



2025 Continuing Professional Training Consolidated Preapproval Application

Instructions

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.

Please submit this application no later than 30-60 days before the first day of the course. If you have not heard from OPOTA with an approval number a week before the first day of the course, please reach out to OPOTA.

Any courses taught ahead of OPOTC pre-approval *will not be allowed to count in the mandatory 24 hours of CPT.*

Heads of agencies that submit faulty applications jeopardize credit for their officers. Send your completed application and supporting documents to: 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

Title of Course: _____

Course date(s): _____ Course length (hours): _____

Preapproval is requested for: *Complete the information as applicable. Mark all that apply.*

Topic selected	2025 OPOTC prescribed CPT categories. <i>Officers must satisfy the minimum hours for each of the four categories below.</i>	Prescribed minimum hours
1	Use of Force	3 hours
2	Legal Updates	2 hours
3	Ethics Law	2 hours
4	Arrest, Search, and Seizure	1 hour
OPOTC established priority topics 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	Reporting Writing	
6	Domestic Violence	
7	Officer Wellness	
8	Leadership	
9	Vehicle Dynamics	
Public appointing authorities may be reimbursed for up to 16 elective hours (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		

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

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: _____

- _____
 - _____
 - _____
- _____
 - _____
 - _____

Objective 2: _____

- _____
 - _____
 - _____
- _____
 - _____
 - _____

Objective 3: _____

- _____
 - _____
 - _____
- _____
 - _____
 - _____

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 (may be same as start date)	Module or Objective	Description	Anticipated Time (hours/minutes)
			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. ☐ CPT training will be conducted via instruction provided by a third-party individual or program as retained by the appointing authority and with approval under OAC 109:2-18-03 (A)(4)(c). Be sure to attach supporting documentation.
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: _____

FOR OPOTC USE

Instructor is: Approved Not Approved

Reason not approved: _____

Applicant's Attestation

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: _____