



# 2025 Continuing Professional Training Consolidated Preapproval Application

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## Instructions

To help agencies more efficiently submit applications in 2025, OPOTA moved to a consolidated application. This consolidated application reduces the number of pages an applicant must complete, is shorter to remove the volume of paper agencies must retain, and removes confusion about which type of application to file. However, none of the fundamental legal requirements have changed.

Please ensure that your application is complete, consistent (ensure the number of hours you request aligns with the hours in your outline), and accurate before submission. Each application may be for only ONE topic, which must be supported by the documentation (e.g. outline) for the same topic. Incomplete or problematic applications will not be approved.

**Heads of agencies that submit faulty applications jeopardize credit for their officers.** Send your completed application and supporting documents to: [CPTPreApprovals@OhioAGO.gov](mailto:CPTPreApprovals@OhioAGO.gov).

## Reminder of Legal Requirements

Safety. Agencies are reminded to conduct all training in a setting that is safe, physically suited to the educational activity, and conducive to effective learning. Physical skills training shall be conducted only with appropriate training and safety equipment. See OAC 109:2-18-03 (A)(2).

Training blocks. Training must be conducted in blocks of no less than one hour. Please note that 50 minutes of actual instruction or other approved training activity constitutes one credit hour. OAC 109:2-18-03(A)(3).

Record Retention. Appointing authorities are required to maintain officer training records. See OAC 109:2-18-05 and ORC 149.43. "All such records shall be kept on file by the appointing authority in accordance with agency records-retention schedules but, at a minimum, for no fewer than three years. The records shall be made available to the OPOTC executive director upon request." OAC 109:2-18-05(C).

Remember to include the course approval number provided by OPOTC [#25CPT-XXX] on all sign-in sheets and on any certificates of completion given by the agency.

# Requested Course for Approval

Course date(s): \_\_\_\_\_ Course length (hours): \_\_\_\_\_

Preapproval is requested for: *Complete the information as applicable. Only one topic per application.*

Topic selected	2025 OPOTC <b>prescribed CPT categories.</b>  <i>Hours that exceed those prescribed by OPOTC count towards the 16 hours for priority topics below. Officers must satisfy the minimum hours for each of the four categories below.</i>	Prescribed minimum hours
1 <input type="checkbox"/>	Use of Force	3 hours
2 <input type="checkbox"/>	Legal Updates	2 hours
3 <input type="checkbox"/>	Ethics Law	2 hours
4 <input type="checkbox"/>	Arrest, Search, and Seizure	1 hour
OPOTC established <b>priority topics</b> for 2025. By the end of the year, at least 16 hours must come from (1) hours that exceeded those prescribed above; and/or (2) hours in one or more of the below (rows 5-9):		Requested hours
5 <input type="checkbox"/>	Reporting Writing	
6 <input type="checkbox"/>	Domestic Violence	
7 <input type="checkbox"/>	Officer Wellness	
8 <input type="checkbox"/>	Leadership	
9 <input type="checkbox"/>	Vehicle Dynamics	
Public appointing authorities may be reimbursed for up to 16 <b>elective hours</b> (subject to funding availability). These hours do not count for the 2025 mandatory CPT hours, but officers are encouraged to exceed their minimum requirements. <i>Write the topic in the space below.</i>		Requested hours
10 <input type="checkbox"/>		

Course Overview: *Provide a brief summary of the topic and reason for the course.*

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Objectives: *Provide your objectives for the training*

Objective #1: \_\_\_\_\_

Objective #2: \_\_\_\_\_

Objective #3: \_\_\_\_\_

Course Content Outline: Provide content information for each objective provided. Feel free to modify this outline skeleton to fit your course. Attach additional pages if necessary.

**Objective 1:** \_\_\_\_\_

- \_\_\_\_\_
  - o \_\_\_\_\_
  - o \_\_\_\_\_
- \_\_\_\_\_
  - o \_\_\_\_\_
  - o \_\_\_\_\_

**Objective 2:** \_\_\_\_\_

- \_\_\_\_\_
  - o \_\_\_\_\_
  - o \_\_\_\_\_
- \_\_\_\_\_
  - o \_\_\_\_\_
  - o \_\_\_\_\_

**Objective 3:** \_\_\_\_\_

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  - o \_\_\_\_\_
  - o \_\_\_\_\_
- \_\_\_\_\_
  - o \_\_\_\_\_
  - o \_\_\_\_\_

**Timeline for Execution:** Provide a timeline for your course. This may include modules for an opening welcome/overview and closing opportunity for questions and assessments.

Start Date	End Date <i>(may be same as start date)</i>	Module or Objective	Description	Anticipated Time <i>(hours/minutes)</i>
			Total hours	

## Instructor Information

For CPT credit, all trainers must be qualified under the OAC standards, regardless of whether the instructors are in-house or provided by a third party.

Submit for **each instructor** that will conduct the course (make additional copies of this page as necessary). Include a copy of each instructor's biography and curriculum vitae or resume.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

Employer name: \_\_\_\_\_

Employer address: \_\_\_\_\_

**Select at least ONE of the following three options:** *check all that apply.*

1.  The instructor is a certified or licensed professional and is providing instruction in a subject area directly related to the field for which the individual is certified or licensed.
2.  The individual you would like to teach is not qualified under OAC 109:2-18-03(A)(4)(a) or (b), and you are requesting preapproval by the Executive Director. *Attach significant supporting documentation that demonstrates why this individual is qualified.*
3.  The instructor has at least five (5) years of full-time law enforcement experience **and meets at least one of the following criteria:**
  - The instructor is an OPOTC-certified Peace Officer Basic Training instructor.  
Certificate number: \_\_\_\_\_  
*or*
  - The instructor has, at a minimum, a four-year college degree.  
College or university that awarded the highest degree: \_\_\_\_\_  
*or*
  - The instructor has completed an instructional skills course approved by the executive director of OPOTC. *Please attach a copy of the instructor's certificate.*  
Course date: \_\_\_\_\_ Course location: \_\_\_\_\_

## **Applicant's Attestation**

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With my signature below, I attest to the following:

1. I am a qualified applicant under OAC 109:2-18-03(B) and the information provided on this form is true and accurate to the best of my knowledge.
2. I understand that falsification of any of the information on this request may result in, among other consequences, my agency's ineligibility to submit subsequent requests for CPT training and/or instructor approval and may also carry legal consequences.
3. The purpose of the training described herein is to address matters directly related to the duties and responsibilities of a law enforcement officer. This training serves a recognized law enforcement purpose and has significant intellectual and/or practical content, with the primary objective being to improve the officer's professional competence.
4. I agree to comply with all Ohio and federal laws regarding continuing professional training.
5. All training will be conducted in a setting that is safe, physically suited to the educational activity, and conducive to effective learning.

Any physical skills training will be conducted only with appropriate training and safety equipment; and any firearms training will be conducted only on ranges in compliance with Section 1501:31- 29-03 of the Ohio Administrative Code or on ranges approved by the appointing authority for annual in- service firearms requalification. OAC 109:2-18-03 (A)(2).

6. As applicable for an appointing authority, I will maintain officer training records sufficient to demonstrate compliance with the requirements of Chapter 109:2-18 of the Ohio Administrative Code. OAC 109:2-18-05. The records will be kept on file in accordance with my agency's records-retention schedule but, at a minimum, for no fewer than three years. The records will be made available to the OPOTC executive director upon request. The course approval number, as provided by OPOTC [ #25CPT-xxx], will appear on all sign-in sheets and on any certificates of completion given by my agency.

Name of agency's chief executive: \_\_\_\_\_

Title: \_\_\_\_\_

Agency: \_\_\_\_\_

Email address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# **Certification of the Appointing Authority's Legal Counsel**

*Applicable only for applications submitted by an appointing authority*

With my signature below, I certify the following:

1. I am the legal counsel for the appointing authority submitting this request for preapproval of CPT training curriculum.
2. I have reviewed the curriculum being submitted as well as the 2025 CPT topics set by the Ohio Peace Officer Training Commission. Unless this is for elective hours, to the best of my knowledge this curriculum meets the topic criteria and hours for 2025 CPT.
3. This training serves a recognized law enforcement purpose and contains significant intellectual and/or practical content, with the primary objective being to improve officers' professional competence. I have verified that both the statutory and case law content are current, accurate and relevant.
4. I have verified that the instructors meet the criteria under OAC 109:2-18-03.
5. The information provided on this form is, to the best of my knowledge, true and accurate. I understand that falsification of any of the information on this request may result in, among other consequences, the agency's ineligibility to submit subsequent requests for CPT training and/or instructor approval.

Name of agency's legal counsel: \_\_\_\_\_

Title: \_\_\_\_\_

Ohio Attorney Registration Number: \_\_\_\_\_

Agency: \_\_\_\_\_

Email address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_