



MIKE DEWINE
 ★ OHIO ATTORNEY GENERAL ★



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**UPDATE TRAINING EVALUATION INFORMATION
 OHIO FULL SERVICE FACILITY CORRECTION OFFICER CERTIFICATION**

NAME: _____ DATE: _____

PHONE: (____) _____ EMAIL: _____

ADDRESS: _____

CITY/STATE: _____ ZIP CODE: _____ DOB: _____

COUNTY: _____ SSN: _____

CORRECTIONS ACADEMY
 ATTENDED: _____ DATE: _____

CERTIFICATE NUMBER: _____ DATE ISSUED: _____

Complete the following jail assignment history beginning with the original jail assignment held at the time of attending the Full Service Facility Correction Officer Training. List complete agency mailing address, phone number, and exact dates of jail assignments.

Full Service Facility: _____

Dates of jail assignment-From: _____ To: _____

Phone: (____) _____

Full Service Facility: _____

Dates of jail assignment-From: _____ To: _____

Phone: (____) _____

Full Service Facility: _____

Dates of jail assignment-From: _____ To: _____

Phone: (____) _____

FOR OPOTC USE ONLY

FULL SERVICE FACILITY CERTIFICATION VERIFIED BY _____ ON _____

CERTIFICATE NUMBER _____ ISSUED ON _____

NO RECORD FOUND _____

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 _____