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 PRIOR EQUIVALENT TRAINING ANALYSIS FOR FULL SERVICE FACILITY CORRECTIONS OFFICERS

Complete both pages of this application upon assignment. If you have had an interruption in your corrections employment, please contact the Ohio Peace Officer Training Commission, Corrections Certification Officer. Please note: The State examination in its entirety must be successfully completed for certification.

NAME: _____ **DOB:** _____ **SSN:** _____

HOME ADDRESS: _____

_____ _____ _____
CITY **STATE** **ZIP**

DAYTIME PHONE: (____)_____ **FAX:** (____)_____

EMAIL: _____

EMPLOYING AGENCY: _____

EMPLOYMENT DATES: FROM _____ **TO** _____

DEPARTMENT ADDRESS: _____

_____ _____ _____
CITY **STATE** **ZIP**

Previous corrections training for which credit is being requested. This may be police agency, sheriff's office or state corrections training. Credit for equivalent training may also be given for experience. See OAC 109:2-9-11.

ORIGINAL TRAINING AGENCY: _____

_____ _____ _____
CITY **STATE** **ZIP**

DATES OF TRAINING: **FROM** _____ **TO** _____

JAIL ASSIGNMENT DATES: **FROM** _____ **TO** _____ **AGENCY:** _____

FROM _____ **TO** _____ **AGENCY:** _____

Enclosures:
1) **Include a detailed breakdown of topics and hours of training for which credit is requested.**
2) **A copy of the certificate of training for which credit is request**

THIS SECTION TO BE COMPLETED BY THE REQUESTING INDIVIDUAL AND THE REQUESTING OFFICIAL IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER PERSON AUTHORIZED TO ADMINISTER OATHS.

This is to certify that the information set forth in this form is true and accurate to the best of my knowledge. All requested information has been researched for accuracy and, where applicable or necessary, documentation has been attached for purposes of verification and/or explanation. It is understood that, should any of the provided information be discovered inaccurate, it will void the determination made from this request. Further, it is also understood that submission of false information submitted to a governmental organization in pursuit of certification is a violation of section 2921.13 of the Ohio Revised Code.

_____ SIGNATURE OF REQUESTING INDIVIDUAL	_____ NAME OF REQUESTING AGENCY
_____ SIGNATURE OF REQUESTING OFFICIAL	_____ MAILING ADDRESS OF REQUESTING OFFICIAL
_____ TYPED NAME OF REQUESTING OFFICIAL	_____ MAILING ADDRESS (continued)
	(_____)_____ DAYTIME PHONE NUMBER

Subscribed and duly sworn before me according to law, by the above-named individual this _____ day of _____, 20____ at_____ in the county of _____ and the State of Ohio.

Signature of Notary/Authorized Official_____ (place notarial seal here)

Official Title_____

Commission Expiration Date _____