



OHIO PEACE OFFICER TRAINING ACADEMY

Registration Form



London Campus
1650 State Route 56, SW
London, Ohio 43140

Tactical Training Center
1760 US Route 42, SW
London, Ohio 43140

Please e-mail the completed form to : opotaregistration@ohioattorneygeneral.gov

STUDENT INFORMATION

Name: _____ Email: _____
Last First MI (Student Email)

Gender: M F DOB: _____ Phone: _____ Rank: _____
(MM/DD/YY)

Payment responsibility (Must check one)? Agency Pay Self Pay No Cost

AGENCY INFORMATION

Agency: _____ Approver/Contact: _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-Mail _____
(Approver/Contact E-Mail)

BILLING INFORMATION (IF DIFFERENT FROM ABOVE)

Address: _____ Billing Agent: _____

City: _____ County: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-Mail _____
(Billing Agent E-Mail)

COURSE REGISTRATION

Course Title: _____ Course No: _____

Course Date(s): _____ Tuition Fee: _____
(Private Security @ additional \$25.00/day)

Agreement: Registered enrollees who do not attend and do not cancel the registration four business days prior to the course will be charged an administrative fee equal to one-half the total course fee. Upon the conclusion of a course, invoices are processed and forwarded to the designated billing address. Checks and money orders are acceptable forms of payment, and credit card payments can be made through the OPOTA website. Cash is not accepted. The training priority for the Ohio Peace Officer Training Academy is for active duty Ohio Peace Officers. Should this class fill and an active duty Ohio Peace Officer ends up on the waiting list, it is possible that you may be bumped from this class if you are not an active duty Ohio Peace Officer. All courses are subject to cancellation. The Ohio Peace Officer Training Academy will provide instruction in the course under competent instructors and assumes no responsibility other than the opportunity to learn under supervision. The Ohio Peace Officer Training Academy, Ohio Peace Officer Training Commission, and the Office of the Attorney General are hereby relieved of all liability. Enrollment in a course constitutes an acceptance of this agreement and the conditions stated. Signatures indicate approval for attendance, billing and agreement as well as verification of applicant's affiliation with agency.

Student's Signature

Authorizing Signature (Required for Agency Pay)

Date



DISCLOSURES AND STATEMENT OF UNDERSTANDING

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

Previous Name(s) or Alias: _____

SSN (Last 5): _____ DOB: _____

**Please answer the following questions by checking either “Yes” or “No”
If you answer yes to questions 1-22, please provide a separate statement of explanation and supporting documentation.**

1. Have you ever been convicted of a felony offense in any jurisdiction, including any conviction that has been sealed or expunged? (If so, you may not attend any portion of a Peace Officer Basic Training Academy.) _____ YES _____ NO
2. Are you a fugitive from justice? _____ YES _____ NO
3. Have you ever been convicted of a felony offense of violence as defined in ORC 2901.01? _____ YES _____ NO
4. Have you ever been adjudicated a delinquent child for the commission of an offense that, if committed by an adult, would have been a felony offense of violence? _____ YES _____ NO
5. Have you ever been convicted of any felony offense involving a drug of abuse? _____ YES _____ NO
6. Have you ever been adjudicated a delinquent child for the commission of an offense that, if committed by an adult, would have been a felony offense involving a drug of abuse? _____ YES _____ NO
7. Are you drug dependent, in danger of drug dependence, or a chronic alcoholic? _____ YES _____ NO
8. Are you under adjudication from any court for mental incompetence? _____ YES _____ NO
9. Have you been adjudicated by a court as a mental defective? _____ YES _____ NO
10. Have you been committed by a court to a mental institution? _____ YES _____ NO
11. Have you been found by a court to be a mentally ill person subject to hospitalization by court order, or have you been an involuntary patient other than one who is a patient only for purposes of observation? _____ YES _____ NO
12. Have you even been convicted of a crime that had a possible sentence of more than one year? _____ YES _____ NO
13. Are you an alien, illegally or unlawfully in the United States? _____ YES _____ NO
14. Have you been discharged from the Armed Forces under dishonorable conditions? _____ YES _____ NO
15. Have you renounced your United States citizenship? _____ YES _____ NO
16. Are you under a court order that restrains you from harassing, stalking, or threatening an intimate partner or the child of such intimate partner, or engaging in other conduct that would place an intimate partner in reasonable fear of bodily injury to the partner or child? _____ YES _____ NO
17. Has any licensing or regulatory authority, in this or another state, ever denied you a license or government certification, or subjected you to discipline, including but not limited to suspension, revocation, or censure, because of professional misconduct or any other reason? _____ YES _____ NO

18. Are you currently the subject of any complaints, allegations, investigations, or legal proceedings that relate to professional conduct, violations of laws regulating a profession, occupation, or occupational activity, or any alleged crimes, whether in this state or elsewhere? This includes matters pending before courts, administrative agencies, or other regulatory entities. _____ YES _____ NO

19. Have you previously been demoted, discharged, or resigned in connection with conduct involving (1) dishonesty; (2) alleged criminal misconduct; or (3) alleged violations of a citizen’s civil rights? _____ YES _____ NO

20. Have you been convicted of a misdemeanor crime of domestic violence? _____ YES _____ NO

21. Have you been convicted of a misdemeanor crime that has, as an element of that crime, the use or attempted use of physical force, or the threatened use of a deadly weapon? If yes, please explain your relationship with the victim (stranger, present or former spouse, household member, child, other family member, other – please describe) _____ YES _____ NO

22. Do you currently have criminal charges pending in any jurisdiction? _____ YES _____ NO

If you answer no to questions 23-24, please provide a separate statement of explanation and supporting documentation.

23. Do you currently possess a valid driver’s license and have driving privileges in the state of Ohio or any other state? _____ YES _____ NO

24. Have you been awarded, and do you possess a high school diploma or certificate of high school equivalency? _____ YES _____ NO

BY INITIALING BESIDE EACH STATEMENT, I ACKNOWLEDGE AND UNDERSTAND THE FOLLOWING:

If I provide false information on this form, I may become ineligible for certification, and may be charged with a crime.

If a criminal or delinquency charge is filed against me while I am in the process of certification, I MUST report it to OPOTC immediately.

If I am charged with any offense that may result in a felony conviction or in a state or federal weapons disability, I may become ineligible for certification until the case is complete, and at that time, my eligibility would be re-examined.

If I am convicted of a felony offense or one that results in a state or federal weapons disability, I may be ineligible for certification.

I hereby grant OPOTC consent to disclose to potential employers or training academies, information regarding all of my criminal or delinquency history information that might impact my ability to participate as a student in an OPOTC- approved school or obtain an OPOTC certificate.

By signing this document, I attest that I have not surrendered or had revoked a license, out-of-state occupational license, or government certification because of negligence or intentional misconduct as it relates to my work in the same profession or occupation for which I am applying, 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 in 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