



# MIKE DEWINE

★ OHIO ATTORNEY GENERAL ★



Ohio Peace Officer Training Commission  
Office 800-346-7682  
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P.O. Box 309  
London, OH 43140  
www.OhioAttorneyGeneral.gov

Dear Jailer Instructor Applicant:

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

### **SPECIAL SUBJECT INSTRUCTOR**

\_\_\_\_\_ 109:2-11-05(B)(1) High school graduate/GED; documented

\_\_\_\_\_ 109:2-11-05(B)(2) Three years of combined training and experience in the subject area for which approval is requested; clearly noted and pertinent documentation attached

\_\_\_\_\_ 109:2-11-05(B)(3) Resume/credentials showing occupational competency; attached

\_\_\_\_\_ 109:2-11-05(B)(4) Recommendation of the jailer training school commander

\_\_\_\_\_ Indicate requested topics of the curriculum on the attached sheet  
[OAC 109: 2-11-05(C) states that 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



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## 12-DAY AND 12-HOUR FACILITY JAILER 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 \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Date Received \_\_\_\_\_

### III. TRAINING/EDUCATION AND EXPERIENCE IN TOPICS REQUESTED - 3 YEARS REQUIRED

#### A. TRAINING/EDUCATION:

Name of School <u>Attended</u>	Dates Attended <u>(Mo/Yr - Mo/Yr)</u>	Program/Course/ <u>Major</u>	Degree/Certificate <u>Received</u>

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

#### B. EMPLOYMENT/PRACTICAL EXPERIENCE/CREDENTIALS SHOWING OCCUPATIONAL COMPETENCY:

List all positions and/or other practical experiences related to the topic(s) for which approval 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.

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

**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 Update School Completed, if applicable	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 109:2-11 of the Ohio Administrative Code.

I have not been convicted of a felony or a 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 109:2-11-05 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 JTA #	_____ SCHOOL COMMANDER'S SIGNATURE	_____ DATE
_____ SCHOOL NAME	_____ SCHOOL MAILING ADDRESS		
_____ EMAIL	_____ DAYTIME PHONE NUMBER	_____ FAX NUMBER	

**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/1<sup>ST</sup> 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.