



# Ohio Peace Officer Training Commission State Certification Examination Qualification Form

SCHOOL NAME: \_\_\_\_\_ COUNTY: \_\_\_\_\_

SCHOOL #: (Include prefix) \_\_\_\_\_ CURRICULUM CODE: \_\_\_\_\_

DATE OF EXAMINATION: \_\_\_\_\_ TIME: \_\_\_\_\_ LOCATION: \_\_\_\_\_

SCHOOL COMMANDER: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

### PEACE OFFICER BASIC TRAINING

PEACE OFFICER BASIC TRAINING (BAS) NO. OF STUDENTS \_\_\_\_\_

REFRESHER BASIC TRAINING (REF) NO. OF STUDENTS \_\_\_\_\_

### CORRECTIONS TRAINING FOR A FULL SERVICE FACILITY

CORRECTIONS BASIC TRAINING (CBT) NO. OF STUDENTS \_\_\_\_\_

### JAILER TRAINING

JAILER BASIC TRAINING (JBT) NO. OF STUDENTS \_\_\_\_\_

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

JAILER CONTACT TRAINING (JCT) NO. OF STUDENTS \_\_\_\_\_

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

### PRIVATE SECURITY TRAINING

PRIVATE SECURITY TRAINING (PSA) NO. OF STUDENTS \_\_\_\_\_

\_\_\_\_\_  
School Commander Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Field Agent Signature

\_\_\_\_\_  
Date



# Ohio Peace Officer Training Commission State Certification Examination Student Roster

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

**SCHOOL NAME:** \_\_\_\_\_ **SCHOOL #:** *(Include prefix)* \_\_\_\_\_

**SCHOOL COMMANDER:** \_\_\_\_\_ **NUMBER OF STUDENTS:** \_\_\_\_\_

**DATE OF EXAMINATION:** \_\_\_\_\_ **LOCATION:** \_\_\_\_\_

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

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

\_\_\_\_\_ *School Commander Signature*                      \_\_\_\_\_ *Date*                      \_\_\_\_\_ *Field Agent Signature*                      \_\_\_\_\_ *Date*

# State Certification Examination Student Roster

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

## STUDENTS TAKING PLUG-IN COURSE/EXAM

	1.					
	2.					
	3.					
	4.					

\_\_\_\_\_  
School Commander Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Field Agent Signature

\_\_\_\_\_  
Date

# OHIO PEACE OFFICER TRAINING COMMISSION SCHOOL APPLICATION

**OPOTC USE ONLY**  
 OPOTC-Assigned  
 School Number \_\_\_\_\_  
 Approved By \_\_\_\_\_  
 Date \_\_\_\_\_  
 Curriculum Code \_\_\_\_\_

**PEACE OFFICER**

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

**CORRECTIONS**

- Full-Service Jail Basic Training

**PRIVATE SECURITY**

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

**JAILERS**

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

**BAILIFF/PROBATION/PAROLE**

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

**Number of Firing Points** \_\_\_\_\_

**Field Agent Assigned** \_\_\_\_\_

**REQUESTING OFFICIAL NAME & TITLE** \_\_\_\_\_

**REQUESTING OFFICIAL PHONE** \_\_\_\_\_ **EMAIL** \_\_\_\_\_

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

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

**SCHOOL NAME** \_\_\_\_\_ **COUNTY** \_\_\_\_\_

**COMMANDER** \_\_\_\_\_ **COMMANDER #** \_\_\_\_\_

**PROPOSED DATES:** \_\_\_\_\_ **From** \_\_\_\_\_ **To** \_\_\_\_\_ **Total Hours** \_\_\_\_\_ **Number of Students** \_\_\_\_\_

**DAYS PER WEEK:**

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

**(CHECK DAYS THAT APPLY)** **HOURS:** \_\_\_\_\_ **TO** \_\_\_\_\_ **INDICATE AM OR PM**

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

**FACILITY ADDRESS** \_\_\_\_\_ **(STREET)** \_\_\_\_\_ **(CITY)** \_\_\_\_\_ **(ZIP)** \_\_\_\_\_

**RANGE ADDRESS** \_\_\_\_\_ **(STREET)** \_\_\_\_\_ **(CITY)** \_\_\_\_\_ **(ZIP)** \_\_\_\_\_

**MAILING ADDRESS** \_\_\_\_\_ **(STREET)** \_\_\_\_\_ **(CITY)** \_\_\_\_\_ **(ZIP)** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **COMMANDER:** \_\_\_\_\_ **TRAINING FACILITY:** \_\_\_\_\_

**FAX:** \_\_\_\_\_ **CELL:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

## INSTRUCTOR INFORMATION FOR ALL SCHOOLS

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

LAST NAME, FIRST NAME, M.I.	BLDG. SEARCHES	CRIME SCENE	DRIVING	FIREARMS	FIRST AID/CPR/AED	HAZMAT	ICS	NIMS	PATROL TECHN.	PHYS. COND.	SFST	SPEED MEAS. DEVICE	STOPS & APPR.	SUBJ. CONTROL	TRAFF. CRASH INV.	OPOTC INSTRUCTOR #	EXPIRATION DATE
1.																	
2.																	
3.																	
4.																	
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20.																	

Skill Topics “√” if instructor scheduled.

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

\_\_\_\_\_  
COMMANDER SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
COMMANDER NAME (typed)

## INSTRUCTOR INFORMATION FOR ALL SCHOOLS

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

LAST NAME, FIRST NAME, M.I.	BLDG. SEARCHES	CRIME SCENE	DRIVING	FIREARMS	FIRST AID/CPR/AED	HAZMAT	ICS	NIMS	PATROL TECHN.	PHYS. COND.	SFST	SPEED MEAS. DEVICE	STOPS & APPR.	SUBJ. CONTROL	TRAFF. CRASH INV.	OPOTC INSTRUCTOR #	EXPIRATION DATE
21.																	
22.																	
23.																	
24.																	
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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

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## 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)**

<b>STUDENT'S NAME (Last, First, Middle Initial)</b>	<b>S.S.N.</b>	<b>D.O.B.</b>	<b>AGENCY</b>
1.			
2.			
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19.			
20.			

\_\_\_\_\_ **COMMANDER SIGNATURE**

\_\_\_\_\_ **DATE**

SCHOOL NAME: \_\_\_\_\_ SCHOOL NO \_\_\_\_\_

PROPOSED DATES: \_\_\_\_\_ to \_\_\_\_\_

<b>STUDENT'S NAME (Last, First, Middle Initial)</b>	<b>S.S.N.</b>	<b>D.O.B.</b>	<b>AGENCY</b>
21.			
22.			
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44.			
45.			

\_\_\_\_\_  
COMMANDER SIGNATURE

\_\_\_\_\_  
DATE





**AUTHORIZATION FOR CORRECTION OFFICER TO ATTEND TRAINING**

**For Topics 2-7 Sexual Harassment and Abuse in Corrections and  
4-3 CIT Skills & Dealing with the Special Needs Inmate**

This is to authorize that \_\_\_\_\_ is a correction  
Name  
officer at \_\_\_\_\_  
Full Service Facility

\_\_\_\_\_ 1. The officer has had an interruption in service of less than one year as indicated below. The officer is authorized to take the indicated topics (above) for update purposes. Our records indicate the corrections officer took the Corrections Basic Training in School number \_\_\_\_\_ at \_\_\_\_\_  
Name of School

Dates of Assignment \_\_\_\_\_ Facility \_\_\_\_\_  
(Beginning/End)

Dates of Assignment \_\_\_\_\_ Facility \_\_\_\_\_  
(Beginning/End)

\_\_\_\_\_ 2. The officer is authorized to take this training pre-emptively.

I understand this training cannot be applied toward any Continuing Professional Training credit nor as credit toward the Basic Corrections Officer Training should it be required for this individual in the future.

\_\_\_\_\_  
Typed Title/Name of Requesting Official

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Full Service Facility

\_\_\_\_\_  
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.									
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9.									
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13.									
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21.									
22.									
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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 CBT-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 CBT-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
<b>#1</b>	<b>DEFENSIVE POSTURE</b>			<b>#5</b>	<b>HANDCUFFING</b>		
	Proper stance				Standing		
	Situational awareness				Kneeling		
	Reactionary gap/distance				Prone		
	Proper movement/balance				De-cuffing		
<b>#2</b>	<b>SUBJECT APPROACH AND CONTROL</b>			<b>#6</b>	<b>GROUND DEFENSE</b>		
	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			<b>#7</b>	<b>ESCAPES FORM BODY LOCKS/HOLD RELEASES</b>		
<b>#3</b>	<b>STRIKES</b>				Choke escapes		
	Closed and open hand strikes				Body lock escape		
	Elbows				Head lock escape		
	Forearms			<b>#8</b>	<b>WEAPON ENCOUNTER DEFENSES</b>		
	Knees				Gun takeaway		
	Kicks				Shot avoidance		
	Strike defense				Edged weapon defense		
<b>#4</b>	<b>TAKEDOWNS</b>			<b>#9</b>	<b>ENVIRONMENTAL WEAPONS</b>		
	Rear fall-line takedown				From ground defense		
	Front fall-line takedown				During weapon encounter defense		
	Side fall-line takedown			<b>#10</b>	<b>ETHICAL DECISION MAKING AND CRITICAL THINKING IN A PRACTICAL APPLICATION SCENARIO</b>		
	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



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**BODY SEARCHES PROFICIENCY TESTING RECORD**  
**Curriculum Code CBT-030**

STUDENT'S NAME: \_\_\_\_\_

SCHOOL NAME: \_\_\_\_\_ SCHOOL NUMBER \_\_\_\_\_

SPO	ACTION	TEST #1	TEST #2
		P / F	P / F
4	Perform a Frisk Search		
	Maintain Control of Inmate		
	Place Inmate in Position of Disadvantage		
	Complete a Thorough Search		

ENTER P OR F ONLY

\_\_\_\_\_  
 INSTRUCTOR SIGNATURE OPOTC #: \_\_\_\_\_

COMMANDER/ADMINISTRATOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
 NO STAMPS / ORIGINAL SIGNATURES ONLY



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## TRANSPORTATION OF PRISONERS PROFICIENCY TESTING RECORD

Curriculum Code CBT-030

STUDENT'S NAME: \_\_\_\_\_

SCHOOL NAME: \_\_\_\_\_ SCHOOL NUMBER \_\_\_\_\_

SPO	ACTION	TEST #1	TEST #2
		P / F	P / F
<b>2</b>	<b>Application and removal of waist restraints and handcuffs</b>		
	Place the inmate in a position of disadvantage		
	Handcuffs gapped and double locked		
<b>3</b>	<b>Application and removal of leg shackles</b>		
	Standing position		
	Place the inmate in a position of disadvantage		
	Shackles gapped and double locked		
	Kneeling position		
	Place the inmate in a position of disadvantage		
	Shackles gapped and double locked		

ENTER P OR F ONLY

\_\_\_\_\_  
INSTRUCTOR SIGNATURE OPOTC #: \_\_\_\_\_

COMMANDER/ADMINISTRATOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

NO STAMPS / ORIGINAL SIGNATURES ONLY



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740-845-2700  
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## STUDENT EVALUATION RECORD Curriculum Code CBT-030

SCHOOL NAME \_\_\_\_\_ SCHOOL # \_\_\_\_\_ DATES: FROM: \_\_\_\_\_ TO \_\_\_\_\_

STUDENT NAME (Last, First, M.I.)	SUBJECT CONTROL	FIRST AID/ CPR/AED	BODY SEARCHES	TRANSPORT OF PRISONERS	NOTEBOOK	TOTAL % OF OPOTC NON- MANDATORY HOURS MISSED	FOR OPOTC USE ONLY	
							EXAM Initial	% Retest

Indicate Satisfactory/Unsatisfactory/NA

\_\_\_\_\_  
SCHOOL COMMANDER SIGNATURE

\_\_\_\_\_  
DATE

NO STAMPS/ORIGINAL SIGNATURE ONLY

\_\_\_\_\_  
DATE

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

RE: School # \_\_\_\_\_

School Name \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_

SCHOOL TYPE: (Check all that apply)

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

\* State Certification Examination required upon completion of training

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

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

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

\_\_\_\_\_  
SCHOOL COMMANDER SIGNATURE

\_\_\_\_\_  
SCHOOL COMMANDER NAME (TYPED)





**MIKE DEWINE**  
★ OHIO ATTORNEY GENERAL ★



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

P.O. Box 309  
London, OH 43140  
[www.OhioAttorneyGeneral.gov](http://www.OhioAttorneyGeneral.gov)

## **APPLICATION FOR FULL-SERVICE JAIL PERSONNEL TRAINING SCHOOL COMMANDER**

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
- Completion of current OPOTC 80-hour instructional skills course, or OPOTC 14-hour update and 40-hour instructional skills
- Three professional references from criminal justice agency administrators
- Written approval from a sheriff or designee, or a criminal justice agency administrator who is the executive head of a full-service jail
- 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



# MIKE DEWINE

★ OHIO ATTORNEY GENERAL ★



Ohio Peace Officer Training Commission  
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Fax 740-845-2675

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

## APPLICATION FOR FULL-SERVICE JAIL PERSONNEL TRAINING SCHOOL COMMANDER

### 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.

Department Name: \_\_\_\_\_

School Name \_\_\_\_\_  
County \_\_\_\_\_

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

School Phone: (\_\_\_\_) \_\_\_\_\_ School Fax: (\_\_\_\_) \_\_\_\_\_

### II. HIGH SCHOOL INFORMATION

Name City State Date of Graduation/Receipt of GED

### III. 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

**NOTE: COPIES OF ALL PERTINENT CERTIFICATES MUST BE ATTACHED.**

**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 CRIMINAL JUSTICE AGENCY ADMINISTRATORS**

**NAME RANK AGENCY/DEPARTMENT PHONE**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**Letters must be attached to this form.**

**VI. APPROVAL FROM EXECUTIVE HEAD OF FULL SERVICE JAIL (Sheriff or Designee or a Criminal Justice Agency Administrator).**

I am in agreement with the submission of this application for the above-listed individual to be certified by and through the Ohio Peace Officer Training Commission as a Full-Service Jail Personnel Training School Commander.

_____ Signature	_____ Title
_____ Department/Office	(_____)_____ Phone

**VII. 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 ★



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Fax 740-845-2675

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[www.OhioAttorneyGeneral.gov](http://www.OhioAttorneyGeneral.gov)

## **CORRECTIONS BASIC TRAINING PROGRAM UNIT INSTRUCTOR APPLICATION**

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

- Must be a high school graduate or possess a GED
- Three years of institutional experience
- Completion of OPOTC-approved 80-hour Instructional Skills course, or 40-hour Instructional Skills course and 14-hour update
- Completion of courses which will allow a person to learn specific knowledge and skills in the unit/topics for which the instructor desires certification
- Recommendation of a school commander who has been the commander of record of an approved school within the five-year period immediately preceding the date of the application

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



V. a. **80-HOUR INSTRUCTOR TRAINING PROGRAM APPROVED BY OPOTC EXECUTIVE DIRECTOR – ATTACH CERTIFICATE**

Name of School Attended \_\_\_\_\_ Dates Attended \_\_\_\_\_ # of Hours \_\_\_\_\_

OR

b. **40-HOUR INSTRUCTOR TRAINING COURSE PLUS 2-DAY UPDATE COURSE - ATTACH CERTIFICATES**

Name of School Attended \_\_\_\_\_ Dates Attended \_\_\_\_\_ # of Hours \_\_\_\_\_

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 Units or Topics. Accordingly, pursuant to Rule 109:2-9-05 OAC, I hereby recommend the foregoing applicant for certification as a Unit Instructor for the Units or Topics indicated on the attached page.

\_\_\_\_\_  
SCHOOL COMMANDER'S NAME (TYPED) OPOTC CTA # SCHOOL COMMANDER'S SIGNATURE DATE

\_\_\_\_\_  
SCHOOL NAME SCHOOL MAILING ADDRESS

(\_\_\_\_) (\_\_\_\_)  
DAYTIME PHONE FAX E-MAIL



# MIKE DEWINE

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## CORRECTIONS FULL-SERVICE JAIL TRAINING CURRICULUM EFFECTIVE 07/01/2014

---

### \_\_\_\_\_ 1. ADMINISTRATION

- \_\_\_\_\_ 1. Training Overview and Orientation
- \_\_\_\_\_ 2. Ethics and Professionalism
- \_\_\_\_\_ 3. Report Writing

### \_\_\_\_\_ 2. LEGAL

- \_\_\_\_\_ 1. Overview of the Criminal Justice System
- \_\_\_\_\_ 2. Inmate Rights & Civil Liability
- \_\_\_\_\_ 3. *Intentionally Left Blank*
- \_\_\_\_\_ 4. Overview of Minimum Standards for a Full Service Facility
- \_\_\_\_\_ 5. *Intentionally Left Blank*
- \_\_\_\_\_ 6. *Intentionally Left Blank*
- \_\_\_\_\_ 7. Sexual Harassment & Abuse in Corrections

### \_\_\_\_\_ 3. JAIL SECURITY

- \_\_\_\_\_ 1. Basic Security Duties
- \_\_\_\_\_ 2. Inmate Discipline
- \_\_\_\_\_ 3. Admissions, Identification, & Releases
- \_\_\_\_\_ 4. Cell and Living Area Searches
- \_\_\_\_\_ 5. Body Searches
- \_\_\_\_\_ 6. Classification of Inmates
- \_\_\_\_\_ 7. Fire Safety
- \_\_\_\_\_ 8. Handling Emergency Situations
- \_\_\_\_\_ 9. Transportation of Prisoners

### \_\_\_\_\_ 4. HUMAN RELATIONS

- \_\_\_\_\_ 1. Interpersonal Communication and De-Escalation Skills
- \_\_\_\_\_ 2. Inmate Supervision: Role of the Correctional Officer
- \_\_\_\_\_ 3. Crisis Intervention & Suicide Prevention
- \_\_\_\_\_ 4. Stress and the Correctional Officer
- \_\_\_\_\_ 5. Community Diversity
- \_\_\_\_\_ 6. *Intentionally Left Blank*

### \_\_\_\_\_ 5. MEDICAL ISSUES

- \_\_\_\_\_ 1. Preliminary Health Screening
- \_\_\_\_\_ 2. Handling Medical Problems & Blood Borne Pathogens
- \_\_\_\_\_ 3. Substance Abusers

### \_\_\_\_\_ 6. SUBJECT CONTROL TECHNIQUES

### \_\_\_\_\_ 7. FIRST AID/CPR/AED



# MIKE DEWINE

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[www.OhioAttorneyGeneral.gov](http://www.OhioAttorneyGeneral.gov)

## **CORRECTIONS BASIC TRAINING PROGRAM SPECIAL SUBJECT INSTRUCTOR APPLICATION**

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

- Must be a high school graduate or possess a GED
- Three years combined education and training in subject area for which certification is sought
- 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 school commander who has been the commander of record of an approved school within the five-year period immediately preceding the date of the application

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

## CORRECTIONS FULL-SERVICE FACILITY 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.

Current Employer and Position/Employment Dates: \_\_\_\_\_

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) (Address) (Date certificate received)

### III. TRAINING/EDUCATION AND EXPERIENCE- 3 YEARS REQUIRED

#### A. TRAINING/EDUCATION:

Name of School Attended	Dates Attended (Mo/Yr - Mo/Yr)	Program/Course/ Major	Degree/Certificate Received & Attached
_____	_____	_____	_____
_____	_____	_____	_____

**NOTE: COPIES OF ALL LISTED CERTIFICATES MUST BE ATTACHED**

#### B. PRACTICAL EXPERIENCE HISTORY:

List all positions and facility assignments and/or other practical experiences related to the topic(s) for which certification 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.

Agency Name/Address	Position	Dates (From - To)
_____	_____	_____
_____	_____	_____

**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 <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>
_____	_____	_____	_____

**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 109:2-9-05 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 CTA #

\_\_\_\_\_  
 SCHOOL COMMANDER'S SIGNATURE DATE

\_\_\_\_\_  
 SCHOOL NAME  
 (\_\_\_\_\_) \_\_\_\_\_  
 DAYTIME PHONE NUMBER

\_\_\_\_\_  
 SCHOOL MAILING ADDRESS  
 (\_\_\_\_\_) \_\_\_\_\_  
 FAX NUMBER

\_\_\_\_\_  
 EMAIL



**OHIO PEACE OFFICER TRAINING COMMISSION  
 CORRECTIONS FULL-SERVICE JAIL TRAINING CURRICULUM  
 EFFECTIVE 07/01/2014**

---

**1. ADMINISTRATION**

- 1. Training Overview and Orientation
- 2. Ethics and Professionalism
- 3. Report Writing

**2. LEGAL**

- 1. Overview of the Criminal Justice System
- 2. Inmate Rights & Civil Liability
- 3. *Intentionally Left Blank*
- 4. Overview of Minimum Standards for a Full Service Facility
- 5. *Intentionally Left Blank*
- 6. *Intentionally Left Blank*
- 7. Sexual Harassment & Abuse in Corrections

**3. JAIL SECURITY**

- 1. Basic Security Duties
- 2. Inmate Discipline
- 3. Admissions, Identification, & Releases
- 4. Cell and Living Area Searches
- 5. Body Searches
- 6. Classification of Inmates
- 7. Fire Safety
- 8. Handling Emergency Situations
- 9. Transportation of Prisoners

**4. HUMAN RELATIONS**

- 1. Interpersonal Communication and De-Escalation Skills
- 2. Inmate Supervision: Role of the Correctional Officer
- 3. Crisis Intervention and Suicide Prevention
- 4. Stress and the Correctional Officer
- 5. Community Diversity
- 6. *Intentionally Left Blank*

**5. MEDICAL ISSUES**

- 1. Preliminary Health Screening
- 2. Handling Medical Problems & Blood Borne Pathogens
- 3. Substance Abusers

**6. SUBJECT CONTROL TECHNIQUES**

**7. FIRST AID/CPR/AED**



# MIKE DEWINE

★ OHIO ATTORNEY GENERAL ★



Ohio Peace Officer Training Commission  
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P.O. Box 309  
London, OH 43140  
www.OhioAttorneyGeneral.gov

## UNIT RENEWAL APPLICATION FOR CORRECTIONS FULL-SERVICE FACILITY TRAINING 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.

Instructors certified by unit shall renew their certificate every three years. **At least sixty days and no more than 90 days prior to expiration** of the certificate, the instructor shall file 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 indicating the instructor successfully completed a minimum of twelve clock-hours of training in topics related to the Commission-approved corrections curriculum or to improve instructional abilities within the past three years. **Attach copies of training certificates as written evidence.**

Educational/Training Facility	Course Title	Date/Clock Hours
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Written evidence from the Correction's School Commander indicating the instructor has taught in two Commission-approved Full-Service Facility Corrections Training schools for a minimum total of twelve teaching hours within the past three years. **Attach written evidence (calendar or commander letter).**

Name & No. of School	School Commander	Dates of School
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Documentation of completion of the 2-Day Instructor Training Update course by July 1, 2009. Attach copy of certificate.

Name/Address of School Attended	Dates Attended
_____	_____

4. 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 BE DENIED**



# MIKE DEWINE

★ OHIO ATTORNEY GENERAL ★



Ohio Peace Officer Training Commission  
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P.O. Box 309  
London, OH 43140  
www.OhioAttorneyGeneral.gov

## **SPECIAL SUBJECT RENEWAL APPLICATION FOR CORRECTIONS FULL-SERVICE FACILITY TRAINING 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 109:2-9-05(D): Instructors certified as special subject instructors shall renew their certificate every 3 years. At least **60 days and no 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 special subject 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 corrections curriculum;

**Attach copies of training certificates as written evidence.**

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

2. Written evidence from the school commander that the instructor has taught in two approved corrections training schools for a minimum total of 8 teaching hours within the past 3 years.

**Attach written evidence (revised calendar or commander letter).**

<u>Name of School &amp; Number</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 BE DENIED**



# 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: \_\_\_\_\_

**CORRECTIONS FULL-SERVICE JAIL BASIC TRAINING  
OPENING CHECKLIST/ENROLLMENT PACKET**

**CORRECTIONS FULL-SERVICE JAIL BASIC TRAINING  
CLOSING CHECKLIST**

School Name \_\_\_\_\_  
School Commander \_\_\_\_\_ Proposed Dates \_\_\_\_\_

School Name \_\_\_\_\_  
School Commander \_\_\_\_\_ School Number \_\_\_\_\_

**SF100unv - APPLICATION FORM**

- \_\_\_\_\_ RECEIVED 21 CALENDAR DAYS PRIOR TO START DATE OF SCHOOL
- \_\_\_\_\_ TYPED
- \_\_\_\_\_ DOES NOT EXTEND MORE THAN 12 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- MINIMUM OF SIX (6)
- \_\_\_\_\_ INSTRUCTOR'S LAST NAME, FIRST NAME, MIDDLE INITIAL
- \_\_\_\_\_ INDICATE ONE SUBJECT CONTROL INSTRUCTOR FOR EVERY 10 STUDENTS
- \_\_\_\_\_ INSTRUCTOR'S OPOTC CERTIFICATION NUMBER AND EXPIRATION DATE
- \_\_\_\_\_ SCHOOL COMMANDER TO VERIFY CURRENCY OF THE FIRST AID AND CPR INSTRUCTORS – SUBMIT COPY OF INSTRUCTOR CARD FROM NATIONAL PROGRAM

**SF105unv - CALENDAR**

- \_\_\_\_\_ TYPED
- \_\_\_\_\_ SCHOOL NAME SUBMITTED AT THE TOP OF THE PAGE
- \_\_\_\_\_ DATE RECORDED FOR EACH SESSION
- \_\_\_\_\_ DAY RECORDED
- \_\_\_\_\_ # OF HOURS RECORDED
- \_\_\_\_\_ TIME RECORDED (FROM/TO)
- \_\_\_\_\_ TOPIC # RECORDED FOR EACH TOPIC TITLE **EXAMPLE: 2-1**
- \_\_\_\_\_ OPOTC TOPIC TITLE RECORDED **EXAMPLE: OVERVIEW OF CRIMINAL JUSTICE SYSTEM**
- \_\_\_\_\_ INSTRUCTOR'S LAST NAME, FIRST NAME, & OPOTC CERT. # RECORDED
- \_\_\_\_\_ 1/2 HOUR BREAK FOR EVERY TRAINING SESSION THAT EXCEEDS 5 HOURS
- \_\_\_\_\_ ONLY OPOTC SUBJECTS & HOURS MUST APPEAR ON THE CALENDAR
- \_\_\_\_\_ DATE RECORDED (BOTTOM OF PAGE)
- \_\_\_\_\_ ORIGINAL SIGNATURE OF SCHOOL COMMANDER

**ON-SITE INSPECTION**

- \_\_\_\_\_ **CURRENT ON-SITE INSPECTION FORM ON FILE**

**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, & APPOINTING AGENCY
- \_\_\_\_\_ SIGNED BY SCHOOL COMMANDER

**SF115unv - STUDENT ENROLLMENT/CERTIFICATION FORM FOR EACH STUDENT**

**SF101unv - STATEMENT OF UNDERSTANDING FOR EACH STUDENT**

- \_\_\_\_\_ FOR UPDATE STUDENTS AND STUDENTS GRANTED PRIOR TRAINING EQUIVALENCY CREDIT-SEE COMMANDER MANUAL FOR DETAILS

**SF120unv - ATTENDANCE ROSTER**

- \_\_\_\_\_ ORIGINAL COPY
- \_\_\_\_\_ TYPED
- \_\_\_\_\_ SCHOOL NAME, NUMBER, & 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 CORRECTIONS TRAINING SCHOOL COMMANDER & 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

**SF160cbt - STUDENT EVALUATION RECORD**

- \_\_\_\_\_ ORIGINAL COPY
- \_\_\_\_\_ TYPED
- \_\_\_\_\_ SCHOOL NAME & 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, DAY, INSTRUCTOR NOTED
- \_\_\_\_\_ RE-CHECK RATIOS OF INSTRUCTORS TO STUDENTS IN APPLICABLE SKILLS AREAS

**SF123cbt – FIRST AID/CPR/AED PROFICIENCY TESTING RECORD REVIEWED**

**SF127cbt – SUBJECT CONTROL PROFICIENCY TESTING RECORD REVIEWED**

**SF137cbt – BODY SEARCHES PROFICIENCY TESTING RECORD REVIEWED**

**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



# MIKE DEWINE

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## Corrections Basic Training Audit Sheet Curriculum Code: CBT-030

### 1. Administration

1. Training Overview & Orientation (1/1/13)	1	___
2. Ethics & Professionalism (7/1/13) *	2	___
3. Report Writing (7/1/13) *	8	___
	<u>11</u>	___

### 2. Legal

1. Overview of the Criminal Justice System (7/1/14)	2	___
2. Inmate Rights & Civil Liability (1/1/13) *	6	___
3. INTENTIONALLY LEFT BLANK (1/1/13)	0	___
4. Overview of Min. Stds. for a Full Service Facility (1/1/13) *	2	___
5. INTENTIONALLY LEFT BLANK (1/1/13)	0	___
6. INTENTIONALLY LEFT BLANK (1/1/13)	0	___
7. Sexual Harassment & Abuse in Corrections (1/1/13) *	4	___
	<u>14</u>	___

### 3. Jail Security

1. Basic Security Duties (7/1/14)	2	___
2. Inmate Discipline (1/1/09)	3	___
3. Admissions, Identification, & Releases (1/1/09)	4	___
4. Cell & Living Area Searches (1/1/09)	4	___
5. Body Searches (1/1/13) ***	4	___
6. Classification of Inmates (1/1/09)	1	___
7. Fire Safety (7/1/14) *	2	___
8. Handling Emergency Situations (7/1/14)	4	___
9. Transportation of Prisoners (7/1/14) ***	2	___
	<u>26</u>	___

### 4. Human Relations

1. Interpersonal Comm. & De-escalation Skills (1/1/09) *	16	___
2. Inmate Supervision: Role of the C.O. (1/1/09)	2	___
3. Crisis Intervention & Suicide Prevention (7/1/14) *	16	___
4. Stress & the Correctional Officer (1/1/09)	2	___
5. Community Diversity (1/1/14) *	4	___
6. INTENTIONALLY LEFT BLANK (7/1/14) *	0	___
	<u>40</u>	___

### 5. Medical Issues

1. Preliminary Health Screening (1/1/09)	2	___
2. Handling Medical Problems & Blood Borne Pathogens (1/1/09)	4	___
3. Substance Abusers (1/1/09)	2	___
	<u>8</u>	___

### 6. Subject Control Techniques

1. Subject Control Techniques (1/1/13) ***	<u>40</u>	___
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### 7. First Aid/CPR/AED

1. First Aid/CPR/AED (1/1/13) ***	<u>12</u>	___
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Total Hours **151**

Mandatory Hours \_\_\_\_\_  
 Non-Mandatory Hours \_\_\_\_\_  
 Total Hours \_\_\_\_\_

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