



MIKE DEWINE

★ OHIO ATTORNEY GENERAL ★



Ohio Peace Officer Training Commission
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REQUEST FOR PRIOR EQUIVALENT TRAINING ANALYSIS FOR 5-DAY AND 12-HOUR FACILITY JAILERS

Complete both pages of this application upon assignment. If you have had an interruption in your corrections/jailer employment, please contact the Ohio Peace Officer Training Commission, Corrections Certification Officer. Please note: The State examination in its entirety must be successfully completed for certification.

NAME: _____ DOB: _____ SSN: _____

HOME ADDRESS: _____

CITY

STATE

ZIP

DAYTIME PHONE: (____) _____ FAX: (____) _____

EMPLOYING AGENCY: _____

EMPLOYMENT DATES: FROM _____ TO _____

DEPARTMENT ADDRESS: _____

CITY

STATE

ZIP

Previous corrections training for which credit is being requested. This may be police agency, sheriff's office or state corrections training. Please note: OAC Chapter 109:2-11-11(C)(5) states no credit can be given for experience - only training.

ORIGINAL TRAINING AGENCY: _____

CITY

STATE

ZIP

DATES OF TRAINING: FROM _____ TO _____

JAIL ASSIGNMENT DATES: FROM _____ TO _____ AGENCY: _____

FROM _____ TO _____ AGENCY: _____

- Enclosures:
- 1) Include a detailed breakdown of topics and hours of training for which credit is requested.
 - 2) A copy of the certificate of training for which credit is requested.

THIS SECTION IS TO BE COMPLETED BY THE REQUESTING INDIVIDUAL AND THE REQUESTING OFFICIAL IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER PERSON AUTHORIZED FOR THIS PURPOSE.

This is to certify that the information set forth in this form is true and accurate to the best of our knowledge. All requested information has been researched for accuracy, and where applicable or necessary, documentation has been attached for purposes of verification and/or explanation. It is acknowledged that should any of the information provided be discovered to be inaccurate, it will cause the determination made from this request to be voided. It is also acknowledged that the knowing submission of false information to a government agency with purpose to secure the issuance of a certificate is a violation of section 2921.13 of the Ohio Revised Code.

SIGNATURE OF REQUESTING INDIVIDUAL

TYPED NAME OF REQUESTING INDIVIDUAL

SIGNATURE OF REQUESTING OFFICIAL

TYPED NAME OF REQUESTING OFFICIAL

AGENCY

Subscribed and duly sworn before me according to the law by the above-named individual this ____ day of _____, 20__ at _____ in the county of _____ and the State of _____ .

Signature of Notary/Authorized Official _____

Official Title _____

(Place Notary Seal Here)

Commission Expiration Date _____