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

12-DAY AND 12-HOUR FACILITY JAILER 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
- 5 years of relevant full-time experience as a law enforcement officer or 3 years full-time experience as a corrections officer
- Completion of current OPOTC 80-hour instructional skills course, or OPOTC 14-hour update and 40-hour instructional skills
- Completion of training that allows a person to gain specific knowledge and skills in a unit for which certification is requested
- Recommendation of the jailer school commander

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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12-DAY AND 12-HOUR FACILITY JAILER 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.

II. HIGH SCHOOL GRADUATE/GED (Circle One)

_____ _____ _____ _____
(High School Name) (City) (State) (Date Received)

III. 5 YEARS OF RELEVANT FULL-TIME LAW ENFORCEMENT OR 3 YEARS FULL-TIME CORRECTIONS OFFICER EMPLOYMENT HISTORY

Agency Name/Address	Position	Dates (From - To)

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

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

NOTE: COPIES OF ALL LISTED CERTIFICATES MUST BE ATTACHED. SUPPLEMENTAL SHEETS SHOWING ALL TRAINING RECEIVED MAY BE ATTACHED.

V. 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

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 Unit(s) and Topic(s). Accordingly, pursuant to Rule 109:2-11-05 OAC, 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 JTA # SCHOOL COMMANDER'S SIGNATURE DATE

_____ _____
SCHOOL NAME SCHOOL MAILING ADDRESS

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

OHIO PEACE OFFICER TRAINING COMMISSION
JAILER CURRICULUM

JAILER BASIC TRAINING - 12-DAY FACILITY

____ **1. INMATE SUPERVISION**

____ 1. Suicide Detection and Prevention
____ 2. Substance Abuse
____ 3. Dealing with Non-Traditional Populations
____ 4. Inmate Discipline
____ 5. Inmate Supervision: Role of the Jailer

____ **2. LEGAL**

____ 1. Overview of the Criminal Justice System
____ 2. Minimum Standards for Jails in Ohio 12-
____ 3. Overview of Jail Legal Issues & Inmate Rights
____ 4. Officer Liability & Rights

____ **3. JAIL SECURITY**

____ 1. Body Searches
____ 2. Basic Security Duties
____ 3. Cell & Living Area Searches
____ 4. Hostage Situations
____ 5. Fire Safety & Response
____ 6. Fights, Riots & Disorders
____ 7. Escapes

____ **4. JAIL INTAKE**

____ 1. Classification
____ 2. Admissions & Release
____ 3. Preliminary Health Screening

____ **5. SELF DEFENSE/1ST AID/CPR**

____ 1. Unarmed Self Defense/Use of Force
____ 2. CPR
____ 3. First Aid

JAILER CONTACT TRAINING - 12-DAY FACILITY

____ 1. Security Awareness
____ 2. Inmate Supervision & Surveillance
____ 3. Suicide Prevention
____ 4. Unarmed Self-Defense
____ 5. CPR/First Aid

JAILER SWORN PEACE OFFICERS TRAINING - 12-DAY FACILITY

____ 1. Jail Security, Prisoner Transportation, Admission and Release
____ 2. Inmate and Jail Searches
____ 3. Inmate Supervision, Surveillance and Discipline
____ 4. Emergency Responses & Procedures
____ 5. Recognition of Abnormal Inmate Behavior; Suicidal Behavior; Mental/Emotional Disorders & Retardation; Substance Abuse
____ 6. Overview of Minimum Standards for Jails in Ohio, 12-Day Facilities

JAILER TRAINING - 12-HOUR FACILITY

____ 1. Minimum Standards for Jails in Ohio
____ 2. Jail and Prisoner Security
____ 3. Emergency Responses (Fire Safety; Hostage Situations; Fights, Riots & Disorders, Escapes; Suicides)
____ 4. Abnormal Behavior: Mental and Emotional Disorders and Retardation; Substance Abuse
____ 5. Unarmed Self Defense
____ 6. First Aid
____ 7. C.P.R.