



CORRECTIONS 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
- Three years of institutional experience
- 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 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

V. a. **80-HOUR INSTRUCTOR TRAINING PROGRAM APPROVED BY OPOTC EXECUTIVE DIRECTOR – ATTACH CERTIFICATE**

Name of School Attended _____ Dates Attended _____ # of Hours _____

OR

b. **40-HOUR INSTRUCTOR TRAINING COURSE PLUS 2-DAY UPDATE COURSE - ATTACH CERTIFICATES**

Name of School Attended _____ Dates Attended _____ # of Hours _____

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

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.



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