



**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 Officer. 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.