Ohio Peace Officer Training Commission
Office 800-346-7682

P.O. Box 309
London, OH 43140

OUT-OF-STATE OCCUPATIONAL CERTIFICATE EQUIVALENT REQUEST

Complete all portions of this form. Electronically submit to ProfessionalStandards@OhioAGO.gov **and include**:

1) Documentation demonstrating the applicant's applicable employment history immediately preceding the date of application. All applicants must provide verification from each law enforcement employer confirming full-time employment status, defined as an average of at least 30 hours per week. Federal applicants must also provide an official description of their law enforcement duties;
2) Information concerning the applicant's current or prior licenses or certificates (if applicable), including a copy of the license/certificate, the date the license/certificate was obtained, and the date of expiration (if any);
3) Completed National WebCheck® (**required for peace officers only**). This must be completed prior to application submission.

SELECT OCCUPATION: ☐ Corrections Officer ☐ Peace Officer ☐ Other _____

APPLICANT INFORMATION	1. Name (Last) (First) (Middle)			2. Last 5 of SSN
3. Alias (Last) (First) (Middle)				
4. Birth date (mm/dd/yyyy)	5. Gender	6. Race	7. Email Address	8. Phone Number
9. Home Mailing Address (#/Street/PO Box) (City) (State) (Zip Code) (County Name)				
10. Training Academy (Academy Name, City, State) (Dates of Training – From/To)				

APPLICANT EMPLOYMENT HISTORY

List all relevant employment experience. Use additional copies of "this page" as needed to complete employment history.

11. Employed By (Agency Name, County, and State):				12. From (mm/dd/yyyy):	To (mm/dd/yyyy):
13. Employment Status (Check Appropriate Box) ____ Full-Time ____ Part-Time	____ Auxiliary	____ Reserve	____ Special	____ Seasonal	

14. Employed By (Agency Name, County, and State):				15. From (mm/dd/yyyy):	To (mm/dd/yyyy):
16. Employment Status (Check Appropriate Box) ____ Full-Time ____ Part-Time	____ Auxiliary	____ Reserve	____ Special	____ Seasonal	

17. Employed By (Agency Name, County, and State):				18. From (mm/dd/yyyy):	To (mm/dd/yyyy):
19. Employment Status (Check Appropriate Box) ____ Full-Time ____ Part-Time	____ Auxiliary	____ Reserve	____ Special	____ Seasonal	

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 may be a criminal violation.

17. Signature	18. Printed Name (First, Middle, & Last Name)	19. Date
20. Witness Signature	21. Witness Printed Name (First, Middle, & Last Name)	22. 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

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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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City: _____ State: _____ Zip Code: _____

Name of Fingerprinting Agency: _____

Signature of Person Being Fingerprinted: _____ Date Fingerprinted: _____