



## **INFORMATION REGARDING RECIPROCAL OCCUPATIONAL CERTIFICATE REQUESTS**

There are three avenues by which an individual can seek reciprocity licensure in the State of Ohio. It is anticipated that most applications will be evaluated under R.C. 4796.03 (those with out-of-state occupational licenses or government certifications) or R.C. 4796.05 (those with adequate work experience in a state that doesn't offer licensure in a particular field, or adequate experience obtained in the uniformed services). However, in the uncommon situation where an applicant has a private certification and seeks licensure from OPOTC, that individual's application will be evaluated under the criteria set forth in R.C. 4796.04 and summarized below.

### **R.C. 4796.03 – Licensure of out-of-state licensee or certificate holder**

Ohio Revised Code section 4796.03 allows individuals with out-of-state occupational licenses or government certifications to seek licensure in Ohio. This applies to licenses or certificates issued by the uniformed services or the government of another state to an individual in order for that person to engage in a particular profession or occupation. An applicant must meet the following minimum criteria to be eligible for licensure under R.C. 4796.03:

- The applicant must hold either: (1) a substantially similar out-of-state occupational license that authorizes the applicant to engage in the same profession or occupation as the license for which the applicant is applying; or (2) a government certification in the same profession or occupation for which the applicant is applying from the uniformed services or a state that does not issue out-of-state occupational licenses for that profession.
- The applicant must have held the license or certificate for at least one year immediately preceding the date of application, with active engagement in the relevant occupation for at least one year within the five-year period immediately preceding the date of application.
- The applicant must be in good standing in all jurisdictions where they hold a license or certification.
- The applicant is required to satisfy minimum education, training, or experience requirements, and must successfully pass the state examination before the application will be considered complete.
- The applicant must not have surrendered or had revoked any license or government certification due to negligence or intentional misconduct related to the applicant's work in that same profession or occupation.
- The applicant must pay the appropriate fee determined by OPOTC.
- The applicant must not have plead guilty to or been convicted of certain criminal offenses that would disqualify that person from licensure under OPOTC's laws and administrative rules.

### **R.C. 4796.04 – Licensure of private certification holder**

Ohio Revised Code section 4796.04 provides an avenue for licensure for those applicants who have a private certification, which is an authorization from a private organization related to the performance of a profession or occupation and by which the individual may hold himself or herself out as certified by the organization. In order to qualify for reciprocity licensure under this section, an applicant must meet the following criteria:

- The applicant must have held the private certification for at least two years immediately preceding the date the application is submitted AND have been actively engaged in the same profession or occupation as the license sought for at least two of the five years immediately preceding the date of application.
- The applicant must be in good standing with the organization that issued the private certification.
- The applicant must not have surrendered or had revoked any license or government certification due to negligence or intentional misconduct related to the applicant's work in that same profession or occupation.
- The applicant must pay the appropriate fee determined by OPOTC.
- The applicant must not have plead guilty to or been convicted of certain criminal offenses that would disqualify that person from licensure under OPOTC's laws and administrative rules.

### **R.C. 4796.05 – Licensure of individual with adequate work experience**

Ohio Revised Code section 4796.05 outlines the licensure process for individuals with adequate work experience. Under this provision, a licensing authority will issue a license or government certification if the following are met:

- The applicant must have been actively engaged in the same profession, occupation, or activity as the license or certification applied for, in a state that does not issue an out-of-state occupational license or in service of the uniformed services, for at least three of the five years immediately preceding the date of application.
  - *This clause means that an applicant seeking licensure must have actively worked in the same field as the license they are applying for. This work should have been in a state that doesn't issue licenses to those from other states or while serving in the uniformed services. The applicant must have been engaged in this work for at least three years within the five-year period immediately before they submit their application. The work experience requirement is part of assessing the applicant's qualifications for the license they seek.*
- The applicant must not have surrendered or had revoked any license or certification due to negligence or intentional misconduct related to the applicant's work in that same profession or occupation.
- The applicant must pay the appropriate fee determined by the licensing authority.
- The applicant must not have plead guilty to or been convicted of certain criminal offenses that would disqualify that person from licensure under OPOTC's laws and administrative rules.

**Waiver:** OPOTC has the discretion to waive the requirement that an applicant must have actively engaged in the profession for a certain period preceding the application, in addition to the requirement that the applicant must have held their out-of-state occupational license, government certification, or private certification for a certain minimum period. [R.C. 4796.03\(B\)\(2\)](#), [R.C. 4796.04\(A\)\(2\)](#), [R.C. 4796.05\(B\)\(2\)](#). Waivers will only be granted in extraordinary circumstances and will be evaluated on a case-by-case basis. Any applicant that wishes to be considered for a waiver shall submit a signed statement detailing the reason(s) for the requested waiver of the requirements in the Code, along with any supporting documentation to support that request.

**Background Checks:** Under [R.C. 4796.08\(B\)](#) and [R.C. 109.77\(E\)](#), an applicant seeking to become a peace officer is required to complete a criminal records check. The attached Request for National WebCheck (NWC) form must be completed and delivered to an NWC location. The NWC agency may charge a processing fee to the officer; however, because the background check is for law enforcement purposes, BCI and FBI fees should be waived. After your fingerprints are scanned at the NWC site, electronically send the signed NWC form with you Request for Reciprocal Occupational Certificate Form (SF410unv) to [ProfessionalStandards@OhioAGO.gov](mailto:ProfessionalStandards@OhioAGO.gov) of the Ohio Peace Officer Training Commission.

- NWC locations can be found at this site: <https://www.ohioattorneygeneral.gov/Business/Services-for-Business/WebCheck/Webcheck-Community-Listing>

**State Test:** All applicants shall be required to sit for and successfully complete a statewide certification exam set forth in [R.C. 4796.08\(A\)](#) and, prior to carrying a firearm during the course of their official duties, shall successfully complete a firearms requalification course pursuant to [R.C. 109.801](#).

**Determination:** Pursuant to [R.C. 4796.20](#), the applicant will receive a Reciprocal Occupational determination letter within sixty days from the date that a "complete" application has been received. An application is not considered complete until the applicant has submitted a completed application with all necessary documentation, and the results of the criminal records check (if applicable) have been received.

If you require additional information on this process, please call and ask to speak to a Certification Specialist.



# DAVE YOST

OHIO ATTORNEY GENERAL



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## REQUEST FOR RECIPROCAL OCCUPATIONAL CERTIFICATE

Complete all portions of this form. Electronically submit to [ProfessionalStandards@OhioAGO.gov](mailto:ProfessionalStandards@OhioAGO.gov) and include:

- 1) Documentation demonstrating the applicant's employment history for the five-year period immediately preceding the date of application. Along with the list of employment, an applicant must provide documentation from each employer which demonstrates the number of hours worked for that employer, in addition to a description of the applicant's job 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 Request for National WebCheck (**required for peace officers only**).
- 4) Fees will be applied to Private Security Certificates at the time of examination.

**SELECT OCCUPATION:** Corrections Officer: \_\_\_\_\_ Private Security Officer: \_\_\_\_\_ Peace Officer: \_\_\_\_\_ Other: \_\_\_\_\_

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

### APPLICANT EMPLOYMENT HISTORY

Please list all relevant employment experience within the five-year period immediately preceding the date of application. Use additional copies of page 2, as needed, to complete this list.

9. Employed By (Agency Name, County, and State):		10. From (mm/dd/yyyy):	To (mm/dd/yyyy):	
11. Employment Status (Check Appropriate Box) ___ Full-Time ___ Part-Time		___ Auxiliary	___ Reserve	___ Special ___ Seasonal

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

I attest that the information provided on 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.

15. Signature	16. Printed Name (First, Middle, & Last Name)	17. Date
18. Witness Signature	19. Witness Printed Name (First, Middle, & Last Name)	20. Date



**DAVE YOST**

OHIO ATTORNEY GENERAL



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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](mailto: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)

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name of Fingerprinting Agency: \_\_\_\_\_

Signature of Person Being Fingerprinted: \_\_\_\_\_ Date Fingerprinted: \_\_\_\_\_



**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 1-21, 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 been convicted of a misdemeanor crime of domestic violence? \_\_\_\_\_ YES \_\_\_\_\_ NO
20. 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
21. Do you currently have criminal charges pending in any jurisdiction? \_\_\_\_\_ YES \_\_\_\_\_ NO

**If you answer no to questions 22-23, please provide a separate statement of explanation and supporting documentation.**

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