MIKE DEWINE
OHIO ATTORNEY GENERAL

Ohio Peace Officer Training Commission
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Application for Renewal of 12-Day and 12-Hour Facility Jailer Training
Unit 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.

Ohio Administrative Code, Chapter 109:2-11-05(D): Instructors certified as unit instructors shall renew their certificate every 3 years. At least **60 days and not more than 90 days** prior to expiration of the certificate, the instructor shall file with the Executive Director, 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 documenting that the instructor has successfully completed within the past 3 years, a minimum of 8 clock hours of training in topics related to the Commission-approved jailer curriculum or to improve instructional abilities;

Attach copies of training certificates as written evidence.

Educational/Training Facility	Course Title	Date/Clock Hours

(2) Written evidence from the school commander that the instructor has taught in one Commission-approved jailer training school for a minimum total of 8 teaching hours within the past 3 years.

Attach written evidence (calendar or commander letter).

Name & Number of School	School Commander	Date(s) Taught	No. of Hours Taught
_____	_____	_____	_____
_____	_____	_____	_____

(3) 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

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED