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

PEACE OFFICER 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
- Completion of courses which will allow a person to learn specific knowledge and skills in the unit/topics for which the instructor desires certification
- Recommendation of a school commander who has been the commander of record of a Peace Officer Basic Training or Peace Officer Refresher school held within the last two years

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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PEACE OFFICER BASIC TRAINING
APPLICATION FOR UNIT INSTRUCTOR CERTIFICATE

(Please type or print clearly)

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 address/phone may be used: ___no ___yes
If no, other: _____

1. **EDUCATION**

A. High School Education or (GED)

Name & Address of School Attended	Dates Attended (From - To)	High School Diploma	GED Certificate
_____	_____ (Mo/Yr)	___Yes ___No	___Yes ___No

THIS FORM MAY BE REPRODUCED

B. Advanced Training - College or University Education

Name & Address of School Attended	Dates Attended (From - To)	Field of Study	Type of Degree

2. **SPECIAL TRAINING RECEIVED**
(F.B.I. Academy, Special Police, Government, Military Organizations, ***OSP, OPOTA,*** etc.)

Agency Name and Address	Dates (From - To)	Total Number of Years/Months

3. **RELEVANT EXPERIENCE AS A FULL-TIME LAW ENFORCEMENT OFFICER**
If specialized assignment (detective, narcotics, SWAT, etc.) list below with dates.

Agency Name and Address	Title/ Position	Dates of Employment (From - To)	Total Number of Years Employed

4. **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. A minimum of 40 clock hours is 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

5. **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 AND SIGNED BY PEACE OFFICER BASIC TRAINING SCHOOL COMMANDER ONLY

RECOMMENDATION BY AN APPROVED AND CURRENT PEACE OFFICER BASIC TRAINING SCHOOL COMMANDER

Pursuant to the Rules and Regulations specified in 109:2-1-06(A) of the Ohio Administrative Code, I recommend the above named individual receive a Unit Instructor certificate for the units indicated on the attached form. For purposes of making this recommendation, I have been the Commander of record for a basic training or refresher school in the past two years.

_____ _____
Name of School Commander School Name
(Please type or print clearly)

_____
Mailing Address

_____

_____

_____ _____
Signature of School Commander Date

_____
Commander Number

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Peace Officer Basic Training Curriculum
Effective 01/01/2014

1.____Administration

1. _____Introduction to Basic Training
2. _____Role of the American Peace Officer
3. _____Philosophy & Principles of the American Justice System
4. _____The Criminal Justice System & Structure of the American Courts*
5. _____Ethics & Professionalism
6. _____Community Policing
7. _____Fundamentals of Report Writing

2.____Legal*

1. _____General Provisions*
2. _____Ohio Revised Code*
3. _____Laws of Arrest*
4. _____*INTENTIONALLY LEFT BLANK*
5. _____*INTENTIONALLY LEFT BLANK*
6. _____Civil Liability & Use of Force*
7. _____Testifying In Court*

3.____Human Relations

1. _____Public Relations
2. _____*INTENTIONALLY LEFT BLANK*
3. _____Domestic Violence*
4. _____Crisis Intervention
5. _____Child Abuse & Neglect*
6. _____The Missing & Human Trafficking*
7. _____Juvenile Justice System*
8. _____Victims' Rights
9. _____Crime Prevention
10. _____Community Diversity*
11. _____*INTENTIONALLY LEFT BLANK*

4.____Firearms*

1. _____Revolver
2. _____Shotgun
3. _____Semi-Auto Pistol

A SPECIAL SUBJECT INSTRUCTOR CANNOT REQUEST UNITS 4 OR 5

5.____Driving*

6.
1. _____Subject Control Techniques*
2. _____Impact Weapon ***(Effective 7/1/2014)****

7.____First Aid/CPR/AED*

8.____Patrol

1. _____Patrol Techniques
2. _____*INTENTIONALLY LEFT BLANK*
3. _____*INTENTIONALLY LEFT BLANK*
4. _____Building Searches
5. _____Stops & Approaches*
6. _____Vehicle Theft & Identification
7. _____Gang Awareness
8. _____Communications
9. _____Prisoner Booking & Handling
10. _____Ohio Law Enforcement Gateway (OHLEG)

9.____Civil Disorders

10.____Traffic

1. _____Introduction oo Traffic
2. _____Motor Vehicle Offenses
3. _____*INTENTIONALLY LEFT BLANK*
4. _____Traffic Crash Investigation
5. _____Uniform Traffic Ticket
6. _____NHTSA Speed Measuring Device*
7. _____Traffic Direction & Control
8. _____Standardized Field Sobriety Testing (SFST)*
9. _____*INTENTIONALLY LEFT BLANK*

11.____Investigation

1. _____Crime Scene Search
2. _____Electronic Evidence ***(Effective 7/1/2014)****
3. _____*INTENTIONALLY LEFT BLANK*
4. _____Police Photography
5. _____Tracing Stolen Property
6. _____*INTENTIONALLY LEFT BLANK*
7. _____Drug Awareness
8. _____*INTENTIONALLY LEFT BLANK*
9. _____Confidential Informants
10. _____*INTENTIONALLY LEFT BLANK*
11. _____Line-Ups
12. _____Gambling
13. _____*INTENTIONALLY LEFT BLANK*
14. _____Surveillance
15. _____Interview & Interrogation
16. _____*INTENTIONALLY LEFT BLANK*
17. _____*INTENTIONALLY LEFT BLANK*
18. _____*INTENTIONALLY LEFT BLANK*

12.
1. _____Physical Conditioning*
2. _____Critical Incident Stress Awareness ***(Effective 7/1/2014)****

13.____Homeland Security

1. _____HazMat and WMD Awareness for the First Responder*
2. _____Bombs and Explosives
3. _____Terrorism Awareness
4. _____Incident Command System (ICS)
5. _____National Incident Management System (NIMS)

*** Denotes Instructor Course Is Required For Certification.**