

2022 Continuing Professional Training Pre-Approval Application Form for Agency-Provided CPT

Instructions and Notice of Obligations

CPT pre-approval can include instruction created and/or delivered by the law enforcement agency or instruction provided by a third-party individual or program as retained by the appointing authority and with approval under Ohio Administrative Code (OAC) 109:2-18-03.

Only an appointing authority (an agency or entity that appoints peace officers or troopers who will receive training) may submit this application. Forms submitted by outside companies, instructors or other persons will not be processed or acknowledged. OAC 109:2-18-03 (B)

CPT training for 2022, which is set forth by statute and administrative code, must be administered between Jan. 1, 2022 and Dec. 31, 2022. Agency-created and/or agency-provided CPT programs must be conducted with a formal, written lesson plan or accompanied by a syllabus showing the content to be covered as well as the associated hours. OAC 109:2-18-03(A)(1)

A complete list of instructor and training requirements can be found in Section 109:2-18-03 of the Ohio Administrative Code (OAC). Agency staff and legal counsel should review the OAC prior to submission to ensure that the submission complies with the administrative code requirements.

Fill in all fields on pages 2-4 and, if needed, pages 5-6. Also complete the Request for Topic Approval, on Page 7; the Topic Outline, on pages 8-9; and the Timeline for Execution, on Page 11. Submit the completed application, including all supporting documents, at least 30 days before the intended start date of the training.

Applications must include sufficient documentation for OPOTC staff to verify that: (1) the training requirements in Section 109:2-18-03 of the administrative code will be met by the agency; (2) the Topic Outline (pages 8-9) and Timeline of Execution (Page 11) identify the content to which the requested hours intend to satisfy, and (3) the instructors (pages 4-6) have the required credentials.

Please ensure that your application is complete and accurate before sending. Incomplete applications will be returned unprocessed to the sender and could delay the agency's ability to offer the course. The form and supporting documents should be sent by e-mail to: <u>CPTPreApprovals@OhioAGO.gov</u>

Compliance With Legal Requirements

By submitting this pre-approval application, the appointing authority, instructors and any named contact persons agree to comply with all continuing professional training statutes and the Ohio Administrative Code.

Training Venue

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 only 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 on ranges approved by the appointing authority for annual inservice firearms requalification. OAC 109:2-18-03 (A)(2)

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. (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, at a minimum, for no fewer than three years. The records shall be made available to the OPOTC executive director upon request. The course approval number, as provided by OPOTC [PCPT #22-xxx], should appear on all sign-in sheets and on any certificates of completion given by the agency.

Attestation of the Appointing Authority (CEO of agency that appoints officers)

With my signature below, I attest to the following:

- 1. I am the sheriff/chief/CEO of my agency, which is the appointing authority of the peace officers or troopers to be trained. The information provided on this form is true and accurate to the best of my knowledge.
- 2. I understand that falsification of any of the information on this request may result in my agency's ineligibility to submit subsequent requests for CPT training and/or instructor approval and may also carry legal consequences.
- 3. 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, with the primary objective being to improve the officer's professional competence.
- 4. The training described herein will be conducted in accordance with the provisions outlined in Ohio Administrative Code 109:2-18, including but not limited to the 2022 CPT training topics.

Name of agency's sheriff/chief/CEO:	
Title:	
Agency:	
Email address:	
Phone number:	
Signature:	Date:

Attestation of the Agency Legal Counsel

With my signature below, I attest to the following:

- 1. I am the legal counsel for the appointing authority and/or agency submitting this request for preapproval of CPT training curriculum.
- I have reviewed the curriculum being submitted as well as the 2022 CPT general topics (see Page 12) as set by the Ohio Peace Officer Training Commission (OPOTC). To the best of my knowledge, this curriculum meets the topic criteria and hours for 2022 CPT as indicated with the information provided on pages 8, 9, and 11.
- This training serves a recognized law enforcement purpose and contains significant intellectual and/or practical content, with the primary objective being to improve officers' professional competence. I have verified that both the statutory and case law content are current, accurate and relevant.
- 4. 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 the agency's ineligibility to submit subsequent requests for CPT training and/or instructor approval.

Name of agency's legal counsel:	
Title:	
Attorney's Ohio Supreme Court number:	
Agency:	
Email address:	
Phone number:	
Signature:	_ Date:

Agency Contact Information

Name of agency's contact person:
Title:
Agency:
Agency address:
Email address:
Phone number:

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 must be attached.

Instructor 1
Name: Title:
Phone number: Email address:
Employer name:
Employer address:
Please select one of the following two options:
 ☐ The instructor listed above is qualified to teach Continuing Professional Training (CPT) in at least one of the following two ways. OAC 109:2-18-03 (A)(4)(a)-(b)
Check all that apply, and be sure to attach supporting documentation.
a)
 The instructor is an Ohio Peace Officer Training Commission (OPOTC)-certified Peace Officer Basic Training instructor.
Certificate number:
or
\Box The instructor has, at a minimum, a four-year college degree.
University that degree was awarded by:
or
The instructor has completed an instructional skills course approved by the executive director of OPOTC.
Be sure to attach a copy of instructor's course certificate or the date and location of the OPOTA course.
or
b) The instructor is a certified or licensed professional and is providing instruction in a subject area directly related to the field in which he or she is certified or licensed.
2. CPT training will be conducted via instruction provided by a third-party individual or program as retained by the appointing authority and with approval under OAC 109:2-18-03 (A)(4)(C). Be sure to attach supporting documentation.
FOR OPOTC USE
Instructor is: APPROVED NOT APPROVED

Instructor 2

Instruc	ctor ∠	-
Name:		Title:
Phone	num	ber: Email address:
Emplo	yer n	ame:
Emplo	yer a	ddress:
		ect one of the following two options:
1.		The instructor listed above is qualified to teach Continuing Professional Training (CPT) in east one of the following two ways. OAC 109:2-18-03 (A)(4)(a)-(b)
	Ch	eck all that apply, and be sure to attach supporting documentation .
	a)	\Box The instructor has at least five (5) 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
		\Box The instructor has, at a minimum, a four-year college degree.
		University that degree was awarded by:
		or
		☐ The instructor has completed an instructional skills course approved by the executive director of OPOTC.
		Be sure to attach a copy of instructor's course certificate or the date and location of the OPOTA course.
	or	
	b)	□ The instructor is a certified or licensed professional and is providing instruction in a subject area directly related to the field in which he or she is certified or licensed.
2.	reta	CPT training will be conducted via instruction provided by a third-party individual or program as ained by the appointing authority and with approval under OAC 109:2-18-03 (A)(4)(C). Be sure to ach supporting documentation.
		FOR OPOTC USE
Instruc	ctor is	s: APPROVED NOT APPROVED

Instructor 3

Name:		Title:				
Phone	Phone number: Email address:					
		e:				
Emplo	yer addr	'ess:				
Please	e select o	one of the following two options:				
1.		e instructor listed above is qualified to teach Continuing Professional Training (CPT) in st one of the following two ways. OAC 109:2-18-03 (A)(4)(a)-(b)				
	Check	all that apply, and be sure to attach supporting documentation.				
	a) 🗆 at	The instructor has at least five (5) years of full-time law enforcement experience and meets 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				
		\Box The instructor has, at a minimum, a four-year college degree.				
		University that degree was awarded by:				
		or				
		□ The instructor has completed an instructional skills course approved by the executive director of OPOTC.				
		Be sure to attach a copy of instructor's course certificate or the date and location of the OPOTA course.				
	or					
	b) 🗆 are	The instructor is a certified or licensed professional and is providing instruction in a subject a directly related to the field in which he or she is certified or licensed.				
2.	retaine	T training will be conducted via instruction provided by a third-party individual or program as ed by the appointing authority and with approval under OAC 109:2-18-03 (A)(4)(C). Be sure to supporting documentation.				
		FOR OPOTC USE				
Instruc	ctor is:	APPROVED NOT APPROVED				

Requested Topic for Approval

Course category from chart below:_

Course date(s):	Course length (hour	s)

Submit one topic and supporting outline (pages 8, 9 and 11) per application.

Please mark below the CPT topic/category number for which your agency is requesting pre-approval in this course. Hours listed below must match hours indicated on the outline completed on pages 8, 9 and 11. Pursuant to Section 109:2-18-03(A)(3), training must be conducted in blocks of no less than one hour. Please note that 50 minutes of actual instruction or other approved training activity constitutes one credit hour. *Refer to Page 12 for CPT details and additional information.*

Topic/Category number	OPOTC-approved CPT categories	Hours to be
See Page 12.	Choose only one (1) topic per application.	instructed
1	Diversity, Inclusion and Equity	4 hours
2	Responding to Mental Health	4 hours
3	Use of Force	4 hours
4	Legal Updates	4 hours
5	Officer Personal Wellness	4 hours
6	Responding to Sexual Assaults	4 hours
7	Domestic Violence	4 hours
	Below are topics from the Ohio Collaborative	
8	Law Enforcement Response to Mass Protests/Demonstrations	
9	Standards for Law Enforcement Vehicular Pursuit	
10	Investigation of Employee Misconduct	
11	Bias Free Policing	
12	Law Enforcement Telecommunicator Training	
13	Body-Worn Cameras	
14	Use of Deadly Force	
15	Employee Recruitment and Hiring	
16	Community Engagement	
17	Agency Wellness	

Complete the outline on pages 8, 9 and 11 showing content and hours for the topic to be covered. **Only an outline is needed**, not the formal, written plan.

Agency acknowledges that the CPT program shall be conducted with a formal, written lesson plan or accompanied by a syllabus showing the content to be covered and the associated hours. OAC 109:2-18-03(A)(1)



TOPIC Outline

Instructor Information

Insert the information provided for Instructor #1 on the CPT approval form.

Topic Overview

<u>Use this overview section to provide a brief summary of the topic and reason for the course. The</u> <u>descriptions shown are for example purposes only: replace them with meaningful descriptions related to</u> <u>your topic.</u>

The Objective(s)

Include a list of objectives that you expect the learner to retain/complete during the session. The descriptions shown are for example purposes only: replace them with meaningful descriptions related to your topic.

Course Content

Provide content information for each objective provided. The descriptions shown are for example purposes only: replace them with meaningful descriptions related to your topic.

Objective 1:

Objective 2:

Objective #3:

Timeline for Execution

The table below serves as an example for the information you should enter in the table on Page 11. Please remember to include all pertinent dates, descriptions and other requested details.

Start Date	End Date	Module	Description	Anticipated Time
Feb 15, 2022	Feb 15, 2022	Welcome and overview	Introductions, expectations and program overview	30 mins
Feb 15, 2022	Feb 15, 2022	Objective 1	 Identify the dimensions of wellness Identify factors (such as genetic, environmental, or lifestyle behaviors) that influence each dimension of wellness Recognize how dimensions of wellness are interrelated 	1 hour
Feb 15, 2022	Feb 15, 2022	Objective 2	 Recognize the relationship between personal health behaviors and wellness Students will be able to understand the relationship between personal behaviors and lifelong health and wellness. 	1 hour
Feb 15, 2022	Feb 15, 2022	Objective 3	 Identify a realistic wellness plan Students will identify and implement strategies to improve their wellness Recognize strategies that can be used to maintain a healthy lifestyle 	1 hour
Feb 15, 2022	Feb 15, 2022	Closing, Questions, and Assessments	Answer any unanswered questions about the course. Have dialogue about wellness. Provide resources and give assessments	30 mins
Total:				4 hours

Timeline for Execution

Start Date	End Date	Module	Description	Anticipated Time
L	<u> </u>	<u> </u>	Total hours	

2022 CPT CURRICULUM INFORMATION

For calendar year 2022, peace officers and troopers in the state of Ohio must receive twenty-four (24) hours of Continuing Professional Training (CPT). The Ohio Peace Officer Training Commission (OPOTC) on Aug. 16, 2021, approved the general topics that peace officers and troopers must take in 2022. Those topics are:

Initial 16 hours from topics 1-7:

The four hours of mandatory *Diversity, Inclusion and Equity,* plus three other courses (four hours each) from the list below, total 16 hours.

- 1. Diversity, Inclusion and Equity 4 hours (Mandatory)
- 2. Responding to Mental Health 4 hours
- 3. Use of Force 4 hours
- 4. Legal Updates 4 hours
- 5. Officer Personal Wellness 4 hours
- 6. Responding to Sexual Assaults 4 hours
- 7. Domestic Violence 4 hours

Final 8 hours:

- The final 8 hours of topics are selected by the agency CEO.
- Topics can be from two of the remaining three topics listed above. and/or
- Topics related to the Ohio Collaborative's standards listed below as numbers 8-17.
 - \circ $\,$ Topics 8-17 must be instructed in lengths of no less that one hour.
- 8. Law Enforcement Response to Mass Protests/Demonstrations
- 9. Standards for Law Enforcement Vehicular Pursuit
- 10. Investigation of Employee Misconduct
- 11. Bias Free Policing
- 12. Law Enforcement Telecommunicator Training
- 13. Body Worn Cameras
- 14. Use of Deadly Force
- 15. Employee Recruitment and Hiring
- 16. Community Engagement
- 17. Agency Wellness



= TO BE COMPLETED BY OPOTC =

Date CPT form was reviewed at OPOTC:				
Form reviewed by:				
OPOTC staff (print name):				
Title:				
gency provided CPT request is:				
APPROVED				
Course approval number: PCPT#22				
NOT-APPROVED				
Reason for not being approved:				
Date and time that agency contact was notified of decision by email:				
OPOTC staff sending notification:				

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