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

SCHOOL COMMANDER APPLICATION
FOR 5-DAY AND 12-HOUR FACILITY
JAIL PERSONNEL TRAINING

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

- High school graduate or possession of 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 law enforcement administrators of the rank of lieutenant or above
- 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

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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

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 LAW ENFORCEMENT AGENCY ADMINISTRATORS OF THE RANK OF LIEUTENANT OR ABOVE

	NAME	RANK	AGENCY/DEPARTMENT	PHONE
1.				
2.				
3.				

Letters must be attached to this form.

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