



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

CORRECTIONS BASIC TRAINING PROGRAM SPECIAL SUBJECT 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
- Three years combined education and training in subject area for which certification is sought
- Completion of OPOTC-approved 80-hour Instructional Skills course, or 40-hour Instructional Skills course and 14-hour update, or Bachelor's Degree in Education
- Exceptions to the training requirements are:
 - Attorneys licensed in the state of Ohio who apply for Special Subject certification in any legal topic. (Submit a copy of your attorney registration card.)
 - Duly qualified First Aid instructors for American Heart Association, Red Cross, or American Safety and Health Institute. (Submit a copy of your instructor card.)
 - Duly qualified Special Topic Instructors in Homeland Security topics
- Recommendation of a school commander who has been the commander of record of an approved school within the five-year period immediately preceding the date of the application

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



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

CORRECTIONS FULL-SERVICE FACILITY TRAINING PROGRAM SPECIAL SUBJECT 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.

Current Employer and Position/Employment Dates: _____

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 DIPLOMA/GED (Circle One)

High School Name Address Date certificate received

III. TRAINING/EDUCATION AND EXPERIENCE- 3 YEARS REQUIRED

A. TRAINING/EDUCATION:

Name of School Attended	Dates Attended (Mo/Yr - Mo/Yr)	Program/Course/ Major	Degree/Certificate Received & Attached
_____	_____	_____	_____
_____	_____	_____	_____

NOTE: COPIES OF ALL LISTED CERTIFICATES MUST BE ATTACHED

B. PRACTICAL EXPERIENCE HISTORY:

List all positions and facility assignments and/or other practical experiences related to the topic(s) for which certification is being requested. Include dates of employment and position title for all work experiences. A resume can be used as a supplement, but cannot be used in place of completing this section.

Agency Name/Address	Position	Dates (From - To)
_____	_____	_____
_____	_____	_____

C. 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 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
_____	_____	_____	_____

IV. 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

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

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 CTA # School Commander's Signature Date

 School Name School Mailing Address

(____) (____)
 Daytime Phone Fax E-Mail

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



**OHIO PEACE OFFICER TRAINING COMMISSION
 CORRECTIONS FULL-SERVICE JAIL TRAINING CURRICULUM
 EFFECTIVE 07/01/2016**

1. ADMINISTRATION

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

2. LEGAL

- 1. Overview of the Criminal Justice System
- 2. Inmate Rights & Civil Liability
- 3. *Intentionally Left Blank*
- 4. Overview of Full Service Jail Standards
- 5. *Intentionally Left Blank*
- 6. *Intentionally Left Blank*
- 7. Overview of Prison Rape Elimination Act (PREA)

3. JAIL SECURITY

- 1. Basic Security Duties
- 2. Inmate Discipline
- 3. Admission, Classification, & Release
- 4. Cell and 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 and the Correctional Officer
- 5. Community Diversity & Procedural Justice
- 6. *Intentionally Left Blank*

5. MEDICAL OVERVIEW

- 1. Medical Overview
- 2. *Intentionally Left Blank*
- 3. *Intentionally Left Blank*

6. SUBJECT CONTROL TECHNIQUES

- 1. Subject Control Techniques

7. FIRST AID/CPR/AED

- 1. First Aid/CPR/AED