MIKE DEWINE
OHIO ATTORNEY GENERAL

Ohio Peace Officer Training Commission
740-845-2700
800-346-7682
Fax 740-845-2675

P.O. Box 309
London, Ohio 43140
www.OhioAttorneyGeneral.gov

# PRIOR EQUIVALENT TRAINING ANALYSIS INFORMATION

Ohio Administrative Code 109:2-1-12(B) provides for a process by which credit may be awarded for prior training. Officers who are appointed to a peace officer position in Ohio and have been certified peace officers in another state, or who have received training with the military or under the auspices of any other certifying entity other than the Ohio Peace Officer Training Commission, may apply to the Commission for a prior equivalent training analysis. We do not perform preliminary evaluations. The number of assigned training hours varies, therefore, it is impossible to approximate how much training will be required. The Peace Officer Basic Training as of January 1, 2014 is a minimum of 585 hours. To be eligible for prior equivalent credit, the officer must have served in an appointed status under the previous agency within four years of the date of appointment in Ohio. Officers who have not served within a four year period will not receive credit and will be required to complete the entire program.

Upon appointment to an Ohio peace officer position, the attached request for prior equivalent training analysis and request for National WebCheck® must be completed and submitted. A detailed breakdown of topics and hours completed in basic training must be included. Agency in-service training records and advanced training certificates may accompany the request for prior training. The prior training will be compared to the curriculum currently required in Ohio. In cases where the prior training is deemed equivalent, credit will be given. In cases where the prior training either differs, is insufficient or is non-existent, hours from the Ohio curriculum will be assigned. Previous training will further be evaluated based on the date completed. Older training may not be viewed as equivalent.

An Ohio Civilian and FBI Applicant background check must be submitted electronically through the use of the National WebCheck® System (NWC). Complete the Request for National WebCheck® form, page 4, and take it to the NWC site. The NWC agency may charge a processing fee; however, because the background check is for law enforcement purposes, BCI&I and FBI fees should be waived. The applicant is responsible for the processing fee, if any. Have your fingerprints scanned at the NWC site and return the signed NWC form with your Request for Prior Equivalent Training Analysis to the Ohio Peace Officer Training Commission.

The agency will receive a completed prior equivalent determination. The officer may take the prior equivalent determination to any approved basic training school and apply to attend. The officer must provide a copy of the determination to the school commander who will inform the officer of the schedule and when they must attend training sessions. Upon completion of the hours assigned in the determination, the officer must take and pass the comprehensive state certification examination. The certification examination covers all topics in all areas of the curriculum. Until the officer completes basic training, passes the state exam, and receives a certificate of completion from the Ohio Peace Officer Training Commission, s/he may not perform the functions of a peace officer or carry a weapon in connection with those duties.

If you require additional information on this process, please call and ask to speak to a certification officer.

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# REQUEST FOR PRIOR EQUIVALENT TRAINING ANALYSIS

**Upon appointment as a peace officer, complete all portions of this form. Mail request to: Ohio Peace Officer Training Commission, Attn: Professional Standards Division, P.O. Box 309, London, Oh 43140. Include:**

1) **a detailed breakdown of topics and hours of basic and advanced training for which credit is requested.**

2) **completed Request for National WebCheck®.**

| OFFICER INFORMATION | 1. Name (Last) (First) ( Middle) | | 2. Social Security Number |
|---|---|---|---|
| 3. Alias (Last) (First) (Middle) | | | |
| 4. Birth date (mm/dd/yyyy) | 5. Email Address | | 6. Phone Number |
| 7. Home Mailing Address (#/Street/PO Box) | (City) | (State) (Zip Code) | (County Name) |
| 8. Basic Training Academy (Academy Name, City, State) | | (Dates of Training – From/To) | |

| AGENCY INFORMATION | 9. Agency Name | | |
|---|---|---|---|
| 10. Agency Email Address | | 11. Agency Phone Number | |
| 12. Agency Mailing Address (#/Street/PO Box) | (City) | (Zip Code) | (County Name) |

| APPOINTMENT INFORMATION (*Complete Date, Status and ORC*) | 13. Appointment Date / / |
|---|---|

14. Select Status ____ Full-Time ____ Part-Time ____ Auxiliary ____ Reserve ____ Special ____ Seasonal

15. Select ORC

| | | |
|---|---|---|
| ___ City Full-Time/Part-Time (737.02) | ___ City Auxiliary/Reserve/Special (737.051) | ___ City Chief (737.02) |
| ___ Village Full-Time/Part-Time/Special (737.16) | ___ Village Auxiliary/Reserve (737.161) | ___ Village Chief (737.15) |
| ___ Township Police Officer (505.49) | ___ Township Constable (509.01) | ___ Other Chief - List ORC/Charter _____ |
| ___ Other - List ORC/Charter _____ | ___ Deputy Sheriff (311.04) | ___ Sheriff (311.01) |

## 16. OATH OF OFFICE

I do solemnly swear or affirm that I will support the Constitution and Laws of the United States of America, the Constitution and Laws of the State of Ohio, and Laws and Ordinances of the political subdivision to which I am appointed and to the best of my ability will discharge the duties of this office.

_____ Signature of Appointee

_____ Name of Appointing Authority (Typed or Printed Legibly)

_____ Signature of Appointing Authority

_____ Title of Appointing Authority (Typed or Printed Legibly)

OFFICER'S NAME (Including Middle Initial _____ SSN: _____

## PEACE OFFICER APPOINTMENT HISTORY

*Please list all prior appointments. Use additional copies of page 3, as needed, to list the entire appointment history.*

| 17. Appointed By (Agency Name, County, and State): | 18. From(mm/dd/yyyy): / / | To(mm/dd/yyyy): / / |
|---|---|---|
| 19. Appointment Status (Check Appropriate Box) ____ Full-Time ____ Part-Time ____ Auxiliary ____ Reserve ____ Special | | |

| 20. Appointed By (Agency Name, County, and State): | 21. From(mm/dd/yyyy): / / | To(mm/dd/yyyy): / / |
|---|---|---|
| 22. Appointment Status (Check Appropriate Box) ____ Full-Time ____ Part-Time ____ Auxiliary ____ Reserve ____ Special | | |

| 23. Appointed By (Agency Name, County, and State): | 24. From(mm/dd/yyyy): / / | To(mm/dd/yyyy): / / |
|---|---|---|
| 25. Appointment Status (Check Appropriate Box) ____ Full-Time ____ Part-Time ____ Auxiliary ____ Reserve ____ Special | | |

| 26. Appointed By (Agency Name, County, and State): | 27. From(mm/dd/yyyy): / / | To(mm/dd/yyyy): / / |
|---|---|---|
| 28. Appointment Status (Check Appropriate Box) ____ Full-Time ____ Part-Time ____ Auxiliary ____ Reserve ____ Special | | |

| 29. Appointed By (Agency Name, County, and State): | 30. From(mm/dd/yyyy): / / | To(mm/dd/yyyy): / / |
|---|---|---|
| 31. Appointment Status (Check Appropriate Box) ____ Full-Time ____ Part-Time ____ Auxiliary ____ Reserve ____ Special | | |

*32. THIS SECTION TO BE COMPLETED BY THE OFFICER AND AN AGENCY OFFICIAL IN THE PRESENCE OF A NOTARY PUBLIC*

This is to certify that the information set forth in this form is true and accurate to the best of our 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 individual officer

_____ Name of requesting agency

_____ Signature of requesting official

_____ Mailing address of requesting agency

_____ Typed name of requesting official

_____ Mailing address (continued)

Sworn to and subscribed before me this _____day of _____, 20_____

in the county of _____ and the state of Ohio.

Affix seal here

_____ My commission expires_____

Signature of Notary/Attorney/Clerk of Courts

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# REQUEST FOR NATIONAL WEBCHECK®

All information must be typed or printed.

**INSTRUCTIONS TO NATIONAL WEBCHECK® FACILITY**

- Transaction Type is both BCI and FBI.
- Reason Fingerprinted is "Law Enforcement Employment" or "Law Enforcement/Criminal Justice" for BCI and "Law" for FBI.
- This is a **Direct Copy** transaction to the Ohio Peace Officer Training Academy (OPOTA). No address needs entered.

**TO BE COMPLETED BY STUDENT**

I am scheduled to attend an Ohio Peace Officer Training Commission-approved Program as a prior equivalent student. As part of the enrollment process, the Ohio Peace Officer Training Commission (OPOTC) requires that I have a criminal record background check conducted by the Ohio Bureau of Criminal Identification and Investigation (BCI&I) and the Federal Bureau of Identification (FBI). Therefore, I am requesting a National WebCheck®, 10-digit, for law enforcement purposes.

Name: _____ _____ _____
(Last) (First) (Middle Initial)

Alias: _____

Date of Birth: _____ Social Security Number: _____

Address (including P.O. Box, if applicable): _____

City: _____ State: _____ Zip Code: _____

Name of Fingerprinting Agency: _____

Signature of Person Being Fingerprinted: _____ Date Fingerprinted: _____