



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.					
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	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.					
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STUDENTS TAKING PLUG-IN COURSE/EXAM

	1.					
	2.					
	3.					
	4.					

School Commander Signature

Date

Field Agent Signature

Date

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
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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
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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



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.			
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6.			
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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.			
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41.			
42.			
43.			
44.			
45.			

COMMANDER SIGNATURE

DATE

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.									
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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 _____

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)

Peace Officer Basic Training* Corrections Basic Training* Private Security Firearms
 Prior Equivalent Training* Jailer Basic Training Parole Officer Firearms
 Refresher Training* Bailiff Basic Training Probation Officer Firearms
 Update Training 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
Office 800-346-7682
Fax 740-845-2675

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

SCHOOL COMMANDER APPLICATION FOR 5-DAY AND 12-HOUR FACILITY JAIL PERSONNEL TRAINING

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

- High school graduate or possession of a GED
- Completion of current OPOTC 80-hour instructional skills course, or OPOTC 14-hour update and 40-hour instructional skills
- Three professional references from law enforcement administrators of the rank of lieutenant or above
- No convictions for a felony or crime of moral turpitude or any other peace officer disqualifying offense
- Completion of an Ohio Peace Officer Training Commission conference for jailer training school commanders

Return application with all supporting documentation to:

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

IV. BACKGROUND INFORMATION

Have you ever been convicted of a convicted of a felony or crime of moral turpitude? _____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 FROM LAW ENFORCEMENT AGENCY ADMINISTRATORS OF THE RANK OF LIEUTENANT OR ABOVE

NAME RANK AGENCY/DEPARTMENT PHONE

- 1. _____
- 2. _____
- 3. _____

Letters must be attached to this form.

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



MIKE DEWINE
★ OHIO ATTORNEY GENERAL ★



Ohio Peace Officer Training Commission
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Fax 740-845-2675

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www.OhioAttorneyGeneral.gov

**12-DAY AND 12-HOUR FACILITY JAILER 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
- 5 years of relevant full-time experience as a law enforcement officer or 3 years full-time experience as a corrections officer
- Completion of current OPOTC 80-hour instructional skills course, or OPOTC 14-hour update and 40-hour instructional skills
- Completion of training that allows a person to gain specific knowledge and skills in a unit for which certification is requested
- Recommendation of the jailer school commander

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

12-DAY AND 12-HOUR FACILITY JAILER TRAINING PROGRAM UNIT INSTRUCTOR APPLICATION

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.

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.

II. HIGH SCHOOL GRADUATE/GED (Circle One)

(High School Name) (City) (State) (Date Received)

III. 5 YEARS OF RELEVANT FULL-TIME LAW ENFORCEMENT OR 3 YEARS FULL-TIME CORRECTIONS OFFICER EMPLOYMENT HISTORY

Agency Name/Address Position Dates (From - To)

IV. TRAINING PROGRAM TAKEN TO GAIN SPECIFIC KNOWLEDGE/SKILLS FOR TOPICS REQUESTED

Name of School/Course Dates Attended Number of Degree/Certificate
Attended (Mo/Yr - Mo/Yr) Hours/Years Received

NOTE: COPIES OF ALL LISTED CERTIFICATES MUST BE ATTACHED. SUPPLEMENTAL SHEETS SHOWING ALL TRAINING RECEIVED MAY BE ATTACHED.

V. 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

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

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

VI. 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 BY THE SCHOOL COMMANDER ONLY

I have reviewed the attached credentials and believe the applicant to be qualified to teach the requested Unit(s) and Topic(s). Accordingly, pursuant to Rule 109:2-11-05 OAC, I hereby recommend the foregoing applicant for certification as a Unit Instructor for the Unit(s) and Topic(s) indicated on the attached page.

SCHOOL COMMANDER'S NAME (TYPED) OPOTC JTA #

SCHOOL COMMANDER'S SIGNATURE DATE

SCHOOL NAME

SCHOOL MAILING ADDRESS

(_____) (_____) _____
DAYTIME PHONE FAX

EMAIL

**OHIO PEACE OFFICER TRAINING COMMISSION
JAILER CURRICULUM**

JAILER BASIC TRAINING - 12-DAY FACILITY

___ **1. INMATE SUPERVISION**

- ___ 1. Suicide Detection and Prevention
- ___ 2. Substance Abuse
- ___ 3. Dealing with Non-Traditional Populations
- ___ 4. Inmate Discipline
- ___ 5. Inmate Supervision: Role of the Jailer

___ **2. LEGAL**

- ___ 1. Overview of the Criminal Justice System
- ___ 2. Minimum Standards for Jails in Ohio 12-
- ___ 3. Overview of Jail Legal Issues & Inmate Rights
- ___ 4. Officer Liability & Rights

___ **3. JAIL SECURITY**

- ___ 1. Body Searches
- ___ 2. Basic Security Duties
- ___ 3. Cell & Living Area Searches
- ___ 4. Hostage Situations
- ___ 5. Fire Safety & Response
- ___ 6. Fights, Riots & Disorders
- ___ 7. Escapes

___ **4. JAIL INTAKE**

- ___ 1. Classification
- ___ 2. Admissions & Release
- ___ 3. Preliminary Health Screening

___ **5. SELF DEFENSE/1ST AID/CPR**

- ___ 1. Unarmed Self Defense/Use of Force
- ___ 2. CPR
- ___ 3. First Aid

JAILER CONTACT TRAINING - 12-DAY FACILITY

- ___ 1. Security Awareness
- ___ 2. Inmate Supervision & Surveillance
- ___ 3. Suicide Prevention

- ___ 4. Unarmed Self-Defense
- ___ 5. CPR/First Aid

JAILER SWORN PEACE OFFICERS TRAINING - 12-DAY FACILITY

- ___ 1. Jail Security, Prisoner Transportation, Admission and Release
- ___ 2. Inmate and Jail Searches
- ___ 3. Inmate Supervision, Surveillance and Discipline

- ___ 4. Emergency Responses & Procedures
- ___ 5. Recognition of Abnormal Inmate Behavior; Suicidal Behavior; Mental/Emotional Disorders & Retardation; Substance Abuse
- ___ 6. Overview of Minimum Standards for Jails in Ohio, 12-Day Facilities

JAILER TRAINING - 12-HOUR FACILITY

- ___ 1. Minimum Standards for Jails in Ohio
- ___ 2. Jail and Prisoner Security
- ___ 3. Emergency Responses (Fire Safety; Hostage Situations; Fights, Riots & Disorders, Escapes; Suicides)

- ___ 4. Abnormal Behavior: Mental and Emotional Disorders and Retardation; Substance Abuse
- ___ 5. Unarmed Self Defense
- ___ 6. First Aid
- ___ 7. C.P.R.



MIKE DEWINE
★ OHIO ATTORNEY GENERAL ★



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**12-DAY AND 12-HOUR FACILITY JAILER TRAINING PROGRAM
SPECIAL 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
- 3 years of combined experience and training in subject area to be taught, or recognition for occupational competency
- Recommendation of the jailer school commander
- Persons approved as special subject instructors shall be limited to no more than 5 topics in the commission-approved jailer training curriculum

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

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12-DAY AND 12-HOUR FACILITY JAILER TRAINING PROGRAM SPECIAL SUBJECT INSTRUCTOR APPLICATION

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.

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.

II. HIGH SCHOOL DIPLOMA/GED (Circle One)

High School Name City State Date Received

III. TRAINING/EDUCATION AND EXPERIENCE IN TOPICS REQUESTED - 3 YEARS REQUIRED

A. TRAINING/EDUCATION:

Name of School <u>Attended</u>	Dates Attended <u>(Mo/Yr - Mo/Yr)</u>	Program/Course/ <u>Major</u>	Degree/Certificate <u>Received</u>

NOTE: COPIES OF ALL LISTED DEGREES/CERTIFICATES MUST BE ATTACHED. SUPPLEMENTAL SHEETS SHOWING ALL TRAINING RECEIVED MAY BE ATTACHED.

B. EMPLOYMENT/PRACTICAL EXPERIENCE/CREDENTIALS SHOWING OCCUPATIONAL COMPETENCY:

List all positions and/or other practical experiences related to the topic(s) for which approval is being requested. Include dates of employment and position title for all work experiences. A resume can be used as a supplement, but cannot be used in place of completing this section.

<u>Agency Name/Address</u>	<u>Position</u>	<u>Dates (From - To)</u>

C. 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

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

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

IV. 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 BY THE SCHOOL COMMANDER ONLY

I have reviewed the attached credentials and believe the applicant to be qualified to teach the requested Topic(s). Accordingly, pursuant to Rule 109:2-11-05 OAC, I hereby recommend the foregoing applicant for certification as a Special Subject Instructor for the Topic(s) indicated on the attached page.

SCHOOL COMMANDER'S NAME (TYPED) OPOTC JTA #

SCHOOL COMMANDER'S SIGNATURE DATE

SCHOOL NAME

SCHOOL MAILING ADDRESS

EMAIL

(_____)_____
DAYTIME PHONE NUMBER

(_____)_____
FAX NUMBER

**OHIO PEACE OFFICER TRAINING COMMISSION
JAILER CURRICULUM**

JAILER BASIC TRAINING - 12-DAY FACILITY

___ **1. INMATE SUPERVISION**

- ___ 1. Suicide Detection and Prevention
- ___ 2. Substance Abuse
- ___ 3. Dealing with Non-Traditional Populations
- ___ 4. Inmate Discipline
- ___ 5. Inmate Supervision: Role of the Jailer

___ **2. LEGAL**

- ___ 1. Overview of the Criminal Justice System
- ___ 2. Minimum Standards for Jails in Ohio 12-
- ___ 3. Overview of Jail Legal Issues & Inmate Rights
- ___ 4. Officer Liability & Rights

___ **3. JAIL SECURITY**

- ___ 1. Body Searches
- ___ 2. Basic Security Duties
- ___ 3. Cell & Living Area Searches
- ___ 4. Hostage Situations
- ___ 5. Fire Safety & Response
- ___ 6. Fights, Riots & Disorders
- ___ 7. Escapes

___ **4. JAIL INTAKE**

- ___ 1. Classification
- ___ 2. Admissions & Release
- ___ 3. Preliminary Health Screening

___ **5. SELF DEFENSE/1ST AID/CPR**

- ___ 1. Unarmed Self Defense/Use of Force
- ___ 2. CPR
- ___ 3. First Aid

JAILER CONTACT TRAINING - 12-DAY FACILITY

- ___ 1. Security Awareness
- ___ 2. Inmate Supervision & Surveillance
- ___ 3. Suicide Prevention

- ___ 4. Unarmed Self-Defense
- ___ 5. CPR/First Aid

JAILER SWORN PEACE OFFICERS TRAINING - 12-DAY FACILITY

- ___ 1. Jail Security, Prisoner Transportation, Admission and Release
- ___ 2. Inmate and Jail Searches
- ___ 3. Inmate Supervision, Surveillance and Discipline

- ___ 4. Emergency Responses & Procedures
- ___ 5. Recognition of Abnormal Inmate Behavior; Suicidal Behavior; Mental/Emotional Disorders & Retardation; Substance Abuse
- ___ 6. Overview of Minimum Standards for Jails in Ohio, 12-Day Facilities

JAILER TRAINING - 12-HOUR FACILITY

- ___ 1. Minimum Standards for Jails in Ohio
- ___ 2. Jail and Prisoner Security
- ___ 3. Emergency Responses (Fire Safety; Hostage Situations; Fights, Riots & Disorders, Escapes; Suicides)

- ___ 4. Abnormal Behavior: Mental and Emotional Disorders and Retardation; Substance Abuse
- ___ 5. Unarmed Self Defense
- ___ 6. First Aid
- ___ 7. C.P.R.



MIKE DEWINE

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

Application for Renewal of 12-Day and 12-Hour Facility Jailer Training Unit Instructor Certificate

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 109:2-11-05(D): Instructors certified as unit instructors shall renew their certificate every 3 years. At least **60 days and not more than 90 days** prior to expiration of the certificate, the instructor shall file with the Executive Director, an application for renewal on a form required by the Executive Director. The unit instructor shall also file:

- (1) Written evidence from the educational or training facility where the instructor received the training documenting that the instructor has successfully completed within the past 3 years, a minimum of 8 clock hours of training in topics related to the Commission-approved jailer curriculum or to improve instructional abilities;

Attach copies of training certificates as written evidence.

<u>Educational/Training Facility</u>	<u>Course Title</u>	<u>Date/Clock Hours</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

- (2) Written evidence from the school commander that the instructor has taught in one Commission-approved jailer training school for a minimum total of 8 teaching hours within the past 3 years.

Attach written evidence (calendar or commander letter).

<u>Name & Number of School</u>	<u>School Commander</u>	<u>Date(s) 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 ★



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Fax 740-845-2675

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

Application for Renewal of 12-Day and 12-Hour Facility Jailer Training SPECIAL SUBJECT Instructor Certificate

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 109:2-11-05(D): Instructors certified as special subject instructors shall renew their certificate every 3 years. At least **60 days and not more than 90 days** prior to expiration of the certificate, the instructor shall file with the Executive Director, an application for renewal on a form required by the Executive Director. The unit instructor shall also file:

- (1) Written evidence from the educational or training facility where the instructor received the training documenting that the instructor has successfully completed, within the past 3 years, a minimum of 4 clock hours of training in topics related to the Commission-approved jailer curriculum or to improve instructional abilities;

Attach copies of training certificates as written evidence.

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

- (2) Written evidence from the school commander that the instructor has taught in one approved jailer training school for a minimum total of 4 teaching hours within the past 3 years.

Attach written evidence.

<u>Name & Number of School</u>	<u>School Commander</u>	<u>Date(s) Taught</u>	<u>Number 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 ★



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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: _____

**12-DAY AND 12-HOUR FACILITY JAILER BASIC TRAINING
OPENING CHECKLIST/ENROLLMENT PACKET**

**12-DAY AND 12-HOUR FACILITY JAILER BASIC TRAINING
CLOSING CHECKLIST**

School Name _____

School Name _____

School Commander _____ Proposed Dates _____

School Commander _____ School Number _____

SF100unv - APPLICATION FORM

- _____ RECEIVED 21 CALENDAR DAYS PRIOR TO START DATE OF SCHOOL TYPED
- _____ DOES NOT EXTEND MORE THAN 3 WEEKS (UNLESS APPROVED BY THE EXECUTIVE DIRECTOR)
- _____ NUMBER OF TOTAL HOURS _____
- _____ NUMBER OF NON-MANDATORY HOURS _____

INSTRUCTOR INFORMATION

- _____ LIST ONLY INSTRUCTORS SCHEDULED TO TEACH OPOTC-REQUIRED TOPICS
- _____ INSTRUCTOR'S LAST NAME, FIRST NAME, MIDDLE INITIAL
- _____ INDICATE ONE UNARMED SELF-DEFENSE (SUBJECT CONTROL) INSTRUCTOR FOR EVERY 10 STUDENTS
- _____ INSTRUCTOR'S OPOTC CERTIFICATION NUMBER AND EXPIRATION DATE
- _____ REMIND SCHOOL COMMANDER TO VERIFY CURRENCY OF THE FIRST AID AND CPR INSTRUCTORS WITH THE NATIONALLY-RECOGNIZED PROGRAM

SF105unv - CALENDAR

- _____ TYPED
- _____ SCHOOL NAME SUBMITTED AT THE TOP OF THE PAGE
- _____ DATE RECORDED FOR EACH SESSION
- _____ DAY RECORDED
- _____ NUMBER OF HOURS RECORDED
- _____ TIME RECORDED (FROM/TO)
- _____ TOPIC NUMBER RECORDED FOR EACH TOPIC TITLE **EXAMPLE: 2-1**
- _____ OPOTC TOPIC TITLE RECORDED **EXAMPLE: OVERVIEW OF CRIMINAL JUSTICE SYSTEM**
- _____ INSTRUCTOR'S LAST NAME, FIRST NAME, AND OPOTC CERTIFICATE NUMBER RECORDED
- _____ 1/2 HOUR BREAK FOR EVERY TRAINING SESSION THAT EXCEEDS 4 HOURS
- _____ ONLY OPOTC SUBJECTS AND HOURS MUST APPEAR ON THE CALENDAR
- _____ DATE RECORDED (BOTTOM OF PAGE)
- _____ ORIGINAL SIGNATURE OF SCHOOL COMMANDER

ENROLLMENT PACKET - SUBMITTED WITHIN THREE (3) CALENDAR DAYS AFTER START DATE

SF110unv - STUDENT ENROLLMENT LIST

- _____ NO LESS THAN 5 STUDENTS UNLESS APPROVED BY EXECUTIVE DIRECTOR
- _____ INDICATE ORIGINAL OR REVISED
- _____ NAME OF CORRECTIONS OFFICER, SSN, DOB, AND APPOINTING AGENCY
- _____ SIGNED BY SCHOOL COMMANDER

SF115unv - STUDENT ENROLLMENT/CERTIFICATION FORM

- _____ ONE PER STUDENT FILLED OUT COMPLETELY

SF101unv - STATEMENT OF UNDERSTANDING

- _____ ONE PER STUDENT FILLED OUT COMPLETELY AND NOTARIZED

ON-SITE INSPECTION

- _____ **CURRENT ON-SITE INSPECTION FORM ON FILE**

SF120unv - ATTENDANCE ROSTER

- _____ ORIGINAL COPY
- _____ TYPED
- _____ SCHOOL NAME, NUMBER, AND DATES RECORDED (TOP OF PAGE)
- _____ ATTENDANCE ROSTER FOR OPOTC-REQUIRED TOPICS ONLY
- _____ **MANDATORY TOPICS CLEARLY INDICATED - INDICATE MANDATORY TOPIC NUMBER UNDER DAY TAUGHT**
- _____ STUDENTS' NAMES LISTED ALPHABETICALLY (LAST NAME, FIRST, M.I.)
- _____ HOURS OF ACTUAL ATTENDANCE RECORDED PER DAY
- _____ ORIGINAL SIGNATURE OF SCHOOL COMMANDER AND DATE - BOTTOM OF PAGE
- _____ SCHOOL COMMANDER'S NAME TYPED (BOTTOM OF PAGE)
- _____ PRIOR EQUIVALENT AND UPDATE STUDENTS LISTED SEPARATELY

SF122unv - NOTIFICATION OF MAKE-UP HOURS ATTACHED

- _____ MAKE-UP ATTENDANCE ROSTER ATTACHED - SF120unv

SF160jbt - STUDENT EVALUATION RECORD

- _____ ORIGINAL COPY
- _____ TYPED
- _____ SCHOOL NAME AND NUMBER RECORDED (TOP OF PAGE)
- _____ INDICATE AN "S" OR "U" FOR TECHNICAL SKILLS TOPICS
- _____ NOTEBOOK (S OR U)
- _____ % OF OPOTC HOURS MISSED - MAXIMUM OF 10% ALLOWED OF OPOTC NON-MANDATORY HOURS
- _____ PRIOR EQUIVALENT AND UPDATE STUDENTS LISTED SEPARATELY

SF105unv - REVISED TRAINING CALENDAR (IF APPLICABLE)

- _____ TYPED
- _____ SIGNED BY SCHOOL COMMANDER
- _____ REVISED CALENDAR INDICATED
- _____ CHANGES IN TIME, DATE, INSTRUCTOR NOTED
- _____ RE-CHECK RATIOS OF INSTRUCTORS-TO-STUDENTS IN UNARMED SELF-DEFENSE (SUBJECT CONTROL)

SF185unv - NOTIFICATION OF CHANGES IN COURSE SCHEDULE

SF175unv - LETTER OF CERTIFICATION (CLOSING LETTER)

- _____ TYPED
- _____ ORIGINAL SIGNATURE OF SCHOOL COMMANDER

EX705 - EXAMINATION QUALIFICATION FORM

- _____ TYPED

EX710 - STUDENT ROSTER FOR EXAMINATION

- _____ TYPED

FIELD AGENT _____

DATE _____



12-DAY AND 12-HOUR FACILITY JAILER BASIC TRAINING CURRICULUM AUDIT SHEET Curriculum Code JBT-506

12-DAY FACILITY BASIC TRAINING - JBT

___ Overview: School Commander to cover rules and regulations, have paperwork completed, etc. Not to be included as program hours.

8 ___ 1. INMATE SUPERVISION

- 2 ___ 1. Suicide Detection and Prevention
- 2 ___ 2. Substance Abuse
- 2 ___ 3. Dealing with Non-traditional Populations
- 1 ___ 4. Inmate Discipline
- 1 ___ 5. Inmate Supervision: Role of the Jailer

12 ___ 2. LEGAL

- 1 ___ 1. Overview of the Criminal Justice System
- 4 ___ 2. Minimum Standards for 12-Day Jails in Ohio
- 5 ___ 3. Overview of Jail Legal Issues and Inmate Rights
- 2 ___ 4. Officer Liability and Rights

12 ___ 3. JAIL SECURITY

- 3 ___ 1. Body Searches
- 3 ___ 2. Basic Security Duties
- 1 ___ 3. Cell and Living Area Searches
- 2 ___ 4. Hostage Situations
- 1 ___ 5. Fire Safety and Response
- 1 ___ 6. Fights, Riots and Disorders
- 1 ___ 7. Escapes

4 ___ 4. JAIL INTAKE

- 1 ___ 1. Classification
- 2 ___ 2. Admissions and Release
- 1 ___ 3. Preliminary Health Screening

12 ___ 5. SELF DEFENSE/FIRST AID/CPR

- 6 ___ 1. Unarmed Self Defense/Use of Force*
- 3 ___ 2. CPR*
- 3 ___ 3. First Aid*

16 ___ 1. 12-DAY FACILITY CONTACT TRAINING - JCT

- ___ Overview
- 4 ___ 1. Security Awareness
- 1 ___ 2. Inmate Supervision and Surveillance
- 2 ___ 3. Suicide Prevention
- 6 ___ 4. Unarmed Self Defense/Use of Force
- 3 ___ 5. First Aid/CPR*

8 ___ 1. 12-DAY FACILITY SWORN POLICE OFFICER TRAINING - JSP

- ___ Overview
- 1 ___ 1. Jail Security, Prisoner Transportation, Admission and Release
- 1.5 ___ 2. Inmate and Jail Searches
- 1.5 ___ 3. Inmate Supervision, Surveillance and Discipline
- 1 ___ 4. Emergency Responses and Procedures
- 1.5 ___ 5. Recognition of Abnormal Inmate Behavior; Suicidal Behavior, Mental/Emotional Disorders and Retardation; Substance Abuse
- 1.5 ___ 6. Overview of Minimum Standards for 12-Day Jails in Ohio

16 ___ 1. 12-HOUR FACILITY TRAINING - J8H

- ___ Overview
- 1 ___ 1. Minimum Standards for 12-Hour Jails in Ohio
- 1 ___ 2. Jail and prisoner Security
- 1 ___ 3. Emergency Responses (Fire Safety; Hostage Situations; Fights, Riots and Disorders, Escapes; Suicides)
- 2 ___ 4. Abnormal Behavior: Mental and Emotional Disorders and Retardation; Substance Abuse
- 5 ___ 5. Unarmed Self Defense/Use of Force*
- 3 ___ 6. First Aid*
- 3 ___ 7. CPR*

* May be waived with submission of current documentation of previous equivalent training within the last 2 years (copies of specific training certificates/cards or peace officer certificates).