



**REQUEST FOR PRIOR EQUIVALENT TRAINING ANALYSIS  
FOR FULL SERVICE FACILITY CORRECTIONS OFFICERS**

Complete the entire application. If you have had a break in service, please contact the Ohio Peace Officer Training Commission, Corrections Certification Specialist. Please note: The State examination in its entirety must be successfully completed for certification.

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN (last 5): \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
NUMBER/STREET/PO BOX CITY STATE ZIP

EMAIL: \_\_\_\_\_ DAYTIME PHONE: (\_\_\_\_) \_\_\_\_\_

EMPLOYING AGENCY: \_\_\_\_\_

AGENCY CONTACT NAME & TITLE: \_\_\_\_\_

AGENCY CONTACT PHONE NO.: \_\_\_\_\_

AGENCY CONTACT EMAIL: \_\_\_\_\_

EMPLOYMENT DATES: FROM \_\_\_\_\_ TO \_\_\_\_\_

DEPARTMENT ADDRESS: \_\_\_\_\_  
NUMBER/STREET/PO BOX CITY STATE ZIP

Previous training or experience for which credit is being requested. See OAC 109:2-9-11.

ORIGINAL TRAINING AGENCY: \_\_\_\_\_  
NUMBER/STREET/PO BOX CITY STATE ZIP

DATES OF TRAINING: FROM \_\_\_\_\_ TO \_\_\_\_\_

JAIL ASSIGNMENT DATES: FROM \_\_\_\_\_ TO \_\_\_\_\_ AGENCY: \_\_\_\_\_

FROM \_\_\_\_\_ TO \_\_\_\_\_ AGENCY: \_\_\_\_\_

I have carefully read this document and fully understand its contents and I sign it of my own free will and volition. I attest that the information provided on this document is true and correct and is based on my personal knowledge or inquiry. I further understand and acknowledge that submission of falsified records is a criminal violation.

Signature Printed Name (First, Middle, & Last Name) Date

Witness Signature Witness Printed Name (First, Middle, & Last Name) Date

- 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 requested.