIGINAL

Field Agent _____ Date _____