



DAVE YOST
OHIO ATTORNEY GENERAL



Ohio Peace Officer Training Commission
Office 800-346-7682

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

APPLICATION FOR CORRECTION BASIC TRAINING COMMANDER

The application must be completed in its entirety, and signed. Attach additional documentation as requested. The following criteria must be met:

- Must be a high school graduate or possess a GED
- Completion of current OPOTC 80-hour instructional skills course, or OPOTC 14-hour update and 40-hour instructional skills
- Three professional references from criminal justice agency administrators
- Written approval from a sheriff or designee, or a criminal justice agency administrator who is the executive head of a full-service jail
- No convictions for a felony or crime of moral turpitude or any other peace officer disqualifying offense
- Completion of an Ohio Peace Officer Training Commission conference for corrections training school commanders

Return application with all supporting documentation to:

Ohio Peace Officer Training Commission
Professional Standards Division
P.O. Box 309
London, Ohio 43140



APPLICATION FOR CORRECTION BASIC TRAINING COMMANDER

I. PERSONAL DATA

Name _____
First Middle Last

Previous Name(s) or Alias _____

SSN (Last 5) _____ DOB _____ Male _____ Female _____

Mailing Address _____
#/Street/P.O. Box
City State Zip Code County

Phone: Residence (____) _____ Daytime (____) _____

Cell (____) _____ FAX (____) _____

Email _____
NOTE: This email address will be used for OPOTC/OPOTA business-related communications, some of which may be time sensitive.

Department Name: _____

School Name _____
County

School Address _____
#/Street/P.O. Box City State Zip Code

School Phone: (____) _____ School Fax: (____) _____

II. HIGH SCHOOL INFORMATION

Name _____ City _____ State _____ Date of Graduation/Receipt of GED _____

III. COMPLETION OF A COMMISSION APPROVED INSTRUCTIONAL SKILLS COURSE

(After July 1, 2009, 80-Hour Instructor Skills required. After August 1, 2007, 40-Hour Instructor Skills and 14-Hour Update required.)

NOTE: IT IS REQUIRED THAT YOU ATTACH A COPY OF YOUR 40/80-HOUR INSTRUCTOR TRAINING CERTIFICATE AND INSTRUCTOR SKILLS 14-HOUR UPDATE

| Name & Address of Instructor Skills School Completed | Dates Attended (From - To) | Number of Clock Hours | Date Course Completed |
|---|-------------------------------|--------------------------|--------------------------|
| | | | |

| Name & Address of Instructor Skills 14-Hour Update School Completed, if applicable | Dates Attended (From - To) | Number of Clock Hours | Date Course Completed |
|--|-------------------------------|--------------------------|--------------------------|
| | | | |

NOTE: COPIES OF ALL PERTINENT CERTIFICATES MUST BE ATTACHED.

IV. BACKGROUND INFORMATION

Moral turpitude includes any criminal, civil, administrative, employment, or other matter alleging violence, morality, ethics matters and/or sexual misconduct of any sort. Matters of veracity include any criminal, civil, administrative, employment, or other matters alleging theft offenses, falsification of documents, or any other matters where one's honesty has been called into question.

Have you ever been convicted of a convicted of a felony or crime of moral turpitude? _____no _____yes

Have you ever been investigated for, disciplined for, terminated for, matters of veracity or of moral turpitude?
_____no _____yes If yes, include a detailed summary.

V. PROFESSIONAL REFERENCES FROM CRIMINAL JUSTICE AGENCY ADMINISTRATORS

| | NAME | RANK | AGENCY/DEPARTMENT | PHONE |
|----|-------------|-------------|--------------------------|--------------|
| 1. | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ |

Letters must be attached to this form.

VI. APPROVAL FROM EXECUTIVE HEAD OF FULL SERVICE JAIL (Sheriff or Designee or a Criminal Justice Agency Administrator).

I am in agreement with the submission of this application for the above-listed individual to be certified by and through the Ohio Peace Officer Training Commission as a Correction Basic Training School Commander.

Signature

Title

Department/Office

(_____)_____
Phone