



# MIKE DEWINE

★ OHIO ATTORNEY GENERAL ★



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## **SPECIAL SUBJECT RENEWAL APPLICATION FOR** **CORRECTIONS FULL-SERVICE FACILITY TRAINING INSTRUCTOR CERTIFICATE**

This form may be emailed to: OPOTC.Instructors@OhioAttorneyGeneral.gov

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.

Certificate Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

**Certificate will be emailed to Instructor. Check if certificate is also to be emailed to Commander.**

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 109:2-9-05(D): Instructors certified as special subject instructors shall renew their certificate every 3 years. At least **60 days and no 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 special subject 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 corrections curriculum;

**Attach copies of training certificates as written evidence.**

<u>Educational/Training Facility</u>	<u>Course Title</u>	<u>Date</u>	<u>Number of Clock Hours</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Written evidence from the school commander that the instructor has taught in two approved corrections training schools for a minimum total of 8 teaching hours within the past 3 years.

**Attach written evidence (revised calendar or commander letter).**

<u>Name of School &amp; Number</u>	<u>School Commander</u>	<u>Date(s) Taught</u>	<u>No. of Hours Taught</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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 BE DENIED**