MIKE DEWINE
★ OHIO ATTORNEY GENERAL ★

OHIO ATTORNEY GENERAL
PEACE OFFICER TRAINING COMMISSION

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

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.

_____
_____
_____

<u>MUST</u> APPEAR <u>IN PERSON</u> 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