



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

**PRIVATE SECURITY
UNIT INSTRUCTOR CERTIFICATION
APPLICATION PROCEDURES**

1. Complete the appropriate application. The application must be completed in its entirety, notarized, and signed by a Private Security Commander who is currently approved and in good standing.
2. Utilizing the enclosed curriculum units, topics and identification material, select the unit(s) for certification. All selected units must be accompanied by written documentation to substantiate the applicant's qualifications to teach each unit/topic.

Copies of degrees, diplomas and certificates of training verifying education and specialized training are considered proper documentation. Letters of recommendation and verification from a responsible person qualified in the area you are seeking to teach in and who can attest to your credentials may also be utilized to substantiate your qualifications.

3. **Copy of a current BCI criminal history check (within one year). This report must be attached to the application.**
4. Return your application with the supporting documentation to:

Ohio Peace Officer Training Commission
Professional Standards Division
Instructor Application
P.O. Box 309
London, OH 43140

APPROVAL OF INSTRUCTORS

1. Rule 109:2-3-05, Certification of Instructors, is contained in Chapter 109:2-3 of the Ohio Administrative Code, effective January, 2001, and filed pursuant to Chapter 119 of the Ohio Revised Code.
2. All requests for instructor certification will be processed on forms supplied by the Ohio Peace Officer Training Commission.

Each application must be typed and completed in its entirety. A resume does not substitute for completion of the application. Copies of degrees, diplomas, and/or certificates of training verifying education and specialized training must be attached to the application.

3. Applicants may apply for either a UNIT Instructor Certificate or a TOPIC Instructor Certificate but not both.
4. **Incomplete applications will be returned to the applicant without processing.**

UNIT INSTRUCTOR CERTIFICATION

Minimum qualifications for certification:

1. High school graduate or possession of G.E.D. [OAC 109:2-3-05(B)(1)].
2. Five (5) years full time experience in the private security or related field or equivalent as determined by the executive director [OAC 109:2-3-05(B)(2)]. Full time experience as a law enforcement officer may be considered based on the functions performed.
3. Completion of an OPOTC-approved instructors training course [OAC 109:2-3-05(B)(3)].
4. Completion of a training program which will allow a person to learn specific knowledge and skills in a unit for which certification is requested (i.e. Firearms, First Aid, Subject Control Techniques, Cultural Sensitivity, etc.) [OAC 109:2-3-05(B)(4)].
5. Those seeking approval as a firearms instructor shall meet the requirements of this section and also provide documentation of three years full time experience as an armed security officer with the weapon for which certification is sought [OAC 109:2-3-05(B)(5)].
6. Evidence of a recent criminal record check through the bureau of criminal identification and investigation must be submitted with the application [OAC 109:2-3-05(B)(6)].
7. Recommendation and signature of a current Private Security Commander in good standing.

**PROCEDURE FOR OBTAINING A
FINGERPRINT-BASED BACKGROUND CHECK
FROM THE
BUREAU OF CRIMINAL
INVESTIGATION AND IDENTIFICATION (BCI)**

Fingerprint-based criminal history checks are required for Private Security instructor and commander certification.

In order to obtain a BCI Criminal Background Check you must submit a WebCheck® request to BCI, from an approved WebCheck® agency. In order to obtain such a record check, follow this procedure:

- Log onto the Attorney General of Ohio's WebCheck® website:
<http://www.ohioattorneygeneral.gov/Services/Business/WebCheck>
- Click on the "Contact a provider from this listing" link.
- Locate an agency nearest you and contact them regarding the WebCheck® process.
- After completing the WebCheck® procedure, have your WebCheck® result sent back to you, so that you can attach it to your application.
- Mail your completed application packet to:

Ohio Peace Officer Training Commission
Professional Standards Division
PO Box 309
London, Ohio 43140

Applications received by the commission that do not have the BCI processed record check attached will be returned unprocessed.



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Dear Private Security Training Instructor Applicant:

Please check the following requirements before you mail your application:

UNIT INSTRUCTOR

- ___ 109:2-3-05(B)(1) A high school graduate or possession of a GED certificate
- ___ 109:2-3-05(B)(2) Five years full time experience in private security related field
- ___ 109:2-3-05(B)(3) Completion of an instructional skills course approved by OPOTC or equivalent
- ___ 109:2-3-05(B)(4) Completion of an instructor level training program which will allow a person to learn specific skills in a unit for which they desire certification, pertinent documentation attached
- ___ To be approved for Firearms, must complete an OPOTC-approved instructor course in weapon(s) in which instructor desires certification and an OPOTC “Firearms Instructor: Weapon Training & Requalification” course.
- ___ 109:2-3-05(B)(5) Documentation of three years full time experience as an armed security officer with the weapon for which certification if sought
- ___ 109:2-3-05(B)(6) Certified copy of a current criminal history report conducted by BCI and attached to the application
- ___ Recommendation of a currently approved OPOTC Private Security Commander
- ___ Application notarized
- ___ Indicate requested areas of certification on the units/topics form



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APPLICATION FOR PRIVATE SECURITY UNIT INSTRUCTOR CERTIFICATE

(Please type)

Name _____
First Middle Last

SSN _____ DOB _____ Male _____ Female _____

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

County: Residence _____ School _____

Phone: Residence (____) _____ Daytime (____) _____

FAX (____) _____ Cell (____) _____

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.

I authorize the OPOTC to place my firearms instructor information on the publicly accessible web site for Concealed Carry Weapon instructor purposes. My home address/phone may be used: ___Yes ___No

If no, other: _____

Present Employer: _____

Your Present Position/Title: _____
_____ Full time _____ Part time _____ Other

1. TRAINING/EDUCATION

Secondary Education Information

High School Attended _____ City & State _____

Date of Graduation or Date of Receipt of GED ____/____/____ (Circle Graduation or GED, whichever is applicable.)

College/University Information

Institution Attended _____ City & State _____

Course of Study/Major _____ Dates Attended: From ____/____/____ To ____/____/____

Diploma/Degree Awarded (if applicable) _____ Date ____/____/____

(Attach Copy of Degree/Diploma)

If no degree, number of quarter hours _____ semester hours _____ attended.
(Attach Copy of Transcript from College/University showing number of hours attended)

2. SPECIALIZED TRAINING RELATED TO PRIVATE SECURITY TOPICS/UNITS

Note: Attach only copies of training certificates applicable to the areas for which you are seeking certification.

<u>Name of School Attended</u>	<u>Course Title</u>	<u>Course Length (In Weeks)</u>	<u>Date Completed</u>	<u>Certificate (Y) (N)</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

3. EMPLOYMENT HISTORY (LIST ONLY FULL TIME SECURITY AND LAW ENFORCEMENT)

<u>Employer Name and Address</u>	<u>Employment Dates</u>	<u>Position(s)</u>
_____	From ____/____/____ To ____/____/____	_____
_____	From ____/____/____ To ____/____/____	_____
_____	From ____/____/____ To ____/____/____	_____
_____	From ____/____/____ To ____/____/____	_____

Supervisory Experience (Full Time Only)

Employer _____	Position _____	From ____/____/____	To ____/____/____
Employer _____	Position _____	From ____/____/____	To ____/____/____
Employer _____	Position _____	From ____/____/____	To ____/____/____

If part time security employment is applicable, attach a sheet with employer, dates, position and functions performed

4. COMPLETION OF A COMMISSION-APPROVED INSTRUCTIONAL SKILLS COURSE

(A minimum of 40 clock hours is required. After August 1, 2007, 40-Hour Instructor Skills and 14-Hour Update required. After July 1, 2009, 80-Hour Instructor Skills required.)

NOTE: IT IS REQUIRED THAT YOU ATTACH A COPY OF YOUR 40/80 HOUR INSTRUCTOR TRAINING CERTIFICATE AND INSTRUCTOR SKILLS 14-HOUR UPDATE

<u>Name & Address of Instructor Skills School Completed</u>	<u>Dates Attended (From - To)</u>	<u>Number of Clock Hours</u>	<u>Date Course Completed</u>
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<u>Name & Address of Instructor Skills 14-Hour Update School Completed, if applicable</u>	<u>Dates Attended (From - To)</u>	<u>Number of Clock Hours</u>	<u>Date Course Completed</u>
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5. CRIMINAL HISTORY

Have you ever been convicted of a felony in any jurisdiction of the United States or under the Uniform Code of Military Justice? _____no _____yes

Have you ever been convicted of an offense of domestic violence or any related offense occurring as a result of a domestic violence incident? _____no _____yes

Do you currently have criminal charges pending in any jurisdiction? _____no _____yes

Attach copy of criminal record check processed through BCI to the completed application.

ATTEST

I certify the information contained in this Application is true and correct to the best of my knowledge. I understand this Application is made with purpose to secure issuance of an instructional certificate by a governmental agency. I understand the certification requested may, for good cause shown, be withdrawn, canceled, or revoked by the Executive Director of the Ohio Peace Officer Training Commission.

YOU MUST PERSONALLY APPEAR BEFORE A NOTARY PUBLIC OR OTHER AUTHORIZED OFFICIAL.

SIGNATURE OF APPLICANT _____

Subscribed and duly sworn before me according to law, by the above named applicant on this the _____ day of _____ 20____ at _____ County of _____ and State of _____.

Signature of Notary _____

(Affix Seal)

Title _____

Commission Expiration _____

THIS SECTION TO BE COMPLETED BY COMMANDER ONLY

RECOMMENDATION BY AN APPROVED PRIVATE SECURITY COMMANDER

Pursuant to the Rules and Regulations specified in of the Ohio Administrative Code, I recommend the above named individual receive a Unit Instructor certificate for the topics/units indicated on the attached form. For purposes of making this recommendation, I am a current Commander in good standing.

Name of Commander (Please type)

School Name

Mailing Address

Signature of Commander

Date

THIS FORM MAY BE REPRODUCED



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Ohio Peace Officer Training Commission Private Security Training Curriculum Effective 07/01/2012

Please check topics qualified to teach.

1. ADMINISTRATION

1. Orientation (Commander Only)
2. Role of Private Security
3. Ethics & Professionalism

2. LEGAL

1. Overview of the legal system
2. Criminal Law
3. Liability
4. Legal Authority
5. *Intentionally Left Blank*
6. Evidence
7. Testifying

3. HUMAN RELATIONS

1. Public Relations
2. Crisis Situations
3. Substance Abuse
4. Sexual Harassment
5. Juveniles
6. Dealing with Persons with Developmental Disabilities
7. Cultural Sensitivity

4. COMMUNICATIONS

1. Field Note Taking
2. Report Writing
3. Interviews
4. Communication Systems
5. Interpersonal Communications

5. LOSS PREVENTION

1. Observation & Description
2. Physical Security
3. Information Security
4. Retail Security
5. Personnel Security
6. Internal Theft
7. Crime Prevention

6. SAFETY & PROTECTIVE SERVICES

1. Fire Safety
2. Occupational Safety
3. Patrol Techniques
4. Crowd Control

7. SUBJECT CONTROL TECHNIQUES*

1. Subject Control Techniques

8. FIRST AID/CPR/AED

1. First Aid/CPR/AED

9. FIREARMS*

1. Revolver
2. Semi-Auto
3. Shotgun

10. HOMELAND SECURITY

1. *Intentionally Left Blank*
2. Incident Command System
3. National Incident Management System

***ONLY UNIT INSTRUCTOR APPLICANTS MAY REQUEST UNIT 7 AND UNIT 9**