Subject Matter Expert Application Form

SME Applicant Information

Name: _____

Employer: _____

Office Phone: _____ **Cell Phone**: _____

Address: _____

Email Address: _____

EDUCATION

Graduate Degree: _____

_____
City State

Undergraduate Degree: _____

_____
City State

Peace Officer Certification: _____

_____
City State

Other Relevant Education or Training: _____

_____

_____

_____

EXPERIENCE

Current Job Title: _____

Number of Years in Current Position: _____ **Years of Experience in Law Enforcement:** _____

Relevant Positions Held: _____

_____

_____

Relevant Committee/Panel Experience: _____

_____

_____

Mail, Email or Fax to:
Ohio Peace Officer Training Commission
Education & Policy Section
● P.O. Box 309 ● London, Ohio 43140 ● PHONE: 800.346.7682 ● FAX: 866.418.7612 ●
Kim.hahn@ohioattorneygeneral.gov

Name: _____

PLEASE CHECK ANY TOPIC(S) OF SUBJECT MATTER EXPERTISE

_____ 1-1 Orientation
_____ 1-2 Role of the Private Security
_____ 1-3 Ethics & Professionalism

_____ 2-1 Overview of the Legal System
_____ 2-2 Criminal Law
_____ 2-3 Liability
_____ 2-4 Legal Authority
_____ 2-6 Evidence
_____ 2-7 Testifying

_____ 3-1 Public Relations
_____ 3-2 Crisis Situations
_____ 3-3 Substance Abuse
_____ 3-4 Sexual Harassment
_____ 3-5 Juveniles
_____ 3-6 Dealing w/ Persons w/ Dev. Disabilities
_____ 3-7 Cultural Sensitivity

_____ 4-1 Field Note Taking
_____ 4-2 Report Writing
_____ 4-3 Interviews
_____ 4-4 Communications Systems
_____ 4-5 Interpersonal Communications

_____ 5-1 Observation & Description
_____ 5-2 Physical Security
_____ 5-3 Information Security
_____ 5-4 Retail Security
_____ 5-5 Personnel Security
_____ 5-6 Internal Theft
_____ 5-7 Crime Prevention

_____ 6-1 Fire Safety
_____ 6-2 Occupational Safety
_____ 6-3 Patrol Techniques
_____ 6-4 Crowd Control

_____ 7-1 Subject Control

_____ 8-1 First Aid, CPR, AED

_____ 9-1 Firearms

_____ 10-1 Terrorism Awareness
_____ 10-2 Incident Command System
_____ 10-3 National Incident Mgmt. System

***Submission of your most current resume is highly encouraged**

OPOTC Use Only

Verified By: _____ Date: _____

Comments: _____

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