



Dear Corrections Instructor Applicant:

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

**SPECIAL SUBJECT INSTRUCTOR**

\_\_\_ 109:2-9-05(B)(1) High school graduate/GED; documented

\_\_\_ 109:2-9-05(B)(2) Three years of combined training and experience in the subject area for which certification is requested; **clearly noted in a resume and pertinent training documentation attached**

\_\_\_ 109:2-9-05(B)(3) Resume/credentials showing occupational competency; attached

\_\_\_ 109:2-9-05(B)(4) Recommendation of a corrections training school commander

\_\_\_ Indicate requested areas of certification on the attached curriculum breakdown  
 [OAC 109: 2-9-05 (C): Special subject instructors are limited to no more than 5 topics]

\_\_\_ Application signed and notarized

\_\_\_ Effective July 1, 2011, completion of an approved instructor training program or Bachelor's degree in Education

Exceptions to this requirement include:

- Attorneys licensed in the state of Ohio who apply for special subject certification in any legal topics (please provide a copy of your attorney registration card);
- Duly qualified first aid (American Heart Association or Red Cross) instructors who apply for special subject certification in first aid (please provide a copy of your current certification card); and
- Duly qualified special subject instructors in Homeland Security topics



# MIKE DEWINE

★ OHIO ATTORNEY GENERAL ★



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## CORRECTIONS FULL-SERVICE FACILITY TRAINING PROGRAM SPECIAL SUBJECT 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.

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 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**

Name & Address of Instructor Skills School <u>Completed</u>	Dates Attended <u>(From - To)</u>	Number of <u>Clock Hours</u>	Date Course <u>Completed</u>

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

**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 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 Topic(s). Accordingly, pursuant to Rule 109:2-9-05 OAC, I hereby recommend the foregoing applicant for certification as a Special Subject Instructor for the Topic(s) indicated on the attached page.

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

\_\_\_\_\_  
SCHOOL NAME      SCHOOL MAILING ADDRESS  
(\_\_\_\_\_)      (\_\_\_\_\_)      DAYTIME PHONE NUMBER      FAX NUMBER

\_\_\_\_\_  
EMAIL

**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**