



MIKE DEWINE
★ OHIO ATTORNEY GENERAL ★



Ohio Peace Officer Training Commission
Office 800-346-7682
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P.O. Box 309
London, OH 43140
www.OhioAttorneyGeneral.gov

**12-DAY AND 8-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

FAX: (740) 845-2675

Email: OPOTC.Instructors@OhioAttorneyGeneral.gov



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12-DAY AND 8-HOUR FACILITY JAILER TRAINING PROGRAM UNIT INSTRUCTOR APPLICATION

I. PERSONAL DATA

Name _____
First Middle Last

SSN _____ DOB _____ Male _____ Female _____

Previous Name(s) or Alias _____

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 Dates Attended Number of Degree/Certificate
Attended (Mo/Yr - Mo/Yr) Hours/Years 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 <u>Completed</u>	Dates Attended <u>(From - To)</u>	Number of <u>Clock Hours</u>	Date Course <u>Completed</u>

Name & Address of Instructor Skills 14-Hour <u>Update School Completed, if applicable</u>	Dates Attended <u>(From - To)</u>	Number of <u>Clock Hours</u>	Date Course <u>Completed</u>

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
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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
_____ Signature of Notary
_____ Date notary commission expires

(Seal)

COMMANDER RECOMMENDATION AND INTENT TO EMPLOY

As a currently-certified Commander for this OPOTC program, and with knowledge of the Ohio Revised Code and Ohio Administrative Code laws and regulations regarding this program, I have reviewed the above application, including all attachments. _____ (initial)

Within the next twelve (12) months, I intend to employ this applicant as an instructor in an OPOTC-approved academy that I will command. _____ (initial)

Attesting to the above, I recommend this application be accepted and the applicant certified.

_____ School Commander's Name (Typed)	_____ OPOTC JTA #	_____ School Commander's Signature	_____ Date
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_____ School Name	_____ School Mailing Address
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(_____)_____ Daytime Phone	(_____)_____ Fax	_____ E-Mail
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Certificate will be emailed to Instructor. Check if certificate is also to be emailed to Commander.

**OHIO PEACE OFFICER TRAINING COMMISSION
JAILER CURRICULUM**

JAILER BASIC TRAINING - 12-DAY FACILITY

Effective 7/1/2016

___ **1. ADMINISTRATION**

- ___ 1. Training Overview & Orientation
- ___ 2. Ethics & Professionalism
- ___ 3. Report Writing

___ **2. LEGAL**

- ___ 1. *INTENTIONALLY LEFT BLANK*
- ___ 2. Inmate Rights & Civil Liability
- ___ 3. Overview of 12-Day Jail Standards
- ___ 4. *INTENTIONALLY LEFT BLANK*

___ **3. JAIL SECURITY**

- ___ 1. Basic Security Duties
- ___ 2. Inmate Discipline
- ___ 3. Admission & Release
- ___ 4. Cell & Living Area Searches
- ___ 5. Body Searches
- ___ 6. *INTENTIONALLY LEFT BLANK*
- ___ 7. Fire Safety
- ___ 8. Handling Emergency Situations
- ___ 9. Transportation of Inmates

___ **4. HUMAN RELATIONS**

- ___ 1. Interpersonal Communication in the Correctional Setting
- ___ 2. Inmate Supervision
- ___ 3. Crisis Intervention & Suicide Prevention
- ___ 4. Stress & the Correctional Officer
- ___ 5. Community Diversity & Procedural Justice

___ **5. MEDICAL OVERVIEW**

- ___ 1. Medical Overview

___ **6. SUBJECT CONTROL TECHNIQUES**

- ___ 1. Subject Control Techniques

___ **7. FIRST AID/CPR/AED**

- ___ 1. First Aid/CPR/AED

JAILER TRAINING - 8-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.