



Ohio Peace Officer Training Commission State Certification Examination Qualification Form

SCHOOL NAME: _____ COUNTY: _____

SCHOOL #: (Include prefix) _____ CURRICULUM CODE: _____

DATE OF EXAMINATION: _____ TIME: _____ LOCATION: _____

SCHOOL COMMANDER: _____

PHONE NUMBER: _____ FAX NUMBER: _____

EMAIL ADDRESS: _____

PEACE OFFICER BASIC TRAINING

PEACE OFFICER BASIC TRAINING (BAS) NO. OF STUDENTS _____

REFRESHER BASIC TRAINING (REF) NO. OF STUDENTS _____

CORRECTIONS TRAINING FOR A FULL SERVICE FACILITY

CORRECTIONS BASIC TRAINING (CBT) NO. OF STUDENTS _____

JAILER TRAINING FOR A FIVE-DAY FACILITY

JAILER BASIC TRAINING (JBT) NO. OF STUDENTS _____

JAILER SWORN POLICE OFFICER TRAINING (JSP) NO. OF STUDENTS _____

JAILER CONTACT TRAINING (JCT) NO. OF STUDENTS _____

JAILER TRAINING FOR A TWELVE-HOUR FACILITY

JAILER 12-HOUR BASIC TRAINING (JTH) NO. OF STUDENTS _____

PRIVATE SECURITY TRAINING

PRIVATE SECURITY TRAINING (PSA) NO. OF STUDENTS _____

School Commander Signature

Date

Field Agent Signature

Date

EX705
Revised 07/01/10

Page 1 of 1

Ohio Peace Officer Training Commission
Education and Policy Section

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