



MIKE DEWINE

★ OHIO ATTORNEY GENERAL ★



Ohio Peace Officer Training Commission
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REQUEST FOR PRIOR EQUIVALENT TRAINING ANALYSIS FOR FULL SERVICE FACILITY CORRECTIONS OFFICERS

Complete both pages of this application upon assignment. If you have had an interruption in your corrections 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: (____) _____

EMAIL: _____

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. Credit for equivalent training may also be given for experience. See OAC 109:2-9-11.

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 request

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

This is to certify that the information set forth in this form is true and accurate to the best of my 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 understood that, should any of the provided information be discovered inaccurate, it will void the determination made from this request. Further, it is also understood that submission of false information submitted to a governmental organization in pursuit of certification is a violation of section 2921.13 of the Ohio Revised Code.

SIGNATURE OF REQUESTING INDIVIDUAL

NAME OF REQUESTING AGENCY

SIGNATURE OF REQUESTING OFFICIAL

MAILING ADDRESS OF REQUESTING OFFICIAL

TYPED NAME OF REQUESTING OFFICIAL

MAILING ADDRESS (continued)

(_____)_____
DAYTIME PHONE NUMBER

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

Signature of Notary/Authorized Official_____

(place notarial seal here)

Official Title_____

Commission Expiration Date_____