MIKE DEWINE
OHIO ATTORNEY GENERAL

Ohio Peace Officer Training Commission
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SPECIAL SUBJECT RENEWAL APPLICATION FOR CORRECTIONS FULL-SERVICE FACILITY TRAINING INSTRUCTOR CERTIFICATE

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.

Certificate Number _____ Expiration Date _____

☐ 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.

Ohio Administrative Code, Chapter 109:2-9-05(D): Instructors certified as special subject instructors shall renew their certificate every 3 years. At least **60 days and no more than 90 days prior to expiration** of the certificate, the instructor shall file with the Executive Director, an application for renewal on a form required by the Executive Director. The special subject instructor shall also file:

1. Written evidence from the educational or training facility where the instructor received the training documenting that the instructor has successfully completed within the past 3 years, a minimum of 8 clock hours of training in topics related to the Commission-approved corrections curriculum;

   Attach copies of training certificates as written evidence.

Educational/Training Facility	Course Title	Date	Number of Clock Hours

2. Written evidence from the school commander that the instructor has taught in two approved corrections training schools for a minimum total of 8 teaching hours within the past 3 years.

Attach written evidence (revised calendar or commander letter).

Name of School & Number	School Commander	Date(s) Taught	No. of Hours Taught
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ATTEST

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 correct 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 _____

INCOMPLETE APPLICATIONS WILL BE DENIED