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

BAILIFF BASIC TRAINING PROGRAM
UNIT INSTRUCTOR APPLICATION

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

- Must be a high school graduate or possess a GED
- Five years relevant experience as a full-time law enforcement officer
- Completion of OPOTC-approved 80-hour Instructional Skills course, or 40-hour Instructional Skills course and 14-hour update

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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BAILIFF TRAINING PROGRAM UNIT INSTRUCTOR APPLICATION

I. PERSONAL DATA

Name _____ _____ _____
First Middle Last

SSN_____ DOB _____ Male ____ Female ____

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

_____ _____ _____ _____
City State Zip Code County

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

Cell (_____)_____ FAX (_____)_____

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

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

☐ 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: _____

II. HIGH SCHOOL DIPLOMA/GED (Circle One)

_____ _____ _____ _____
High School Name City State Date Received

III. LAW ENFORCEMENT OR BAILIFF EMPLOYMENT HISTORY-MINIMUM OF 5 YEARS

Agency Name/Address	Position	Dates (From - To)

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

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

NOTE: Copies of all listed certificates must be attached. Supplemental sheets showing all training received may be attached.

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 Certificate)

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?
_____Yes _____No If yes, include a detailed summary.

_____
_____
_____

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

AFFIDAVIT

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

_____ _____
Signature Date

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

_____
Printed name of Notary

(Seal)

_____
Signature of Notary

_____
Date notary commission expires

THIS SECTION TO BE COMPLETED BY THE SCHOOL COMMANDER ONLY

I have reviewed the attached credentials and believe the applicant to be qualified to teach the requested Unit(s) and Topic(s). Accordingly, I hereby recommend the foregoing applicant for certification as a Unit Instructor for the Unit(s) and Topic(s) indicated on the attached page.

SCHOOL COMMANDER'S NAME (TYPED)	OPOTC BBC #	SCHOOL COMMANDER'S SIGNATURE	DATE

SCHOOL NAME	SCHOOL MAILING ADDRESS

(_____)_____	(_____)_____	_____
DAYTIME PHONE NUMBER	FAX NUMBER	EMAIL

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OHIO PEACE OFFICER TRAINING COMMISSION
BAILIFF/COURT OFFICER BASIC TRAINING CURRICULUM LIST
TO BE USED FOR INSTRUCTOR APPLICATION ONLY

Must Complete An OPOTC-Approved Firearms Instructor Training Course

1. FIREARMS

_____1. Handgun Training - Revolver
_____2. Handgun Training – Semiautomatic Pistol

As of 02/03/2011