



2. Written evidence from the Correction's School Commander indicating the instructor has taught in two Commission-approved Full-Service Facility Corrections Training schools for a minimum total of twelve teaching hours within the past three years. **Attach written evidence (calendar or commander letter).**

Name & No. of School	School Commander	Dates of School
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Documentation of completion of the 2-Day Instructor Training Update course by July 1, 2009. Attach copy of certificate.

_____	_____
Name/Address of School Attended	Dates Attended

**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 I understand the certification requested may, with proper cause, be denied, withdrawn, canceled or revoked by the issuing agency in accordance with Section 119 of the Ohio Revised Code and chapter 109:2-9 of the Ohio Administrative Code.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**