



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 Jailer Instructor Applicant:

Please check the following requirements **before** you mail your application.

UNIT INSTRUCTOR

- ____ 109:2-11-05(A)(1) High School Graduate/GED; documented.
- ____ 109:2-11-05(A)(2) Minimum of five years of full-time experience as a law enforcement officer or three years of full-time experience as a corrections officer clearly noted.
- ____ 109:2-11-05(A)(3) Completion of a training program which will allow a person to gain specific knowledge and skills in a unit for which he desires approval; pertinent documentation attached.
- ____ 109:2-11-05(A)(4) Completion of an Instructor Training Program approved by the Executive Director and consisting of a minimum of forty clock hours which shall include instruction in the theories of learning and adult education, teaching techniques, lesson plan development and usage, behavioral objectives, student evaluation and measurement, role playing, the use of audio-visual aids, and an exercise in practice teaching; documentation attached.
- ____ 109:2-11-05(A)(5) Recommendation of the jailer training school commander.
- ____ Indicate requested topics of the curriculum on the attached sheet.
- ____ Application signed and notarized .



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

12-DAY AND 12-HOUR FACILITY JAILER 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) (City) (State) (Date Received)

III. 5 YEARS OF FULL-TIME LAW ENFORCEMENT OR 3 YEARS FULL-TIME CORRECTIONS OFFICER EMPLOYMENT HISTORY

<u>Agency Name/Address</u>	<u>Position</u>	<u>Dates (From - To)</u>

IV. TRAINING PROGRAM TAKEN TO GAIN SPECIFIC KNOWLEDGE/SKILLS FOR TOPICS REQUESTED

<u>Name of School/Course Attended</u>	<u>Dates Attended (Mo/Yr - Mo/Yr)</u>	<u>Number of Hours/Years</u>	<u>Degree/Certificate Received</u>

NOTE: COPIES OF ALL LISTED CERTIFICATES MUST BE ATTACHED. SUPPLEMENTAL SHEETS SHOWING ALL TRAINING RECEIVED MAY BE ATTACHED.

**OHIO PEACE OFFICER TRAINING COMMISSION
JAILER CURRICULUM**

JAILER BASIC TRAINING - 12-DAY FACILITY

___ **1. INMATE SUPERVISION**

- ___ 1. Suicide Detection and Prevention
- ___ 2. Substance Abuse
- ___ 3. Dealing with Non-Traditional Populations
- ___ 4. Inmate Discipline
- ___ 5. Inmate Supervision: Role of the Jailer

___ **2. LEGAL**

- ___ 1. Overview of the Criminal Justice System
- ___ 2. Minimum Standards for Jails in Ohio 12-
- ___ 3. Overview of Jail Legal Issues & Inmate Rights
- ___ 4. Officer Liability & Rights

___ **3. JAIL SECURITY**

- ___ 1. Body Searches
- ___ 2. Basic Security Duties
- ___ 3. Cell & Living Area Searches
- ___ 4. Hostage Situations
- ___ 5. Fire Safety & Response
- ___ 6. Fights, Riots & Disorders
- ___ 7. Escapes

___ **4. JAIL INTAKE**

- ___ 1. Classification
- ___ 2. Admissions & Release
- ___ 3. Preliminary Health Screening

___ **5. SELF DEFENSE/1ST AID/CPR**

- ___ 1. Unarmed Self Defense/Use of Force
- ___ 2. CPR
- ___ 3. First Aid

JAILER CONTACT TRAINING - 12-DAY FACILITY

- ___ 1. Security Awareness
- ___ 2. Inmate Supervision & Surveillance
- ___ 3. Suicide Prevention

- ___ 4. Unarmed Self-Defense
- ___ 5. CPR/First Aid

JAILER SWORN PEACE OFFICERS TRAINING - 12-DAY FACILITY

- ___ 1. Jail Security, Prisoner Transportation, Admission and Release
- ___ 2. Inmate and Jail Searches
- ___ 3. Inmate Supervision, Surveillance and Discipline

- ___ 4. Emergency Responses & Procedures
- ___ 5. Recognition of Abnormal Inmate Behavior; Suicidal Behavior; Mental/Emotional Disorders & Retardation; Substance Abuse
- ___ 6. Overview of Minimum Standards for Jails in Ohio, 12-Day Facilities

JAILER TRAINING - 12-HOUR FACILITY

- ___ 1. Minimum Standards for Jails in Ohio
- ___ 2. Jail and Prisoner Security
- ___ 3. Emergency Responses (Fire Safety; Hostage Situations; Fights, Riots & Disorders, Escapes; Suicides)

- ___ 4. Abnormal Behavior: Mental and Emotional Disorders and Retardation; Substance Abuse
- ___ 5. Unarmed Self Defense
- ___ 6. First Aid
- ___ 7. C.P.R.