Peace Officer Basic Training

Student Handbook



Ohio Peace Officer Training Commission

1650 State Route 56, SW • P.O. Box 309 • London, Ohio 43140
Phone: 800-346-7682

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Things to Know

The Ohio Peace Officer Training Commission

The Ohio Peace Officer Training Commission (OPOTC) consists of ten members appointed by the governor with the advice and consent of the Ohio Senate. Members serve three-year terms. The Commission issues recommendations to the Attorney General about matters pertaining to law enforcement training, approves OPOTC curriculum, certifies individuals for numerous Ohio law enforcement professions, and establishes annual continuing professional training (CPT) requirements for peace officers and troopers.

The day-to-day work of the OPOTC is done by the Executive Director and staff members. The staff members you may encounter include compliance officers and certification officers.

Compliance officers are the Commission's eyes and ears at each training academy. They communicate regularly with commanders and instructors to ensure that academies comply with the standards required by the Ohio Revised Code, the Ohio Administrative Code, and the OPOTC.

Certification officers verify that instructors and commanders have the prerequisites, training, and experience needed to instruct in or command an academy.

The Ohio Peace Officer Training Academy

The Ohio Peace Officer Training Academy (OPOTA) and the OPOTC are two different entities but are often confused. The Commission established the Academy which includes two campuses in London and one in Richfield. The Academy provides advanced training courses to those who are already certified officers. They offer operator-level and instructor-level courses. OPOTA generally does not teach or develop basic training.

Your Academy

Your academy is administered by your commander. You can think of a commander as similar to a principal of a school. The commander chooses instructors, schedules course topics and locations, and ensures that the instructors have the tools needed to teach their topics. Commanders and instructors must all be approved and certified by the OPOTC.

Academy Requirements

The minimum hours required by the Commission must be taught by your academy, but additional required hours can be added by your academy.

To enter your academy, you must successfully complete a drug screen, pass a criminal background check, and meet certain minimum standards based on a physical fitness assessment that includes sit-ups, pushups, and a 1.5-mile run.

To be eligible for OPOTC certification as a peace officer, you will need to successfully complete certain skill-based student performance objectives (SPO's), meet higher physical fitness assessment standards, and pass the state certification exam (SCE) showing knowledge of cognitive-based SPO's.

Missing Class Topics or Portions of Class Topics

There may come a time when you miss a class topic or a portion of a topic. As all hours are mandatory, sign-in and sign-out sheets are very important, and the times must be documented to the minute. If you are tardy to class, the time must be made up. If that time missed is 15 minutes or less, that specific time can be made up at the end of the class day with the original instructor, if that instructor is available and willing to do so.

If you are more than 15 minutes late, you will have to make up class time at a later time, in 30-minute increments. As your academy has hired instructors to teach during the core hours of the course, it is not unusual for an academy to bill you for the additional instructor time required to conduct a make-up session.

There may be times when, due to illness, injury, or personal conflicts, one or more days of class will be missed. Due to the way the curriculum is developed and the order in which it's presented, those topic hours missed must be made up within 14 days of the date you return to class. If they are not, then starting on that 15th day, you are not permitted to attend any other academy topics until the missed topics are completed.

If you are going to be absent for an extended amount of time, you must contact the commander for information about obtaining an extension. Extensions are available for military and medical purposes. All extension make-ups and assessments must occur within one year of the date the academy began.

Appointed Students and Open Enrollment Students

Appointed students are students with a peace officer commission from an agency prior to completing their academy and becoming certified. These students are issued an Ohio Peace Officer Basic Training certificate once they pass the State Certification Exam (SCE).

Open enrollment students are enrolled in an academy but are not affiliated with an agency. If they complete Peace Officer Basic Training and successfully pass the SCE, they receive a letter of completion. Once they are appointed by an agency, they are issued a training certificate (subject to any additional required training that has been mandated in the interim).

If an open enrollment student obtains an appointment after one year of passing the SCE, the student must take Peace Officer Refresher Training before gaining certification. If an open enrollment student does not get an appointment within two years of passing the SCE, the student must successfully repeat Peace Officer Basic Training to be eligible for peace officer certification.

If a student's appointment status changes during the academy, you must notify the Compliance Specialist and complete the accompanying paperwork.

Things to Do

Required Forms

The following forms are attached and must be completed and returned to your commander immediately. Any delay in completing and returning these forms may result in a denial of your request to attend the academy.

- Student Handbook Acknowledgement and Verification
- SF115unv – Student Enrollment/Certification Record
- SF102bas – Request for National WebCheck
- SF104unv – FERPA Consent to Release Student Information
- SF114bas – Student Health Data

Affirmations

Below are a number of questions and acknowledgments that you must review and answer. If there is any statement you are not able to answer affirmatively, please explain in detail on the Student Acknowledgment and Verification form at the end of this handbook. If you are in doubt as to any of these matters or have questions on how to answer, please consult with your commander.

A. Statement of understanding.

I have never pleaded to or been convicted of a criminal offense or been adjudicated for a juvenile offense in any jurisdiction. (When reviewing this acknowledgment, please acknowledge all matters, even those that have been sealed or expunged).

If you have pleaded, and so are not able to answer affirmatively, then on the last page of this handbook list the court that was involved, and the underlying crime to which you plead, were convicted, or were adjudicated delinquent.

Also, if the crime involved has, as an element of that crime, the use or attempted use of physical force, or the threatened use of a deadly weapon, also list whether the victim was a stranger, present or former spouse, household member, child, other family member, or if other, please describe.

1. I am not a fugitive from justice, and I do not have criminal charges pending against me in any jurisdiction.

2. I am not drug dependent, in danger of drug dependence, or a chronic alcoholic.

3. I have never been adjudicated by any court for mental incompetence, been adjudicated by a court as a mental defective, been committed by a court to a mental institution, been found by a court to be a mentally ill person subject to hospitalization by court order, or been an involuntary mental patient other than one who was only a patient for observation.

4. I am not an alien who is illegally or unlawfully in the United States.

5. I have never been discharged from the Armed Forces under dishonorable conditions.

6. I have never renounced my United States citizenship.

7. I am not under a court order that restrains me from harassing, stalking, or threatening an intimate partner or the child of such partner, or engaging in other conduct that would place an intimate partner in reasonable fear of bodily injury to the partner or child.

8. I currently possess a valid driver's license and have driving privileges in the State of Ohio.

9. I have been awarded and possess a high school diploma or a certificate of high school equivalency.

   If you possess a certificate of high school equivalency, please provide a detailed explanation on the last page of this handbook.

10. I understand that if I provide false information on this form I may be discharged from this academy and may be charged with a crime.

11. I understand that if a criminal or delinquency charge is filed against me while I am a student of this academy, I must report it to the commander immediately, and I may be suspended from this school until the case is complete. Depending on the resolution at that time, I may be ineligible to attend the academy.

12. I grant the OPOTC consent to disclose to the commander any information regarding any and all of my criminal or delinquency history information that might impact my ability to participate as a student in an OPOTC-approved academy. Likewise, I grant the commander consent to disclose the same information to the OPOTC.

13. The OPOTC is committed to maintaining an academic environment in which all individuals are treated with respect and dignity, free from any type of discrimination or harassment, and will not tolerate discrimination or harassment in an OPOTC program, whether committed by a student, an instructor, a commander, or another associated with the program. I understand that I must report incidences of discrimination or harassment to my commander and/or an OPOTC compliance officer, whether that behavior involves a student, an instructor, or another associated with the program. If the behavior involves a commander, I must report incidences of suspected discrimination or harassment to the academy organization's senior management and the OPOTC compliance officer. If a student has engaged in discrimination or harassment, the student may be suspended or expelled from the OPOTC program.

14. I understand that to be eligible to take the OPOTC SCE, I must have 100% attendance in every hour of every topic. If I have an excused absence for any topic hours, it is my obligation to make arrangements with the commander to make up the missed topic hours within 14 days of the date I return to class, unless excused by way of a medical or military extension. If the make-ups do not occur within this time frame, I cannot attend other academy topics until all make-ups have been completed. If I complete make-up hours in another academy, I must attend the entire block of instruction for that topic. I understand that the commander may set stricter requirements than the OPOTC minimum standards.

15. To be eligible to take the OPOTC SCE, I must maintain a notebook during the OPOTC course and that notebook must be deemed satisfactory by the commander. The notebook shall contain appropriate entries of pertinent material covered during the classroom sessions of the course. I must submit this notebook to the commander for inspection at the conclusion of the program or other times the commander sees fit. It will be evaluated by the commander on, at a minimum, its sufficiency of course content, organization, and appropriateness of material, regularity of entries, neatness, accuracy, and legibility.

16. To be eligible to take the OPOTC SCE, I must first demonstrate to the satisfaction of my instructors and commander the requisite proficiencies in each skill-based SPO and final physical fitness assessment. I then must pass the written OPOTC SCE with a score of at least 70%. I understand I will have two attempts to pass each skill-based SPO, physical fitness assessment, and state certification exam.

17. I will not disclose any information concerning specific questions on the OPOTC state certification examination.

18. If I request any special accommodations (such as those relating to learning/reading disabilities, dyslexia, etc.) for the SCE, then at least 45 days before the last day of OPOTC topics, my commander must submit written documentation supporting my request to the OPOTC. I understand that if this request and documentation is not submitted by that time, I may be prevented from receiving an accommodation.

B. Medical issues, physical assessments, and waiver of liability & indemnity agreement.

1. I understand that some risks, hazards, or dangers are inherent in the nature of the training and cannot be eliminated or reduced, including those that can cause physical or emotional injury, disability, or death. I understand and agree that I am participating in this training course at my own risk.

   I understand that the training involves a degree of physical exercise and physical contact, which involves a risk of injury to me.

   I understand that I will have to endure some degree of discomfort or pain during the application, instruction, or demonstration of certain techniques and/or certain training sessions.

2. I have received a medical examination and medical approval signed by a medical doctor (MD), osteopath (DO), physician's assistant (PA), or certified nurse practitioner (CNP) licensed by the Ohio State Medical Board, the Ohio State Board of Nursing, a neighboring state's equivalent, or a medical professional with the US Department of Veterans' Affairs.

3. If I have a medical or other condition and have been medically cleared to participate in the training, I understand that participation may exacerbate the condition.

4. If I develop or am diagnosed with any such illness, injury, condition, disability, or condition during the course of the training program, I shall promptly notify my commander, instructors, and school personnel and resubmit to a medical examination and obtain approval from a medical provider acceptable to OPOTC in order to continue to participate in training.

5. I am in good physical and mental health, I agree to abide by the course safety rules and instructions given by the instructors, and I agree that to receive a letter of completion or a peace officer training certificate for this training I must pass all applicable tests and test components, including but not limited to sit-ups, push-ups, and a 1.5-mile run.

6. I have been informed by the commander of the physical fitness requirements for my age and sex, and I understand that I must meet these requirements in each component of a physical assessment, which will be held within the last 80 hours of scheduled OPOTC topics. I further understand that I will be given two opportunities to meet those requirements. I understand that if I fail any requirement during my first attempt, I must meet the requirements for all three events during the second attempt. I understand that an unexcused absence from an assessment constitutes a failure of the OPOTC physical fitness assessment. It is my obligation to notify my commander before a scheduled assessment, if I suffer any illness, injury, or condition, which might preclude my participation in the assessment. I understand that if I suffer illness or injury during an attempt, the attempt will be counted as a failure.

If I wish to request an extension of time for an assessment for medical reasons, I understand that I must give the commander a written excuse, signed by a medical doctor (MD), osteopath (DO), physician's assistant (PA), certified nurse practitioner (CNP) licensed in Ohio, on a form prescribed by the OPOTC. If I am granted an extension of time to complete the assessment I will receive a letter from the OPOTC Executive Director notifying me of the extension, and a deadline date for when I must complete the physical assessment, I must complete the make-up assessment and re-test (if necessary) before my extension expires, and it must be completed at the enrolled academy training facility.

C. I understand that OPOTC provides class curriculum and assumes no responsibility other than the opportunity to learn under supervision, and as such I waive any and all claims that I may have against OPOTC, the Attorney General's Office, the State of Ohio, and its employees and agents, including but not limited to any and all liability claims or demands for personal injury, sickness, or death, as well as property damages and expenses, of any nature whatsoever which may be incurred while participating in the above referenced program or in any medical procedure arising out of or related to my participation in such program, including but not limited to any training conducted at the OPOTC approved school and at any and all state training locations from any cause whatsoever, including any claims or demands based upon negligence. I release OPOTC, the Attorney General's Office, the State of Ohio, and its employees and agents, from any and all liability, and I further agree to indemnify the OPOTC, the Attorney General's Office, the State of Ohio, and its employees and agents, from any loss, liability, damage, or cost, including reasonable attorney's fees, that may occur due to my participation in the above referenced program or in any medical procedure arising out of or related to my participation in such program, whether or not such loss, liability, damage, or cost results from the negligence or other action, except intentional acts. I understand and intend that this release of liability shall be effective and binding upon my heirs, next of kin executors, administrators and assigns in the event of my death. Authorization for use or disclosure of drug screen information.

1. I consent to submit to a drug screen and to furnish a sample of my urine for analysis to a testing facility designated by the commander in order to be eligible to attend peace officer basic training.

2. I authorize and give full permission to have the laboratory or other testing facility to release any and all documentation relating to such screen to the above listed commander or designee. I further agree to and hereby authorize the release of the results of said tests to the commander, their designee, or the OPOTC.

3. I understand that my sample will be screened for the following substances and concentrations:

Initial test analyte	Initial test cutoff concentration	Confirmatory test analyte	Confirmatory test cutoff concentration
Marijuana metabolites	50 ng/mL	THCA	15 ng/mL
Cocaine metabolites	150 ng/mL	Benzoylecgonine	100 ng/mL
Codeine/Morphine	2,000 ng/mL	Codeine Morphine	2,000 ng/mL 2,000 ng/mL
Hydrocodone/Hydromorphone	300 ng/ml	Hydrocodone Hydromorphone	100 ng/ml 100 ng/ml
Oxycodone/Oxymorphone	100 ng/ml	Oxycodone Oxymorphone	100 ng/ml 100 ng/ml
6-Acetylmorphine	10 ng/mL	6-Acetylmorphine	10 ng/mL
Phencyclidine	25 ng/mL	Phencyclidine	25 ng/mL
Amphetamine/Methamphetamine	500 ng/mL	Amphetamine Methamphetamine	250 ng/mL 250 ng/mL
MDMA/MDA	500 ng/ml	MDMA MDA	250 ng/ml 250 ng/ml

4. I understand that a positive result, refusal to authorize the screens by signing this form, failure to take the specified screens, or failure to produce a specimen may preclude me from attending this academy.

5. I understand that I must provide proof within 72 hours of a positive test that I am taking a controlled substance as directed pursuant to a lawful prescription issued in my name if that substance causes a positive result.

6. I understand that the OPOTC approved school is not a covered entity and is not subject to the privacy requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). I understand that there is a potential that information disclosed to the OPOTC approved school may be subjected to redisclosure by the OPOTC approved school, and not protected from such redisclosure by federal law or federal rule.

7. I understand that I may revoke this authorization in writing submitted at any time to the OPOTC approved school except to the extent that action has been taken in reliance on this authorization. If this authorization has not been revoked, it will terminate two years from the date of my signature.

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Office 800-346-7682

STUDENT HANDBOOK ACKNOWLEDGMENT AND VERIFICATION

My signature below indicates that I have received, read and agree to abide by the Ohio Revised Code, the Ohio Administrative Code, the Peace Officer Basic Training Student Handbook, and the above-listed forms, and that if any of the information contained in the Handbook needs additional information or explanation, that information or explanation is detailed below.

ADDITIONAL INFORMATION OR EXPLANATION:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

(Attach additional documentation if needed)

_____	_____	_____
Student's Name (please print)	Student's Signature	Date
_____	_____	_____
Witness Name (please print)	Witness Signature	Date

_____ _____

School Name School Number

Effective 05.20.2026

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800-346-7682

P.O. Box 309
London, Ohio 43140
www.OhioAttorneyGeneral.gov

Student Enrollment/Certification Record

Information on this form MUST be typed; handwritten copies will not be accepted. Please double check for accuracy.

Student Information:

Name:_____ Alias:_____
Last First Middle

Home Address: _____
No./Street and/or P.O. Box City County State Zip Code

Phone Number_____-_____-_____ Male _____ Female_____ DOB: _____ SSN (Last 5): _____

*Email Address: _____ ***Important Note:** *This email address will be used as the primary source of communication between you and OPOTC from the start of the academy through completion of the State Certification Exam (SCE). Please be sure to enter an email address that can be checked regularly for OPOTC correspondence.*

Operator's License Number: _____ State: _____ Expiration Date: _____

Complete if applicable:

Appointing/Employing Agency _____ Agency County _____

Agency Email_____

Date of Appointment/Employment _____ Position/Title _____

Race: _____ American Indian/Alaska Native _____ Asian _____ Black/African American _____ Hispanic/Latino

_____ Native Hawaiian/Pacific Islander _____ White _____ Other

Education: _____ High School Diploma _____ GED

Student Status:

Peace Officer	_____ Basic Training
Private Security	_____ Academic _____Revolver _____Shotgun _____Semi-Auto Pistol _____REQ
Corrections	_____ Basic Training _____ Prior Equivalent
Public Safety	_____ Basic Training

_____ _____ _____ _____
Commander's Signature *Date* *School Name* *School Number*

OPOTC Use Only

_____Approved _____Open Enrollment _____Withdrawn _____Failed _____Dismissed

Private Security Requal Due Date: _____ Date Approved: _____

Last Date of Class:_____ Exam Date: _____ Certification Specialist Initials: _____

Certificate Number: _____ Date Certificate Issued:_____

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P.O. Box 309
London, OH 43140

REQUEST FOR NATIONAL WEBCHECK®

All information must be typed or printed.

For those applying to attend an Academy, return this completed form to your commander.

INSTRUCTIONS TO NATIONAL WEBCHECK® FACILITY

- Transaction Type is both BCI and FBI
- Reason Fingerprinted is "Law Enforcement Employment" or "Law Enforcement/Criminal Justice" for BCI and "Law" for FBI
- This is a **Direct Copy** transaction to the Ohio Peace Officer Training Academy (OPOTA). No address needs to be entered.
- In the event that an electronic WebCheck® is not an option, Fingerprint Cards can be submitted. Please email AskOPOTA@OhioAGO.gov for assistance regarding the process and requirements.

TO BE COMPLETED BY APPLICANT

I am scheduled to attend an Ohio Peace Officer Training Commission-approved Program to be held at:

_____ beginning on _____
(Academy Name) *(Date)*

OR

I am applying for reciprocity licensure or certification as a peace officer in the State of Ohio.

As part of the enrollment process, OPOTC requires that I have a criminal record background check conducted within 150 days of the above date by the Ohio Bureau of Criminal Identification (BCI) and the Federal Bureau of Identification (FBI). Therefore, I am requesting a National WebCheck®, 10-digit, for law enforcement purposes.

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

Previous Name(s) or Alias: _____ Date of Birth: _____

Last 5 of SSN **ONLY**:_____ **(FULL SOCIAL SECURITY NUMBER REQUIRED AT THE TIME OF FINGERPRINTING)**

Personal Email Address: _____

Address (including P.O. Box, if applicable):_____

City: _____ State: _____ Zip Code: _____

Name of Fingerprinting Agency: _____

Signature of Person Being Fingerprinted: _____ Date Fingerprinted: _____

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Office: 800-346-7682

Family Educational Rights and Privacy Act (FERPA)
20 U.S.C. § 1232g; 34 CFR Part 99

CONSENT TO RELEASE STUDENT INFORMATION

TO ADMINISTRATOR(S) AND/OR STAFF OF:

_____
(College, University, or Career Center that will release the educational records)

Please provide information from the educational records of:

_____
(Name of Student requesting the release of educational records)

to the Ohio Peace Officer Training Commission (OPOTC).

The information to be released under this consent includes any requested records, other than medical records held solely by Student Health Services or the Counseling Center. The information is to be released for the purpose of Ohio Peace Officer Training Commission oversight of, and communication regarding training programs related to Ohio Administrative Code Chapters 109:2-1 through 109:2-18.

I understand the information may be released orally or in the form of copies of written records, photographs, videos, electronic documents, or otherwise, as preferred by the requester. I have a right to inspect any written records released pursuant to this Consent. I understand I may revoke this Consent upon providing written notice to the Commander of the OPOTC-approved school with which I am or was associated and/or enrolled. I further understand that until this revocation is made, this consent shall remain in effect and my educational records will continue to be provided to the Ohio Peace Officer Training Commission for the purposes described above.

Student Name (print) _____
(Name of parent/legal guardian, if student is a minor)

Signature _____
(Signature of parent/legal guardian, if student is a minor)

Student ID Number _____

Date _____

Ohio Peace Officer Training Commission
Office 800-346-7682

Student Health Data

Name: _____ _____ _____ Age:_____ Sex: Male _____ Female_____
Last First Middle

School Name: _____ School Number: _____

Commander Name: _____ Commander Email: _____

Do you have any physical or psychological limitations/injuries that might in any way restrict your full participation in physical activities during training?

_____ Yes _____ No If yes, please describe: _____

_____

_____ _____
Student's Signature Date

This section to be completed by medical professional (medical doctor (MD), osteopath (DO), physician's assistant (PA), or certified nurse practitioner (CNP), licensed by the Ohio State Medical Board or the Ohio State Board of Nursing, or a neighboring state's equivalent, or a medical professional with the US Department of Veterans' Affairs.): This physical examination should ascertain any conditions which may preclude the student's ability to participate in, or which may be aggravated by, strenuous physical exercise. As a part of peace officer basic training, the student will engage in calisthenics, running, jumping, wrestling, unarmed self-defense, firearms, driving and other physically demanding exercises.
Height: _____ feet _____ inches Weight: _____ pounds Resting Pulse Rate: _____ beats per minute Blood Pressure: _____/ _____

Does the patient have a medical history of, or presently demonstrate symptoms of, any of the following?

Yes	No		Yes	No	
____	____	1. Uncorrected visual deficiency	____	____	9. Dizziness/Fainting
____	____	2. Major impairment of the senses	____	____	10. Back/Neck injury or recurrent pain
____	____	3. Asthma or Breathing difficulties	____	____	11. Pregnancy
____	____	4. Heart attack; Angina Pectoris	____	____	12. Communicable diseases
____	____	5. Stroke	____	____	13. Amputation/Prosthetic devices
____	____	6. Hemorrhage	____	____	14. Bone/joint injury or recurrent pain
____	____	7. Hypertension	____	____	15. Taking medication
____	____	8. Allergies _____	____	____	16. Under physician's continuing care

Please note any other condition(s) not listed above which may affect the student's participation. Also please explain each "Yes" response above, indicating the item number:

_____

_____

As a result of my physical examination, I have determined that the student can, without limitation, safely function in all phases of strenuous physical training including, but not limited to, calisthenics, running, jumping, wrestling, unarmed self-defense, firearms, driving and a physical fitness assessment consisting of sit-ups, push-ups, and a timed 1.5 mile run.

_____ _____
Signature of Medical Professional Printed/Typed Name with Title (MD, DO, PA or CNP)

_____ _____ _____
License Number Issuing State Phone Number

_____ _____
Address Date of Examination

_____
City, State, Zip

***Please give completed form back to the student to return to the commander or send to the above noted commander's email address.**