



2016 Continuing Professional Training (CPT) Pre – Approval of Training Application Form

Instructions and Notice of Obligations

Please submit this form and all supporting documents at least 30 days prior to the intended training delivery date. Send the form and supporting documents by e-mail to: CPTPreApprovals@OhioAttorneyGeneral.gov, or fax filing can be made at 866-239-1136. Fill in all applicable fields and submit all required course information with the application. Please ensure that your application is complete and accurate before sending; incomplete applications will be returned to the sender unprocessed.

Only an appointing authority (agency or entity that appoints officers who will receive training) may submit this application – forms submitted by outside companies, instructors, or other persons will be returned unprocessed. Requests must include instructor credentials, and a copy of the written, formal lesson plan or course syllabus, showing content to be covered and number of hours associated with each subject.

Compliance with Legal Requirements

By submitting this pre – approval application, the appointing authority and any named contact person agree to comply with all continuing professional training statutes and [administrative rules](#).

Training Area

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 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 ranges approved by the appointing authority for annual in-service firearms requalification.

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. See 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 in no event for less than three years. The records shall be made available to the OPOTC Executive Director upon request. The course approval number [PCPT #16-xxx] should appear on all sign-in sheets and on certificates of completion given by the hosting agency.

Ohio Peace Officer Training Commission

• P.O. Box 309 • London, Ohio 43140 • PHONE: 800-346-7682 • FAX: 866-239-1136 •
CPTPreApprovals@OhioAttorneyGeneral.gov

Attestation of the Appointing Authority (agency that appoints officers)

By my signature below, I attest to the following:

1. I am the head of, or authorized to legally bind my agency, which is the appointing authority of the officers to be trained. 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 my ineligibility to receive approval of subsequent requests, may have an impact on my agency's eligibility for reimbursement of training, and may carry other legal consequences.
2. 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, the primary objective of which is to improve the officer's professional competence.
3. The training described herein will be conducted in accordance with Ohio Administrative Code 109:2-18, including but not limited to training area criteria.

Name, Title/Agency: _____

Signature: _____ Date: _____

Contact Information

Contact Person Name: _____ Title: _____

Phone Number: _____ Email Address: _____

Agency Name: _____

Agency Address: _____

Course Information

Course Title: _____

Course Topic: _____

Course Date(s): _____ Course Length (hours): _____

Detail the content of the training course, *including the hours associated with each topic*, by:

- Attaching a copy of the written, formal lesson plan; *or*
- Attaching a course syllabus showing content to be covered (e.g., PowerPoints, handouts, course materials, etc.)

Ohio Peace Officer Training Commission

• P.O. Box 309 • London, Ohio 43140 • PHONE: 800-346-7682 • FAX: 866-239-1136 •
CPTPreApprovals@OhioAttorneyGeneral.gov

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, and all applicable credentials must be attached.

Instructor 1 - Name: _____ Title: _____

Instructor Phone #: _____ Email Address: _____

Employer Name: _____

Employer Address: _____

This instructor listed above is qualified to teach Continuing Professional Training in at least one of the following two ways (*check all that apply and **attach supporting documentation***).

1. The instructor has at least five 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 (**attach copy of diploma or certificate**); *or*
 - The instructor has completed an instructional skills course approved by the Executive Director of the OPOTC (**attach copy of course certificate**); *or*
2. The instructor is a certified or licensed professional and is providing instruction in a subject area directly related to the field in which they are certified or licensed (**attach supporting documentation**).

Instructor 2 - Name: _____ Title: _____

Instructor Phone #: _____ Email Address: _____

Employer Name: _____

Employer Address: _____

This instructor listed above is qualified to teach Continuing Professional Training in at least one of the following two ways (*check all that apply and **attach supporting documentation***).

Ohio Peace Officer Training Commission

• P.O. Box 309 • London, Ohio 43140 • PHONE: 800-346-7682 • FAX: 866-239-1136 •
CPTPreApprovals@OhioAttorneyGeneral.gov

Instructor 2 (continued):

1. The instructor has at least five 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 (**attach copy of diploma or certificate**); *or*
- The instructor has completed an instructional skills course approved by the Executive Director of the OPOTC (**attach copy of course certificate**); *or*

2. The instructor is a certified or licensed professional and is providing instruction in a subject area directly related to the field in which they are certified or licensed (**attach supporting documentation**).

Instructor 3 - Name: _____ Title: _____

Instructor Phone #: _____ Email Address: _____

Employer Name: _____

Employer Address: _____

This instructor listed above is qualified to teach Continuing Professional Training in at least one of the following two ways (*check all that apply and **attach supporting documentation***).

1. The instructor has at least five 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 (**attach copy of diploma or certificate**); *or*
- The instructor has completed an instructional skills course approved by the Executive Director of the OPOTC (**attach copy of course certificate**); *or*

2. The instructor is a certified or licensed professional and is providing instruction in a subject area directly related to the field in which they are certified or licensed (**attach supporting documentation**).

Ohio Peace Officer Training Commission