



# MIKE DEWINE

★ OHIO ATTORNEY GENERAL ★



Ohio Peace Officer Training Commission  
740-845-2700  
800-346-7682  
Fax 740-845-2675

P.O. Box 309  
London, Ohio 43140  
www.OhioAttorneyGeneral.gov

Dear Corrections Instructor Applicant:

Please check and confirm that the following requirements have been met **before** you mail your application.

## **UNIT INSTRUCTOR**

- \_\_\_ 109:2-9-05(A)(1) High School Graduate/GED; documented
- \_\_\_ 109:2-9-05(A)(2) Minimum of three years of institutional corrections experience clearly noted. **Please give a synopsis of experience in each requested topic area.**
- \_\_\_ 109:2-9-05(A)(3) Completion of an 80-Hour Instructor Training Program approved by the Executive Director or a 40-Hour plus 2-Day Instructor Training Update by July 1, 2009; documentation attached
- \_\_\_ 109:2-9-05(A)(4) Completion of training that allows a person to gain **specific** knowledge and skills in a unit for which certification is requested; pertinent documentation attached. **Do not submit documentation of unrelated training.**
- \_\_\_ 109:2-9-05(A)(5) Recommendation of a corrections training school commander. Application must be signed by a corrections school commander who has conducted a school within the last 5 years. A letter of recommendation is advisable.
- \_\_\_ Indicate requested areas of certification on the attached curriculum breakdown. **Make certain each topic is well-documented with experience and training.**
- \_\_\_ Application signed by applicant and notarized



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## CORRECTIONS FULL-SERVICE FACILITY TRAINING PROGRAM UNIT INSTRUCTOR APPLICATION

### I. PERSONAL DATA

Name \_\_\_\_\_  
First Middle Last

SSN \_\_\_\_\_ DOB \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Mailing Address \_\_\_\_\_  
#/Street/P.O. Box City State Zip Code

County: Residence \_\_\_\_\_ School \_\_\_\_\_

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) (Address) (Date certificate received)

### III. LIST ONLY INSTITUTIONAL CORRECTIONS EXPERIENCE-MINIMUM OF 3 YEARS REQUIRED DO NOT LIST PATROL EXPERIENCE.

<u>Agency Name</u>	<u>Assignment(s)</u>	<u>Dates (From - To)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

### IV. TRAINING PROGRAM TO GAIN SPECIFIC KNOWLEDGE/SKILLS IN REQUESTED UNITS

<u>Name of School/Course</u> <u>Attended</u>	<u>Dates Attended</u> <u>(Mo/Yr - Mo/Yr)</u>	<u>Number of Hours/</u> <u>Years</u>	<u>Degree/Certificate</u> <u>Rec'd &amp; Attached</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**NOTE: COPIES OF TRAINING CERTIFICATES MUST BE ATTACHED**

**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/Address of School Attended \_\_\_\_\_ Dates Attended \_\_\_\_\_ # of Hours \_\_\_\_\_

**YOU MUST PERSONALLY APPEAR BEFORE A NOTARY PUBLIC OR OTHER  
AUTHORIZED OFFICIAL FOR THIS PURPOSE.**

I certify that the information contained in this application is true and accurate to the best of my knowledge. I understand that this application is made with the intent to secure issuance of an instructional certificate from a governmental agency and that falsified information provided in pursuit of such certification is a violation of section 2921.13 of the Ohio Revised Code. I understand the certification requested may, with proper cause, be denied, withdrawn, canceled or revoked by the issuing agency in accordance with section 119 of the Ohio Revised Code and Chapter 109:2-9 of the Ohio Administrative Code.

I have not been convicted of a felony or a crime of moral turpitude.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

Subscribed and duly sworn before me according to law by the above-named individual the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_ in the county of \_\_\_\_\_ and State of \_\_\_\_\_.

Signature of Notary/Authorized Official \_\_\_\_\_

Official Title \_\_\_\_\_ (Place notarial seal here)

Commission Expiration Date \_\_\_\_\_

**THIS SECTION TO BE COMPLETED BY THE SCHOOL COMMANDER ONLY**

I have reviewed the attached credentials and believe the applicant to be qualified to teach the requested Units or Topics. Accordingly, pursuant to Rule 109:2-9-05 OAC, I hereby recommend the foregoing applicant for certification as a Unit Instructor for the Units or Topics indicated on the attached page.

\_\_\_\_\_  
SCHOOL COMMANDER'S NAME (TYPED) OPOTC CTA # SCHOOL COMMANDER'S SIGNATURE DATE

\_\_\_\_\_  
SCHOOL NAME SCHOOL MAILING ADDRESS

(\_\_\_\_) (\_\_\_\_)  
DAYTIME PHONE FAX E-MAIL

**OHIO PEACE OFFICER TRAINING COMMISSION  
CORRECTIONS FULL-SERVICE JAIL TRAINING CURRICULUM  
EFFECTIVE 1-1-09**

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\_\_\_\_\_ 1. **ADMINISTRATION**

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

\_\_\_\_\_ 2. **LEGAL**

- \_\_\_\_\_ 1. **Overview of the Criminal Justice System**
- \_\_\_\_\_ 2. **Overview of Correctional Legal Issues & Inmate Rights**
- \_\_\_\_\_ 3. **Correction Officer Liability & Rights**
- \_\_\_\_\_ 4. **Overview of Minimum Standards for Full Service Facilities**
- \_\_\_\_\_ 5. **Courtroom Testimony and Procedures**
- \_\_\_\_\_ 6. **Use of Force**
- \_\_\_\_\_ 7. **Sexual Harassment & Abuse in Corrections**

\_\_\_\_\_ 3. **JAIL SECURITY**

- \_\_\_\_\_ 1. **Basic Security Duties**
- \_\_\_\_\_ 2. **Inmate Discipline**
- \_\_\_\_\_ 3. **Admissions, Identification & Releases**
- \_\_\_\_\_ 4. **Cell and Living Area Searches**
- \_\_\_\_\_ 5. **Body Searches**
- \_\_\_\_\_ 6. **Classification of Inmates**
- \_\_\_\_\_ 7. **Fire Safety**
- \_\_\_\_\_ 8. **Handling Emergency Situations**
- \_\_\_\_\_ 9. **Transportation of Prisoners**

\_\_\_\_\_ 4. **HUMAN RELATIONS**

- \_\_\_\_\_ 1. **Interpersonal Communication and De-Escalation Skills**
- \_\_\_\_\_ 2. **Inmate Supervision: Role of the Correctional Officer**
- \_\_\_\_\_ 3. **Crisis Intervention Skills and Dealing with the Special Needs Inmate**
- \_\_\_\_\_ 4. **Stress and the Correctional Officer**
- \_\_\_\_\_ 5. **Community Diversity**
- \_\_\_\_\_ 6. **Suicide Prevention: Detection, Intervention, and Response**

\_\_\_\_\_ 5. **MEDICAL ISSUES**

- \_\_\_\_\_ 1. **Preliminary Health Screening**
- \_\_\_\_\_ 2. **Handling Medical Problems & Blood Borne Pathogens**
- \_\_\_\_\_ 3. **Substance Abusers**

\_\_\_\_\_ 6. **SUBJECT CONTROL TECHNIQUES**

\_\_\_\_\_ 7. **FIRST AID/CPR**