



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.					
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	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.					
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	34.					
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	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.																	
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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
21.																	
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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.			
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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.			
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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.									
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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

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FIRST AID/CPR/AED PROFICIENCY TESTING RECORD

Curriculum Code PSA-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



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SUBJECT CONTROL PROFICIENCY TESTING RECORD Curriculum Code PSA-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					#5	HANDCUFFING				
	Proper stance						Standing				
	Situational awareness						Kneeling				
	Reactionary gap/distance						Prone				
	Proper movement/balance						De-cuffing				
#2	SUBJECT APPROACH					#6	GROUND DEFENSE				
	Balance displacement touching/non-touching						Defend against takedowns				
	Contact and cover touching/non-touching						Ground defense position				
	Frisk/pat down search						Outside line positions and escapes				
	Escorts						Inside line positions and escapes				
	Joint locks						Transition to handcuffing				
	Touch pressure points					#7	ESCAPES FORM BODY LOCKS/HOLD RELEASES				
#3	STRIKES						Choke escapes				
	Closed and open hand strikes						Body lock escape				
	Elbows						Head lock escape				
	Forearms					#8	WEAPON ENCOUNTER DEFENSES				
	Knees						Gun takeaway				
	Kicks						Shot avoidance				
	Strike defense						Edged weapon defense				
#4	TAKEDOWNS					#9	ENVIRONMENTAL WEAPONS				
	Rear fall-line takedown						From ground defense				
	Front fall-line takedown						During weapon encounter defense				
	Side fall-line takedown					#10	ETHICAL DECISION MAKING AND CRITICAL THINKING IN A PRACTICAL APPLICATION SCENARIO				
	Stabilization						Write a narrative based on that scenario				
	Position for handcuffing										

ENTER P OR F ONLY

INSTRUCTOR SIGNATURE

OPOTC #: _____

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



PRIVATE SECURITY PROFICIENCY TESTING RECORD – REVOLVER

Curriculum Code PSA-030

NAME _____

AGENCY _____

HANDGUN MFG. _____ MODEL _____ CALIBER _____

AMMUNITION MFG. _____ BULLET WEIGHT _____ POWER FAC. _____

AMMUNITION CAPACITY: SIX SHOT _____ FIVE SHOT _____

SPO	ACTION	MINIMUM REQUIREMENT	TEST ONE (P/F)	TEST TWO (P/F)
1	SPO Written Test – Question #1	100%		
2	SPO Written Test – Question #2	100%		
3	SPO Written Test – Question #3	100%		
4	Check, clear, & load double action revolver	100%		
6	Check, clear, & unload double action revolver	100%		
7	Tac-tac – 20 feet	80%		
7	Full hip – 3 feet	100%		
7	Multiple targets – 20 feet	80%		
7	Low level light – 20 feet	80%		
7	Barricade – 30 feet	80%		
7	Sight alignment – 50 feet	80%		

SUCCESSFULLY COMPLETED: _____
 Y OR N _____ DATE _____

CERTIFYING INSTRUCTOR(S) SIGNATURE(S)& OPOTC INSTRUCTOR # /SAFETY OFFICER SIGNATURE:

SCHOOL NAME _____ COURSE # _____

 Commander Signature Date Commander Name (Typed or Stamped)



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INCIDENT COMMAND SYSTEM PROFICIENCY TESTING RECORD Curriculum Code PSA-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.		
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11.		
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13.		
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15.		

ENTER P OR F ONLY

INSTRUCTOR SIGNATURE OPOTC #: _____

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



**PRIVATE SECURITY PROFICIENCY TESTING RECORD
 SEMI-AUTOMATIC PISTOL
 Curriculum Code PSA-030**

NAME _____ AGENCY _____

HANDGUN MFG. _____ MODEL _____ CALIBER _____

AMMUNITION MFG. _____ BULLET WEIGHT _____ POWER FAC. _____

SPO	ACTION	MINIMUM REQUIREMENT	TEST ONE (P/F)	TEST TWO (P/F)
1	SPO Written Test – Question #1	100%		
2	SPO Written Test – Question #2	100%		
3	SPO Written Test – Question #3	100%		
4	Check, clear, & load semi-auto pistol	100%		
5	Check, clear, & unload semi-auto pistol	100%		
7	Tac-tac – 20 feet	80%		
7	Full hip – 3 feet	100%		
7	Multiple targets – 20 feet	80%		
7	Low level light – 20 feet	80%		
7	Barricade – 30 feet	80%		
7	Sight alignment – 50 feet	80%		

SUCCESSFULLY COMPLETED:

Y OR N

DATE

CERTIFYING INSTRUCTOR(S) SIGNATURE(S) & OPOTC INSTRUCTOR # /SAFETY OFFICER SIGNATURE:

SCHOOL NAME _____

COURSE # _____

Commander Signature

Date

Commander Name (Typed or Stamped)



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NATIONAL INCIDENT MANAGEMENT SYSTEM (NIMS) PROFICIENCY TESTING RECORD Curriculum Code PSA-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.		
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15.		

ENTER P OR F ONLY

INSTRUCTOR SIGNATURE OPOTC #: _____

COMMANDER/ADMINISTRATOR SIGNATURE: _____ DATE: _____

NO STAMPS / ORIGINAL SIGNATURES ONLY

SF136ps Effective 07/01/2014



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PRIVATE SECURITY PROFICIENCY TESTING RECORD - SHOTGUN Curriculum Code PSA-030

NAME _____ AGENCY _____

SHOTGUN MFG. _____ MODEL _____ GAUGE _____

AMMUNITION MFG. _____ SHOT SIZE _____ POWER FAC. _____

PERFORMANCE OBJECTIVES	MINIMUM REQUIREMENT	TEST ONE (P/F)	TEST TWO (P/F)
1. SPO Written Test – Question #1	100%		
2. SPO Written Test – Question #2	100%		
3. SPO Written Test – Question #3	100%		
4. Load shotgun to condition 3	100%		
5. Charge chamber to condition 1	100%		
6. Place shotgun into condition 2	100%		
7. Unload shotgun	100%		
8. 3 Rds. Buckshot – 20 feet	100%		
9. 3 Rds. Buckshot – Multiples	100%		
10. 2 Rds. Buckshot - Barricade	100%		

SUCCESSFULLY COMPLETED:

_____ Y OR N

_____ DATE

CERTIFYING INSTRUCTOR(S) SIGNATURE(S) & OPOTC INSTRUCTOR # /SAFETY OFFICER SIGNATURE:

SCHOOL NAME _____

COURSE # _____

Commander Signature

Date

Commander Name (Typed or Stamped)



**PRIVATE SECURITY FIREARMS
 WRITTEN STUDENT PERFORMANCE OBJECTIVES TEST**

The answers should reflect that the student understands the concepts. The answers do not have to be a word-for-word memorization of the SPO answers. The test shall be conducted using accepted testing procedures, such that students shall provide the answers without coaching, without open book, without open notes, without hints on the blackboard or on overhead projector, etc.

Must be completed in student's own handwriting.

Name (printed) _____ Date _____

Agency _____

1. List the reasons for using deadly force:

- 1.
- 2.

2. List the considerations officers should take in any use of force situation:

- 1.
- 2.
- 3.
- 4.
- 5.

3. Explain the four primary firearms safety rules:

- 1.
- 2.
- 3.
- 4.

 Student's Signature

_____ **1st Attempt** _____ **2nd Attempt**

School Name _____

Course # _____

 Commander Signature

 Date

 Commander Name (Typed or Stamped)



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STUDENT EVALUATION RECORD

Curriculum Code PSA-030

SCHOOL NAME _____ COURSE # _____ DATES: From: _____ To: _____

STUDENT NAME (Last, First, M.I.)	FIREARMS *(S/U/NA)	FIRST AID/ CPR/AED *(S/U)	SUBJECT CONTROL TECHNIQUES *(S/U)	INCIDENT COMMAND SYSTEM *(S/U)	NATIONAL INCIDENT MANAGEMENT SYSTEM *(S/U)	NOTEBOOK *(S/U)	TOTAL % OF HOURS MISSED	FOR OPOTC USE ONLY	
								EXAM Initial	% Retest

*Satisfactory/Unsatisfactory/Not Applicable)

Commander Signature
NO STAMPS/ORIGINAL SIGNATURE ONLY

Date

Commander Name (Typed or Stamped)

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 ★



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APPLICATION FOR PRIVATE SECURITY COMMANDER CERTIFICATION

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

The following criteria must be met for a private security academic commander certification:

- High school graduate or possession of a GED
- Three years full-time experience in the private security field, a security-related field, or the equivalent, as determined by the executive director. Law enforcement experience does not automatically qualify as security-related experience. The determination of applicability will be based upon the functions performed as a law enforcement officer
- Two years full-time experience in a management-level position, or completion of ninety quarter hours, or sixty semester hours at an accredited college or university
- Three professional references from individuals currently employed in the security or a security-related field in a management-level position, who have known the individual for at least three years
- 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 private security training school commanders
- Joint vocational school private security commanders may be exempted from the three years full-time experience in a private security, a security-related field or equivalent requirement

The following criteria must be met for a private security firearms commander certification:

- High school graduate or possession of a GED
- Five years full-time experience in the private security field, a security-related field, or the equivalent, as determined by the executive director. Law enforcement experience does not automatically qualify as security-related experience. The determination of applicability will be based upon the functions performed as a law enforcement officer
- Three professional references from individuals currently employed in the security or a security-related field in a management-level position, who have known the individual for at least three years
- 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 private security training school commanders



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

PROCEDURE FOR OBTAINING A FINGERPRINT-BASED BACKGROUND CHECK FROM THE BUREAU OF CRIMINAL INVESTIGATION AND IDENTIFICATION (BCI)

Fingerprint-based criminal history checks are required for Private Security instructor and commander certification.

In order to obtain a BCI Criminal Background Check you must submit a WebCheck request to BCI, from an approved WebCheck agency. In order to obtain such a record check, follow this procedure:

- Log onto the Attorney General of Ohio's WebCheck website:
www.ohioattorneygeneral.gov.
- Scroll to the bottom of the page and click on "Webcheck Locations" under the "Services" heading.
- Locate an agency nearest you and contact them regarding the WebCheck process.
- After completing the WebCheck procedure, have your WebCheck result sent back to you, so that you can attach it to your application.
- Mail your completed application packet to:

Ohio Peace Officer Training Commission
Professional Standards Division
PO Box 309
London, Ohio 43140

Applications received by the commission that do not have the BCI processed record check attached will be returned unprocessed.



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APPLICATION FOR PRIVATE SECURITY COMMANDER CERTIFICATION

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.

School Name _____
County _____

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

School Phone (____) _____ School Fax Number (____) _____

CHECK TYPE OF COMMANDER: _____ **ADULT PROGRAM** _____ **HIGH SCHOOL or JVS PROGRAM**
_____ **FIREARMS ONLY**

1. EMPLOYMENT HISTORY (INCLUDE ONLY FULL TIME SECURITY AND LAW ENFORCEMENT)

<u>Employer Name and Address</u>	<u>Employment Dates</u>	<u>Position(s)</u>
_____	From ____/____/____ To ____/____/____	_____
_____	From ____/____/____ To ____/____/____	_____
_____	From ____/____/____ To ____/____/____	_____

Supervisory Experience (Full Time Only)

Employer _____ Position _____ From ____/____/____ To ____/____/____

Employer _____ Position _____ From ____/____/____ To ____/____/____

2. TRAINING/EDUCATION

High School Attended _____ City & State _____

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

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)

3. 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.

Attach certified copy of criminal record check processed through BCI&I to the completed application.

4. PROFESSIONAL REFERENCES

	<u>Name</u>	<u>Position</u>	<u>Company</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

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



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

PRIVATE SECURITY 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 full-time experience in private security or related field
- 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
- If seeking approval for Firearms, three years full-time armed experience in a security-related field as determined by the Executive Director
- Recommendation of a currently-approved OPOTC Private Security commander in good standing
- A recent criminal history report conducted by BCI&I

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



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★ OHIO ATTORNEY GENERAL ★



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**PROCEDURE FOR OBTAINING A
FINGERPRINT-BASED BACKGROUND CHECK
FROM THE
BUREAU OF CRIMINAL
INVESTIGATION AND IDENTIFICATION (BCI)**

Fingerprint-based criminal history checks are required for Private Security instructor and commander certification.

In order to obtain a BCI Criminal Background Check you must submit a WebCheck request to BCI, from an approved WebCheck agency. In order to obtain such a record check, follow this procedure:

- Log onto the Attorney General of Ohio's WebCheck website: www.ohioattorneygeneral.gov.
- Scroll to the bottom of the page and click on "Webcheck Locations" under the "Services" heading.
- Locate an agency nearest you and contact them regarding the WebCheck process.
- After completing the WebCheck procedure, have your WebCheck result sent back to you, so that you can attach it to your application.
- Mail your completed application packet to:

Ohio Peace Officer Training Commission
Professional Standards Division
PO Box 309
London, Ohio 43140

Applications received by the commission that do not have the BCI processed record check attached will be returned unprocessed.



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Fax 740-845-2675

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

APPLICATION FOR PRIVATE SECURITY UNIT INSTRUCTOR CERTIFICATE

(Please type)

Name _____
First Middle Last

SSN _____ DOB _____ Male _____ Female _____

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

City State Zip Code County

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

FAX (____) _____ Cell (____) _____

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.

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

1. TRAINING/EDUCATION

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)

2. SPECIALIZED TRAINING RELATED TO PRIVATE SECURITY TOPICS/UNITS

Note: Attach only copies of training certificates applicable to the areas for which you are seeking certification.

<u>Name of School Attended</u>	<u>Course Title</u>	<u>Course Length (In Weeks)</u>	<u>Date Completed</u>	<u>Certificate (Y) (N)</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

3. EMPLOYMENT HISTORY (LIST ONLY FULL TIME SECURITY AND LAW ENFORCEMENT)

<u>Employer Name and Address</u>	<u>Employment Dates</u>	<u>Position(s)</u>
_____	From ___/___/___ To ___/___/___	_____
_____	From ___/___/___ To ___/___/___	_____
_____	From ___/___/___ To ___/___/___	_____
_____	From ___/___/___ To ___/___/___	_____

Supervisory Experience (Full Time Only)

Employer _____	Position _____	From ___/___/___	To ___/___/___
Employer _____	Position _____	From ___/___/___	To ___/___/___
Employer _____	Position _____	From ___/___/___	To ___/___/___

If part time security employment is applicable, attach a sheet with employer, dates, position and functions performed

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. CRIMINAL HISTORY

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.

Attach copy of criminal record check processed through BCI to the completed 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

THIS SECTION TO BE COMPLETED BY COMMANDER ONLY

RECOMMENDATION BY AN APPROVED PRIVATE SECURITY COMMANDER

Pursuant to the Rules and Regulations specified in of the Ohio Administrative Code, I recommend the above named individual receive a Unit Instructor certificate for the topics/units indicated on the attached form. For purposes of making this recommendation, I am a current Commander in good standing.

Name of Commander (Please type)

School Name

Mailing Address

Signature of Commander

Date

THIS FORM MAY BE REPRODUCED



MIKE DEWINE

★ OHIO ATTORNEY GENERAL ★



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

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London, OH 43140
www.OhioAttorneyGeneral.gov

Private Security Training Curriculum Effective 07/01/2014

Please check topics qualified to teach.

1. ADMINISTRATION

1. Orientation (Commander Only)
2. Role of Private Security
3. Ethics & Professionalism

2. LEGAL

1. Overview of the Legal System
2. *Intentionally Left Blank*
3. Liability
4. Legal Authority
5. *Intentionally Left Blank*
6. *Intentionally Left Blank*
7. Testifying

3. HUMAN RELATIONS

1. Public Relations
2. Crisis Intervention
3. Drug Awareness
4. *Intentionally Left Blank*
5. Juveniles
6. *Intentionally Left Blank*
7. Community Diversity

4. COMMUNICATIONS

1. Field Note Taking
2. Report Writing
3. Interviews
4. Communications Systems
5. *Intentionally Left Blank*

5. LOSS PREVENTION

1. Loss Prevention

6. SAFETY & PROTECTIVE SERVICES

1. Fire Safety
2. Occupational Safety
3. Patrol Techniques
4. Crowd Control

7. SUBJECT CONTROL TECHNIQUES*

1. Subject Control Techniques

8. FIRST AID/CPR/AED

1. First Aid/CPR/AED

9. FIREARMS*

1. Revolver
2. Semi-Auto
3. Shotgun

10. HOMELAND SECURITY

1. Terrorism Awareness
2. Incident Command System (ICS)
3. National Incident Management System (NIMS)

***ONLY UNIT INSTRUCTOR APPLICANTS MAY REQUEST UNIT 7 AND UNIT 9**



**PRIVATE SECURITY BASIC TRAINING PROGRAM
SPECIAL TOPIC 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
- Must be licensed, degreed, or professionally certified in the area of requested topics. Must have a minimum of two years experience.
- Completion of OPOTC-approved 80-hour Instructional Skills course, or 40-hour Instructional Skills course and 14-hour update, or Bachelor's Degree in Education
- 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 currently-approved OPOTC Private Security commander in good standing
- A recent criminal history report conducted by BCI&I

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



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PROCEDURE FOR OBTAINING A FINGERPRINT-BASED BACKGROUND CHECK FROM THE BUREAU OF CRIMINAL INVESTIGATION AND IDENTIFICATION (BCI)

Fingerprint-based criminal history checks are required for Private Security instructor and commander certification.

In order to obtain a BCI Criminal Background Check you must submit a WebCheck request to BCI, from an approved WebCheck agency. In order to obtain such a record check, follow this procedure:

- Log onto the Attorney General of Ohio's WebCheck website: www.ohioattorneygeneral.gov.
- Scroll to the bottom of the page and click on "Webcheck Locations" under the "Services" heading.
- Locate an agency nearest you and contact them regarding the WebCheck process.
- After completing the WebCheck procedure, have your WebCheck result sent back to you, so that you can attach it to your application.
- Mail your completed application packet to:

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London, OH 43140
www.OhioAttorneyGeneral.gov

APPLICATION FOR TOPIC INSTRUCTOR CERTIFICATE

(Please type)

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. TRAINING/EDUCATION

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)

2. TRAINING IN THE SUBJECT AREA TO BE TAUGHT

Note: Attach only copies of training certificates applicable to the areas for which you are seeking certification.

<u>Name of School Attended</u>	<u>Course Title</u>	<u>Course Length (In Weeks)</u>	<u>Date Completed</u>	<u>Cert/Lic (Y) (N)</u>

3. FULL-TIME EXPERIENCE IN THE SUBJECT AREA TO BE TAUGHT

<u>Agency Name</u>	<u>Title/ Position</u>	<u>Employment Dates (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. CRIMINAL HISTORY

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.

Attach copy of criminal record check processed through BCI to the completed 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

THIS SECTION TO BE COMPLETED BY COMMANDER ONLY

RECOMMENDATION BY AN APPROVED PRIVATE SECURITY COMMANDER

Pursuant to the Rules and Regulations specified in of the Ohio Administrative Code, I recommend the above named individual receive a Topic Instructor certificate for the topics indicated on the attached form. For purposes of making this recommendation, I am a current Commander in good standing.

Name of Commander (Please type)

School Name

Mailing Address

Signature of Commander

Date

THIS FORM MAY BE REPRODUCED



Private Security Training Curriculum Effective 07/01/2014

Please check topics qualified to teach.

1. ADMINISTRATION

1. ___ Orientation (Commander Only)
2. ___ Role of Private Security
3. ___ Ethics & Professionalism

2. LEGAL

1. ___ Overview of the Legal System
2. ___ *Intentionally Left Blank*
3. ___ Liability
4. ___ Legal Authority
5. ___ *Intentionally Left Blank*
6. ___ *Intentionally Left Blank*
7. ___ Testifying

3. HUMAN RELATIONS

1. ___ Public Relations
2. ___ Crisis Intervention
3. ___ Drug Awareness
4. ___ *Intentionally Left Blank*
5. ___ Juveniles
6. ___ *Intentionally Left Blank*
7. ___ Community Diversity

4. COMMUNICATIONS

1. ___ Field Note Taking
2. ___ Report Writing
3. ___ Interviews
4. ___ Communications Systems
5. ___ *Intentionally Left Blank*

5. LOSS PREVENTION

1. ___ Loss Prevention

6. SAFETY & PROTECTIVE SERVICES

1. ___ Fire Safety
2. ___ Occupational Safety
3. ___ Patrol Techniques
4. ___ Crowd Control

7. SUBJECT CONTROL TECHNIQUES*

1. ___ Subject Control Techniques

8. FIRST AID/CPR/AED

1. ___ First Aid/CPR/AED

9. FIREARMS*

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

10. HOMELAND SECURITY

1. ___ Terrorism Awareness
2. ___ Incident Command System (ICS)
3. ___ National Incident Management System (NIMS)

***ONLY UNIT INSTRUCTOR APPLICANTS MAY REQUEST UNIT 7 AND UNIT 9**



MIKE DEWINE

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Fax 740-845-2675

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

Application for Renewal of Private Security 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.

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 109:2-3-05(D): 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. S/he shall at the same time file:

1. Written evidence from the commander(s) that the instructor has taught in at least two commission-approved courses during the most recent certification period; (Attach written evidence)

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

2. Must submit documentation of having attended at least fifteen (15) clock hours of professional development or continuing education from the training agency or institution relative to at least one of the areas for which the individual is certified, during the most recent certification period. Documentation must show successful completion of training. (Attach written evidence.)

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

NOTE: It is the responsibility of each instructor to ensure his/her certificate is current.

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 Private Security TOPIC 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 109:2-3-05(D): Instructors certified by topic 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. S/he shall at the same time file:

1. Written evidence from the commander(s) that the instructor has taught in at least two commission-approved courses during the most recent certification period; (Attach written evidence)

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

2. Submit written proof that certification or license submitted as basis for original certification or most recent renewal is still valid, has been renewed and is in good standing with the issuing body, or present documentation of current active involvement in the participation or practice of the topic area or areas for which certification was granted.

NOTE: It is the responsibility of each instructor to ensure his/her certificate is current.

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: _____



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APPLICATION FOR RENEWAL OF PRIVATE SECURITY COMMANDER CERTIFICATION

Certification shall be renewed every three years. At least sixty days and no more than ninety days prior to expiration of the certificate, the individual shall submit an application for renewal.

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

- Must conduct at least two courses within the three-year period
- Attend at least one commander conference conducted by the commission. Should the commission not conduct a conference within the period of certification, this requirement will be suspended for the affected renewal. Should the commission conduct only one conference within the period of certification but the individual fails to attend, this requirement can be met by completing another orientation program, as conducted by commission staff.



**APPLICATION FOR
 RENEWAL OF PRIVATE SECURITY
 COMMANDER CERTIFICATION**

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.

School Name _____
 County

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

Certification: () Academic Training Check one: () Adult Program or () H.S./JVS Program
 () Firearms and Requalification Only

OPOTC Commander Certification Number: _____ Expiration Date: _____

NOTE: It is the responsibility of each commander to ensure his/her certificate is current.

1. Conducted the following courses: (Attach written evidence, copy course closing letter)

NAME OF SCHOOL	COURSE NUMBER	DATES OF COURSE
_____	_____	_____
_____	_____	_____

2. Private security commander conference attended: (Attach copy of private security commander conference certificate or documentation from commission staff of orientation)

CONFERENCE LOCATION	DATE ATTENDED
_____	_____

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.

(Seal)

Printed name of Notary

Signature of Notary

Date notary commission expires



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.

PRIVATE SECURITY ACADEMIC TRAINING OPENING CHECKLIST

PRIVATE SECURITY ACADEMIC TRAINING CLOSING CHECKLIST

School Name _____
 School Commander _____ Proposed Dates _____

School Name _____
 School Number _____ Dates _____

SF100unv – APPLICATION FORM

____ RECEIVED 21 CALENDAR DAYS PRIOR TO START OF ACADEMY TYPED
 ____ TOTAL NUMBER OF HOURS _____
 ____ NUMBER OF NON-MANDATORY HOURS _____

INSTRUCTOR INFORMATION:
 ____ LIST ONLY INSTRUCTORS SCHEDULED TO TEACH OPOTC REQUIRED TOPICS – 6 MINIMUM
 ____ INSTRUCTOR’S LAST NAME, FIRST NAME, MIDDLE INITIAL
 ____ INSTRUCTORS TEACHING SKILLED TOPICS, CHECK APPROPRIATE COLUMN
 ____ INSTRUCTOR’S OPOTC CERTIFICATION NUMBER AND EXPIRATION DATE

____ **SF515ps – CURRICULUM AUDIT SHEET**

SF105unv – CALENDAR

____ TYPED
 ____ SCHOOL NAME AT THE TOP OF PAGE
 ____ DATE RECORDED FOR EACH SESSION
 ____ DAY RECORDED
 ____ NUMBER OF HOURS RECORDED
 ____ TIME RECORDED (FROM/TO)
 ____ TOPIC NUMBER RECORDED FOR EACH TOPIC TITLE (EXAMPLE: 2.4 [LEGAL AUTHORITY])
 ____ OPOTC TOPIC TITLE RECORDED (EXAMPLE: DRUG AWARENESS)
 ____ INSTRUCTOR’S LAST NAME, FIRST NAME, & OPOTC CERTIFICATION NUMBER RECORDED
 ____ ½ HOUR BREAK FOR EVERY TRAINING SESSION THAT EXCEEDS 5 HOURS
 ____ ONLY OPOTC SUBJECTS AND TOPICS APPEAR ON CALENDAR
 ____ DATE RECORDED (BOTTOM OF PAGE)
 ____ “ORIGINAL” CALENDAR SUBMITTED
 ____ ORIGINAL SIGNATURE OF SCHOOL COMMANDER
 ____ CHECK FOR CURRENT FIRST AID/CPR INSTRUCTOR CARD

ON-SITE INSPECTION

____ CURRENT ON-SITE INSPECTION FORM ON FILE

ENROLLMENT PACKET:

THE FOLLOWING PAPERWORK MUST BE SUBMITTED TO THE OPOTC FIELD AGENT NO LATER THAN THE THIRD DAY OF CLASS:

____ SF101unv – STATEMENT OF UNDERSTANDING (IF FIREARMS TRAINING IS INCLUDED)
 ____ SF110unv – STUDENT ENROLLMENT LIST (TYPED WITH STUDENTS LISTED IN ALPHABETICAL ORDER)
 ____ SF115unv – STUDENT ENROLLMENT FORM/CERTIFICATION RECORD

SF120unv – ATTENDANCE ROSTER

____ ORIGINAL SUBMITTED
 ____ SCHOOL NAME, NUMBER, & DATES RECORDED (TOP OF PAGE)
 ____ ATTENDANCE ROSTER SHOWS 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 & DATE (BOTTOM OF PAGE)
 ____ SCHOOL COMMANDER’S NAME TYPED (BOTTOM OF PAGE)

____ **SF121unv – STUDENT SIGN-IN SHEET**

SF105unv – REVISED TRAINING CALENDAR

____ TYPED
 ____ ORIGINAL SIGNATURE OF SCHOOL COMMANDER
 ____ REVISED CALENDAR INDICATED
 ____ CHANGES IN TIME, DAY, INSTRUCTOR NOTED
 ____ RE-CHECK RATIOS ON INSTRUCTORS TO STUDENTS IN APPLICABLE SKILLS AREAS

SF155ps – STUDENT EVALUATION RECORD

____ ORIGINAL SUBMITTED
 ____ SCHOOL NAME & NUMBER RECORDED (TOP OF PAGE)
 ____ INDICATE AN “S” OR “U” FOR TECHNICAL SKILLS TOPICS
 ____ NOTEBOOK REVIEWED BY COMMANDER AND SCORED (“S” OR “U”)
 ____ % OF OPOTC HOURS MISSED (MAX OF 10% OF OPOTC NON-MANDATORY HRS. ALLOWED)

SF185unv – NOTIFICATION OF CHANGES IN COURSE SCHEDULE

____ ORIGINAL SIGNATURE OF SCHOOL COMMANDER

SF122unv – NOTIFICATION OF MAKE-UP HOURS

____ MAKE-UP ATTENDANCE ROSTER ATTACHED (SF120unv)

SF175unv – LETTER OF CERTIFICATION (CLOSING LETTER)

____ TYPED
 ____ ORIGINAL SIGNATURE OF SCHOOL COMMANDER

SPO SHEETS REVIEWED

____ SF123ps – FIRST AID/CPR/AED PROFICIENCY TESTING RECORD
 ____ SF127ps – SUBJECT CONTROL TECHNIQUES PROFICIENCY TESTING RECORD
 ____ SF134ps – INCIDENT COMMAND SYSTEM (ICS) PROFICIENCY TESTING RECORD
 ____ SF136ps – NATIONAL INCIDENT MANAGEMENT SYSTEM (NIMS)

SPO SHEETS REVIEWED & SUBMITTED (IF FIREARMS TRAINING IS INCLUDED)

____ SF130ps – REVOLVER PROFICIENCY TESTING RECORD
 ____ SF135ps – SEMI-AUTO PISTOL PROFICIENCY TESTING RECORD
 ____ SF140ps – SHOTGUN PROFICIENCY TESTING RECORD
 ____ SF145ps – FIREARMS WRITTEN SPO TEST

EX705 – QUALIFICATION FORM

____ TYPED
 ____ VERIFY CURRICULUM CODE _____

EX710 – ACADEMY ROSTER

____ TYPED

PRIVATE SECURITY FIREARMS TRAINING OPENING CHECKLIST

PRIVATE SECURITY FIREARMS TRAINING CLOSING CHECKLIST

School Name _____
 School Commander _____ Proposed Dates _____

School Name _____
 School Number _____ Dates _____

SF100UNV – APPLICATION FORM

____ RECEIVED 21 CALENDAR DAYS PRIOR TO START OF ACADEMY
 ____ TYPED
 ____ TOTAL NUMBER OF HOURS _____
 *NOTE ALL HOURS ARE MANDATORY

INSTRUCTOR INFORMATION:
 ____ LIST ONLY INSTRUCTORS SCHEDULED TO TEACH OPOTC
 ____ REQUIRED TOPICS
 ____ INSTRUCTOR'S LAST NAME, FIRST NAME, MIDDLE INITIAL
 ____ CHECK (✓) FIREARMS SKILLS COLUMN
 ____ INSTRUCTOR'S OPOTC CERTIFICATION NUMBER AND
 ____ EXPIRATION DATE

SAFETY OFFICER INFORMATION:
 ____ LIST ONLY SAFETY OFFICERS SCHEDULED TO BE PRESENT
 ____ DURING CLASSROOM OR PRACTICAL PORTION OF FIREARMS
 ____ TRAINING
 ____ SAFETY OFFICER'S LAST NAME, FIRST NAME, MIDDLE INITIAL
 ____ INDICATE "SO" IN FIREARMS SKILLS COLUMN

SF105UNV – CALENDAR

____ TYPED
 ____ SCHOOL NAME AT THE TOP OF PAGE
 ____ DATE RECORDED FOR EACH SESSION
 ____ DAY RECORDED
 ____ NUMBER OF HOURS RECORDED
 ____ TIME RECORDED (FROM/TO)
 ____ TOPIC NUMBER RECORDED FOR EACH TOPIC TITLE (EXAMPLE: 9)
 ____ OPOTC TOPIC TITLE RECORDED (EXAMPLE: FIREARMS)
 ____ LOCATION RECORDED FOR EACH OPOTC TOPIC:
 ____ (CLASSROOM OR RANGE)
 ____ INSTRUCTOR'S LAST NAME, FIRST NAME, & OPOTC
 ____ CERTIFICATION NUMBER RECORDED
 ____ SAFETY OFFICER'S LAST NAME, FIRST NAME & SO INDICATED
 ____ ½ HOUR BREAK FOR EVERY TRAINING SESSION THAT EXCEEDS 5
 ____ HOURS
 ____ ONLY OPOTC SUBJECTS AND TOPICS APPEAR ON CALENDAR
 ____ DATE RECORDED (BOTTOM OF PAGE)
 ____ "ORIGINAL" CALENDAR SUBMITTED
 ____ ORIGINAL SIGNATURE OF SCHOOL COMMANDER

ON-SITE INSPECTION

____ CURRENT ON-SITE INSPECTION FORM ON FILE

ENROLLMENT PACKET:

**THE FOLLOWING PAPERWORK MUST BE
 SUBMITTED TO THE OPOTC AT THE CLOSING
 AUDIT:**

____ **SF115UNV – STUDENT ENROLLMENT
 FORM/CERTIFICATION RECORD**

____ **SF101UNV STATEMENT OF
 UNDERSTANDING**

____ **SF110UNV – STUDENT ENROLLMENT LIST**
 (TYPED WITH STUDENTS LISTED IN
 ALPHABETICAL ORDER WITH SSN & DOB)

SF120UNV – ATTENDANCE ROSTER
 ____ ORIGINAL SUBMITTED
 ____ SCHOOL NAME, NUMBER, & DATES
 ____ RECORDED (TOP OF PAGE)
 ____ ATTENDANCE ROSTER SHOWS OPOTC
 ____ REQUIRED TOPICS ONLY
 ____ STUDENTS' NAMES LISTED
 ____ ALPHABETICALLY (LAST NAME, FIRST, M.I.)
 ____ HOURS OF ACTUAL ATTENDANCE
 ____ RECORDED PER DAY
 ____ ORIGINAL SIGNATURE OF SCHOOL
 ____ COMMANDER & DATE (BOTTOM OF PAGE)
 ____ SCHOOL COMMANDER'S NAME TYPED
 ____ (BOTTOM OF PAGE)

SF121UNV – STUDENT SIGN-IN SHEET
 ____ ORIGINAL SUBMITTED
 ____ SCHOOL NAME, NUMBER, & DATE
 ____ RECORDED (TOP OF PAGE)
 ____ TOPIC & TITLE #, LOCATION, FROM/TO,
 ____ HOURS, INSTRUCTOR(S)/SAFETY
 ____ OFFICER(S) CIRCLED, TOTAL HOURS
 ____ INDICATED
 ____ STUDENTS LISTED IN ALPHABETICAL
 ____ ORDER
 ____ STUDENTS' ORIGINAL SIGNATURE
 ____ TIME IN/TIME OUT RECORDED BY EACH
 ____ STUDENT
 ____ HOURS ABSENT/PRESENT RECORDED BY
 ____ COMMANDER
 ____ COMMENTS (FOR EXAMPLE: STUDENT
 ____ ARRIVED 15" OR LESS AND COMPLETED
 ____ MAKE-UP AT THE END OF THE DAY)
 ____ ORIGINAL SIGNATURE OF SCHOOL
 ____ COMMANDER

SF105UNV – REVISED TRAINING CALENDAR

____ TYPED
 ____ ORIGINAL SIGNATURE OF SCHOOL
 ____ COMMANDER
 ____ REVISED CALENDAR INDICATED
 ____ CHANGES IN TIME, DAY, INSTRUCTOR,
 ____ SAFETY OFFICER NOTED
 ____ RE-CHECK RATIOS ON
 ____ INSTRUCTORS/SAFETY OFFICERS TO
 ____ STUDENTS

____ **SF185UNV – NOTIFICATION OF CHANGES
 IN COURSE SCHEDULE (IF REQUIRED)**
 ____ ORIGINAL SIGNATURE OF SCHOOL
 ____ COMMANDER

____ **SF122UNV – NOTIFICATION OF MAKE-UP
 HOURS (IF REQUIRED)**
 ____ MAKE-UP ATTENDANCE ROSTER
 ____ ATTACHED (SF120UNV)

**SF175UNV – LETTER OF CERTIFICATION (CLOSING
 LETTER)**
 ____ TYPED
 ____ ORIGINAL SIGNATURE OF SCHOOL
 ____ COMMANDER

SPO SHEETS REVIEWED & SUBMITTED
 ____ SF130PS – REVOLVER PROFICIENCY
 ____ TESTING RECORD
 ____ SF135PS – SEMI-AUTO PISTOL
 ____ PROFICIENCY TESTING RECORD
 ____ SF140PS – SHOTGUN PROFICIENCY
 ____ TESTING RECORD
 ____ SF145PS – FIREARMS WRITTEN SPO TEST

FIREARMS REQUALIFICATION ONLY
 ____ COPY OF EACH STUDENT'S CURRENT
 ____ OPOTA BASIC OR REQUALIFICATION
 ____ CERTIFICATE SUBMITTED



Private Security Basic Training Audit Sheet

Curriculum Code: PSA-030

1. Administration

1. Orientation (1/1/13)	1	___
2. Role of Private Security (1/1/14)	2	___
3. Ethics & Professionalism (1/1/12) *	3	___
	<u>6</u>	___

2. Legal

1. Overview of the Legal System (1/1/14)	2	___
2. INTENTIONALLY LEFT BLANK (1/1/14)	0	___
3. Liability (7/1/13)	2	___
4. Legal Authority (1/1/12) *	4	___
5. INTENTIONALLY LEFT BLANK (1/1/12)	0	___
6. INTENTIONALLY LEFT BLANK (7/1/14)	0	___
7. Testifying (7/1/14)	2	___
	<u>10</u>	___

3. Human Relations

1. Public Relations (1/1/14)	1	___
2. Crisis Intervention (1/1/14) *	6	___
3. Drug Awareness (1/1/14)	4	___
4. INTENTIONALLY LEFT BLANK (1/1/14)	0	___
5. Juveniles (7/1/12)	2	___
6. INTENTIONALLY LEFT BLANK (1/1/14)	0	___
7. Community Diversity (1/1/14) *	4	___
	<u>17</u>	___

4. Communications

1. Field Note Taking (7/1/12)	2	___
2. Report Writing (1/1/12)	6	___
3. Interviews (7/1/14)	2	___
4. Communications Systems (1/1/12)	2	___
5. INTENTIONALLY LEFT BLANK (7/1/14)	0	___
	<u>12</u>	___

5. Loss Prevention

1. Loss Prevention (7/1/14) *	<u>6</u>	___
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6. Safety and Protective Services

1. Fire Safety (7/1/13)	4	___
2. Occupational Safety (7/1/13)	2	___
3. Patrol Techniques (7/1/14)	8	___
4. Crowd Control (7/1/13)	2	___
	<u>16</u>	___

7. Subject Control Techniques

1. Subject Control Techniques (1/1/13) ***	<u>32</u>	___
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8. First Aid/CPR/AED

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

9. Firearms (Optional)

1. Revolver (7/1/13) ***	20	___
2. Semi-Auto (7/1/13) ***	20	___
3. Shotgun (1/1/14) ***	5	___
	<u>45</u>	___

10. Homeland Security

1. Terrorism Awareness (1/1/13)	4	___
2. Incident Command System (ICS) (7/1/12) ***	4	___
3. National Incident Management System (NIMS) (7/1/12) ***	4	___
	<u>12</u>	___

Total Hours without Firearms 123

* Mandatory Attendance
** Mandatory Skill
*** Mandatory Attendance & Skill