



MIKE DEWINE

★ OHIO ATTORNEY GENERAL ★



Ohio Peace Officer Training Commission
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Application for Renewal of 12-Day and 12-Hour Facility Jailer Training SPECIAL SUBJECT Instructor Certificate

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.

Certificate Number _____ Expiration Date _____

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.

Ohio Administrative Code, Chapter 109:2-11-05(D): Instructors certified as special subject instructors shall renew their certificate every 3 years. At least **60 days and not more than 90 days** prior to expiration of the certificate, the instructor shall file with the Executive Director, an application for renewal on a form required by the Executive Director. The unit instructor shall also file:

- (1) Written evidence from the educational or training facility where the instructor received the training documenting that the instructor has successfully completed, within the past 3 years, a minimum of 4 clock hours of training in topics related to the Commission-approved jailer curriculum or to improve instructional abilities;

Attach copies of training certificates as written evidence.

<u>Educational/Training Facility</u>	<u>Course Title</u>	<u>Date</u>	<u>Number of Clock Hrs</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- (2) Written evidence from the school commander that the instructor has taught in one approved jailer training school for a minimum total of 4 teaching hours within the past 3 years.

Attach written evidence.

<u>Name & Number of School</u>	<u>School Commander</u>	<u>Date(s) Taught</u>	<u>Number of Hours Taught</u>
_____	_____	_____	_____
_____	_____	_____	_____

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 purpose to secure issuance of an instructional certificate by a governmental agency. I understand the certification requested may, with proper cause, be withdrawn, canceled or revoked by the issuing agency.

I have not been convicted of a felony or a crime of moral turpitude.

SIGNATURE OF APPLICANT _____

Subscribed and duly sworn before me according to law by the above named applicant this _____

day of _____, **20** _____ **at** _____ **County of**

_____ **and State of** _____.

Signature of Official _____

Official Title _____

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED