



2023 Continuing Professional Training Pre-Approval Application Form for Agency-Provided CPT

Instructions and Notice of Obligations

Only an appointing authority (an agency or entity that appoints peace officers or troopers who will receive training) should complete this application. Qualifying law enforcement professional organizations, and qualifying state agencies, who wish to sponsor CPT for 2023 should completed the designated third-party training application.

CPT must be administered between Jan. 1, 2023, and Dec. 31, 2023, and comply with all requirements set forth in the Administrative Code. Agency-created and/or agency-provided CPT programs must be conducted with a formal, written lesson plan or accompanied by a syllabus showing the content to be covered as well as the associated hours. OAC 109:2-18-03(A)(1)

Agency-created and/or agency-provided CPT programs must meet all of the requirements set forth in the administrative code and be administered by a qualified instructor. A complete list of instructor and training requirements can be found in OAC 109:2-18-03. *Agency staff and legal counsel should review the OAC requirements prior to submission to ensure that the submission complies with all administrative code requirements.*

Fill in all fields on pages 2-4 and, if needed, pages 5-6. Also complete the Request for Topic Approval, on Page 7; the Topic Outline, on pages 8-9; and the Timeline for Execution, on Page 11. Submit the completed application, including all supporting documents, at least 30 days before the intended start date of the training.

Applications must include sufficient documentation for OPOTC staff to verify that: (1) the training requirements in Section 109:2-18-03 of the administrative code will be met by the agency; (2) the Topic Outline (pages 8-9) and Timeline of Execution (Page 11) identify the content to which the requested hours intend to satisfy, and (3) the instructors (pages 4-6) have the required credentials.

Please ensure that your application is complete and accurate before sending. Incomplete applications will be returned unprocessed to the sender and could delay the agency's ability to offer the course. The form and supporting documents should be sent by e-mail to:

CPTPreApprovals@OhioAGO.gov

Compliance with Legal Requirements

By submitting this pre-approval application, the appointing authority, instructors and any named contact persons agree to comply with all continuing professional training statutes and the Ohio Administrative Code.

Training Venue

All training shall be conducted 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. Firearms training shall 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)

Agency Record-Keeping and Reporting

Appointing authorities are required to 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) 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. The course approval number, as provided by OPOTC [#23CPT-xxx], should appear on all sign-in sheets and on any certificates of completion given by the agency.

Attestation of the Appointing Authority (CEO of agency that appoints officers)

With my signature below, I attest to the following:

1. I am the sheriff/chief/CEO of my agency, which is the appointing authority of the peace officers or troopers to be trained. 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 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. The training described herein will be conducted in accordance with the provisions outlined in Ohio Administrative Code 109:2-18, including but not limited to the 2023 CPT training topics.

Name of agency's sheriff/chief/CEO: _____

Title: _____

Agency: _____

Email address: _____

Phone number: _____

Signature: _____ Date: _____

Attestation of the Agency Legal Counsel

With my signature below, I attest to the following:

1. I am the legal counsel for the appointing authority and/or agency submitting this request for pre-approval of CPT training curriculum.
2. I have reviewed the curriculum being submitted as well as the 2023 CPT general topics (see Page 12) as set by the Ohio Peace Officer Training Commission (OPOTC). To the best of my knowledge, this curriculum meets the topic criteria and hours for 2023 CPT as indicated with the information provided on pages 8, 9, and 11.
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. 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 the agency's ineligibility to submit subsequent requests for CPT training and/or instructor approval.

Name of agency's legal counsel: _____

Title: _____

Attorney's Ohio Supreme Court number: _____

Agency: _____

Email address: _____

Phone number: _____

Signature: _____ Date: _____

Agency Contact Information

Name of agency's contact person: _____

Title: _____

Agency: _____

Agency address: _____

Email address: _____

Phone number: _____

Instructor Information

Please submit additional pages if more than three instructors will conduct the course. Copies of each instructor's biography, curriculum vitae or resume must be attached.

Instructor 1

Name: _____ Title: _____

Phone number: _____ Email address: _____

Employer name: _____

Employer address: _____

Please select one of the following two options:

1. The instructor listed above is qualified to teach Continuing Professional Training (CPT) in at least one of the following two ways. OAC 109:2-18-03 (A)(4)(a)-(b)

Check all that apply, and be sure to attach supporting documentation.

- a) 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 Ohio Peace Officer Training Commission (OPOTC)-certified Peace Officer Basic Training instructor.

Certificate number: _____

or

- The instructor has, at a minimum, a four-year college degree.

University that degree was awarded by: _____

or

- The instructor has completed an instructional skills course approved by the executive director of OPOTC.

Be sure to attach a copy of instructor's course certificate or the date and location of the OPOTA course.

or

- b) The instructor is a certified or licensed professional and is providing instruction in a subject area directly related to the field in which he or she 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.

FOR OPOTC USE

Instructor is: APPROVED NOT APPROVED

Instructor 2

Name: _____ Title: _____

Phone number: _____ Email address: _____

Employer name: _____

Employer address: _____

Please select one of the following two options:

1. The instructor listed above is qualified to teach Continuing Professional Training (CPT) in at least one of the following two ways. OAC 109:2-18-03 (A)(4)(a)-(b)

Check all that apply, and be sure to attach supporting documentation.

- a) 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 Ohio Peace Officer Training Commission (OPOTC)-certified Peace Officer Basic Training instructor.

Certificate number: _____

or

- The instructor has, at a minimum, a four-year college degree.

University that degree was awarded by: _____

or

- The instructor has completed an instructional skills course approved by the executive director of OPOTC.

Be sure to attach a copy of instructor's course certificate or the date and location of the OPOTA course.

or

- b) The instructor is a certified or licensed professional and is providing instruction in a subject area directly related to the field in which he or she 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.

FOR OPOTC USE

Instructor is: APPROVED NOT APPROVED

Instructor 3

Name: _____ Title: _____

Phone number: _____ Email address: _____

Employer name: _____

Employer address: _____

Please select one of the following two options:

1. The instructor listed above is qualified to teach Continuing Professional Training (CPT) in at least one of the following two ways. OAC 109:2-18-03 (A)(4)(a)-(b)

Check all that apply, and be sure to attach supporting documentation.

- a) 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 Ohio Peace Officer Training Commission (OPOTC)-certified Peace Officer Basic Training instructor.

Certificate number: _____

or

- The instructor has, at a minimum, a four-year college degree.

University that degree was awarded by: _____

or

- The instructor has completed an instructional skills course approved by the executive director of OPOTC.

Be sure to attach a copy of instructor's course certificate or the date and location of the OPOTA course.

or

- b) The instructor is a certified or licensed professional and is providing instruction in a subject area directly related to the field in which he or she 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.

FOR OPOTC USE

Instructor is: APPROVED NOT APPROVED

Requested Topic for Approval

Course category from chart below: _____

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

Submit one topic and supporting outline (pages 8, 9 and 11) per application.

Please mark below the CPT topic/category number for which your agency is requesting pre-approval in this course. Hours listed below must match hours indicated on the outline completed on pages 8, 9 and 11. Pursuant to Section 109:2-18-03(A)(3), 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. Refer to Page 12 for CPT details and additional information.

Topic/Category number See Page 12.	OPOTC-approved CPT categories <i>Choose only one (1) topic per application.</i>	Hours to be instructed
1 <input type="radio"/>	School Threat and Safety Training	3 hours
2 <input type="radio"/>	Legal Updates	3 hours
3 <input type="radio"/>	Arrest, Search, and Seizure	2 hours
<i>Below is the topic submitted by your agency administrator. One topic per application: Please fill in the slot below:</i>		
4 <input type="radio"/>		

- Complete the outline on pages 8, 9 and 11 showing content and hours for the topic to be covered. Only an outline is needed, not the formal, written plan.
- Agency acknowledges that the CPT program shall be conducted with a formal, written lesson plan or accompanied by a syllabus showing the content to be covered and the associated hours.
OAC 109:2-18-03(A)(1)



TOPIC Outline

Instructor Information

Insert the information provided for Instructor #1 on the CPT approval form.

Topic Overview

Use this overview section to provide a brief summary of the topic and reason for the course. The descriptions shown are for example purposes only: replace them with meaningful descriptions related to your topic.

The Objective(s)

Include a list of objectives that you expect the learner to retain/complete during the session. The descriptions shown are for example purposes only: replace them with meaningful descriptions related to your topic.

Course Content

Provide content information for each objective provided. The descriptions shown are for example purposes only: replace them with meaningful descriptions related to your topic.

Objective 1:

Objective 2:

Objective #3:

Timeline for Execution

The table below serves as an example for the information you should enter in the table on Page 11. Please remember to include all pertinent dates, descriptions and other requested details.

Start Date	End Date	Module	Description	Anticipated Time
Feb 15, 2022	Feb 15, 2023	Welcome and overview	Introductions, expectations and program overview	30 mins
Feb 15, 2023	Feb 15, 2023	Objective 1	Identify the dimensions of wellness <ul style="list-style-type: none"> Identify factors (such as genetic, environmental, or lifestyle behaviors) that influence each dimension of wellness Recognize how dimensions of wellness are interrelated 	1 hour
Feb 15, 2023	Feb 15, 2023	Objective 2	Recognize the relationship between personal health behaviors and wellness <ul style="list-style-type: none"> Students will be able to understand the relationship between personal behaviors and lifelong health and wellness. 	1 hour
Feb 15, 2023	Feb 15, 2023	Objective 3	Identify a realistic wellness plan <ul style="list-style-type: none"> Students will identify and implement strategies to improve their wellness Recognize strategies that can be used to maintain a healthy lifestyle 	1 hour
Feb 15, 2023	Feb 15, 2023	Closing, Questions, and Assessments	Answer any unanswered questions about the course. Have dialogue about wellness. Provide resources and give assessments	30 mins
Total:				4 hours

2023 CPT CURRICULUM INFORMATION

For calendar year 2023, peace officers and troopers who hold an appointment in 2023, except for those who successfully completed their basic training or highway patrol cadet training program and exam in 2023, are required to complete *a total of 24 hours of CPT*. Of the 24 total mandatory hours, *8 of the hours must be completed the three topics below* mandated by OPOTC.

Please note that each peace officer and trooper must complete *at least the minimum hours specified in all three* of the OPOTC mandated categories.

- School Threat and Safety Training (3 hours)
- Legal Updates (3 hours)
- Arrest, Search, and Seizure (2 hours)

The remaining 16 hours of CPT are also mandatory. However, these 16 hours can be on any topic that meets the requirements of OAC 109:2-18-03 and is approved by your agency administrator.

Every peace officer and trooper *must complete the required minimum hours in all three categories*. However, any excess hours completed on the three CPT topics required by OPOTC can count towards the 24 total hours required for 2023. The excess hours would count toward the 16 hours that can be on any topic approved by your agency administrator.



===== TO BE COMPLETED BY OPOTC =====

Date CPT form was reviewed at OPOTC: _____

Form reviewed by:

OPOTC staff (print name): _____

Title: _____

Agency provided CPT request is:

APPROVED

Course approval number: #23CPT- _____

NOT-APPROVED

Reason for not being approved: _____

Date and time that agency contact was notified of decision by email: _____

OPOTC staff sending notification: _____