



GREENE COUNTY Peace Officer Basic Training

Dear Academy Applicant:

Welcome to the field of Law Enforcement! It is our pleasure to provide you with information on the Peace Officer Basic Training course offered through the Greene County Career Center in Xenia, Ohio. We look forward to traveling with you on your journey into the exciting, yet demanding, arena of police work. Enclosed please find our information/application packet for the upcoming academy course offerings for 2021-2022.

Please feel free to contact the program at Greene County Career Center at 937-372-6941, and speak with either myself (extension 1553) or Tracey R. Cassel (extension 1551) if you need additional assistance. We encourage you to visit our website at www.greeneccc.com. You will find academy information, related law enforcement links and general information on financial aid and other services provided by the Greene County Career Center.

The Peace Officer Basic Training program is eager to put you on the path to realize your dreams of becoming an Ohio Peace Officer.

Sincerely,

Lon Etchison

Lon Etchison, Commander
Greene County Career Center

Greene County Peace Officer Basic Training Academy

The Greene County Criminal Justice Training Academy (GCCJTA) strives for professional distinction in providing state-of-the-art law enforcement training. All training at GCCJTA adheres to the standards set forth by the Ohio Attorney General's office and the Ohio Peace Officer Training Commission. Our instructors come from noted regional law enforcement agencies and provide infinite years of law enforcement experiences and intuition. Greene County Criminal Justice Training Academy is honored to be partnered with area law enforcement agencies in the form of an Advisory Board and resource bank of elite instructors and trainers who lead by example.

Our academy is approximately 845 hours which sets our standards above the minimum state requirement of 740. Our training offers the Basic Peace Officer course and the following certifications:

- Oleoresin Capsicum (OC) Certification
- ASP Certification
- Taser (User Certification)
- Single Officer Response to an Active Shooter

Recruits are responsible to meet all scheduled training hours and provide their own transportation to the training sites. **Attendance is mandatory for all class sessions.** The program of training includes classroom, simulation and field training. The final classroom date is subject to change. The majority of the training will take place at Greene County Criminal Justice training sites; the rest will be at locations around Greene County.

Before submitting your application, please evaluate your personal and business commitments and resources. Compliance with all of the rules and policies set forth by the Academy are mandated. Absence from classes must be made up at the student's expense. Attendance and participation in all facets of training is compulsory and failure to act in accordance with these standards will result in a request for your resignation or dismissal from the academy.

SWORN OFFICERS:

Persons who hold a current oath of office with any Ohio law enforcement agency must meet the following requirements:

- Successfully pass the entry level physical fitness assessment at 15% of the OPOTA academy completion standard
- Be certified by a licensed physician as able to participate in all phases of the academy's strenuous and stressful training (includes disability, chronic illness, pregnancy, etc.)
- Pass a National Webcheck background check

OPEN ENROLLMENT RECRUITS

Those applicants who are not affiliated with a law enforcement agency must meet the following minimum standards:

- Have a valid Driver's License
- Have NO Felony convictions, warrants or investigations pending
- Have NO conviction for any offense stemming from a domestic violence charge, this includes guilty or no contest pleas to lesser charges when the original charge was domestic violence or drug charge.
- Have NO convictions for any drug offense
- Be in violation of Ohio's Child Support Enforcement Laws
- Be certified by a licensed physician as able to participate in all phases of the academy's strenuous and stressful training (includes disability, chronic illness, pregnancy, etc.)
- Successfully pass the entry level physical fitness assessment at 15% of the OPOTA academy completion standard

It is strongly recommended that open enrollment applicants have previous knowledge or experience in the criminal justice field. Applicants will be asked in an oral interview how they have prepared themselves for entrance into the Basic Police Academy, and preference will be given to candidates who can demonstrate appropriate preparation.

Training Equipment and Uniforms

All police academy recruits will wear the designated uniform of the day. This will consist of a navy-blue shirt bearing the Greene County Criminal Justice Academy logo, khaki pants, black shoes, black belt and a navy-blue ball cap bearing the logo, No exceptions. The academy will provide each recruit with instructional materials, books, two academy shirts, and a ball cap. Recruits are responsible for the following additional items by the first day of class:

- Khaki pants/slacks
- Pens, paper and at least four three ring large (3" or greater) notebook binder
- Duty belt with *level two holster* and handcuff case with one pair of handcuffs, key, keepers or belt stays, ammo pouches, ASP baton and holder (the Blackhawk SERPA holster cannot be used without prior permission from the Academy Commander).
- Lists of training equipment and suggested types and vendors will be supplied following the physical assessment, oral review board, and your acceptance into the academy.
- Firearms will be a 9mm, or .40 caliber and must be approved by the Academy Commander.

Academy Conduct

All recruits, instructors and persons associated with the Greene County Criminal Justice Academy will display professional, mature and respectful behavior at all times. The Law Enforcement Code of Ethics must be adhered to as of Day One of the Academy. Any disruptive, disrespectful or unsafe behavior will not be tolerated and could result in disciplinary action to include dismissal from the academy with no refund of monies paid. Academy recruits and personnel shall adhere to the guidelines and policies set forth in the Student Handbook and will be required to sign a statement of understanding prior to beginning the academy.

Recruits are required to follow standards of personal appearance and hygiene:

- Hair for Men-military or tapered hair, off of the ears and no longer than collar length
- Hair for Women-if longer than shoulder length, must be pinned up or otherwise fastened securely to head
- No afros, unless short and neatly barbered
- No unusual hair dyes permitted
- No braids, cornrows, etc. in the hair, except where braided in order to fasten securely to the head (women only)
- No bandanas, hats or do-rags will be worn during classroom instruction
- Men are to be clean-shaven, with no beards, goatees or long sideburns. A mustache may be worn so long as the ends of the mustache do not extend past the ends of the upper lip.
- No facial jewelry of any kind is permitted, including tongue piercings. No earrings are permitted for men or women. There are to be no visible body piercings anywhere else on the body; all jewelry (with the exception of wedding ring) is to be removed before the physical contact portion of the training begins.
- All tattoos must be covered, particularly those of a vulgar or offensive nature. If the tattoos are in an area that cannot be covered, it is highly recommended that the individual consider having them removed.
- Student in the academy must present a clean, neat, professional appearance at all times. Clothing may not have stains, tears or holes, and will be washed and wrinkle free.
- Students will not wear excessive cologne or perfume.
- Beginning with the first day of class, students will be required to keep a typed notebook, to be submitted when requested for inspection and grading.

Cost and Financial Assistance

Tuition is payable either up front, in a payment plan, through financial aid assistance, or a combination of self-pay and financial assistance. **All financial arrangements and/or fees must take place at least two weeks prior to the starting date of the academy.** Failure to comply with deadlines will prevent you from participation in the academy. After enrollment and the beginning of the academy, failure to meet scheduled payment dates will cause you to be terminated from the academy with no refund of monies paid to date. Recruits sponsored and funded by an agency, must provide a letter of intent or purchase order on company letterhead. Please contact Mrs. Tracey Cassel, at tcassel@greeneccc.com or 937-372-6941 ext. 1551 with questions.

Physical Fitness Training

All prospective academy recruits will be required to pass a Pre-Academy Physical Fitness Assessment prior to beginning academy training. Please review the **Pre-Academy Physical Fitness Standards** based on the **15th percentile of the Cooper Fitness Standards** from the Ohio Peace Officer Training Commission. If you fail to meet the Pre-Academy Physical Fitness Standards, you will be eliminated from the process.

Physical conditioning and the successful passing of the Final Physical Fitness Assessment at the end of the academy are compulsory. Please review the **Final Physical Fitness Assessment Standards** based on the **50th percentile of the Cooper Fitness Standards** from the Ohio Peace Officer Training Commission. If you fail to meet the Final Physical Fitness Standards, you will not be able to sit for the state exam and must repeat the entire academy. Although academy staff will condition each recruit during the academy, all are encouraged to begin an exercise regimen prior to, during, and after the academy.

See Fitness Standards Table below.

Ohio Peace Officer Basic Training Program Physical Fitness Standards (50th Percentile*) Age and Gender Minimum Scores

	Pre-Academy (15 th)	Final (50 th)	Pre-Academy (15 th)	Final (50 th)
Sit-ups (1min)	Males (<-29) 32	Males (<-29) 40	Females (<-29) 23	Females (<-29) 35
Push-ups (1 min)	19	33	9	18
1.5 Mile Run	14:34	11:58	17:49	14:07
Sit-ups (1min)	Males(30-39) 28	Males (30-39) 36	Females (30-39) 18	Females (30-39) 27
Push-ups (1 min)	15	27	7	14
1.5 Mile Run	15:13	12:25	18:37	14:34
Sit-ups (1min)	Males(40-49) 22	Males (40-49) 31	Females (40-49) 13	Females (40-49) 22
Push-ups (1 min)	10	21	5	11
1.5 Mile Run	15:58	13:11	19:32	15:24
Sit-ups (1min)	Males(50-59) 17	Males (50-59) 26	Females (50-59) 7	Females (50-59) 17
Push-ups (1 min)	7	15	4* Modified	13* Modified
1.5 Mile Run	17:38	14:16	21:31	17:13
Sit-ups (1min)	Males (60+) 13	Males (60+) 20	Females (60+) 2	Females (60+) 8
Push-ups (1 min)	5	15	1* Modified	8* Modified
1.5 Mile Run	20:12	15:56	23:32	18:52

*Based on, the Cooper Institute, Physical Fitness Specialist Course and Certification. Our instructors provide individualized support services in the area of fitness, goal setting, nutrition and exercise so each recruit can focus on meeting personal and OPOTA standards.

Submit the completed application, the enclosed Ohio Peace Officer Training Commission paperwork, a copy of valid driver's license and proof of insurance to:

**Greene County Criminal Justice Training Academy
c/o Greene County Career Center
Adult Education Building
532 Innovation Drive
Xenia, Ohio 45385**

Applicants will be notified of the date and time they will need to be available for the Physical Assessment entry examination and oral interview.

Greene County Criminal
Justice Training Academy
532 Innovation Drive
Xenia, OH 45385



Adult Education Department
Greene County Career Center
(937) 372-6941 ext. 1551

MEDIA RELEASE

Date: _____

Subject: _____

I do hereby grant and give to Greene County Career Center, its successor and assigns (hereinafter referred to as the school), the right to use, and to permit others to use my name, photograph, testimonial, voice image, or likeness on printed material, printed film, film recording, video tape, or other sound and/or visual device, both single and in conjunction with other persons or objects, for any and all purposes including but not limited to, private or public presentations on the radio, television, in theaters, newspapers, outdoor, direct mail, promotional literature, point-of-purchase material, signs, publicity, and promotion related thereto.

I warrant that I have the right to authorize the foregoing uses and to hereby agree to withhold the School harmless of any and all liability of whatever nature which may arise out of or result from such uses.

Signature

Printed Name

Street Address

City, State, Zip

FULL-TIME PROGRAM APPLICATION INSTRUCTIONS

Adult Education Division

Before You Begin:

- A. All Full-Time Adult Education programs require the student to have completed their high school education. Students must submit a copy of their high school diploma, high school transcript or evidence of GED completion at time of registration.
- B. Processing of Full-Time Program Applications may take several days. To ensure that you are accepted into one of our Full-Time Programs, we encourage you to start the application process today.

Ohio Basic Peace Officer Basic Training Academy Applicants: Contact Commander Lon Etchison at (937) 372-6941, ext. 1553 or Tracey R. Cassel, ext. 1551 to arrange for a personal meeting to review the application process for the Ohio Basic Peace Officer Basic Training Academy.

Application Process:

Step 1: Complete all of the personal information located on the first page of the Full-Time Program Application.

Step 2: Complete all of the financial information on the second page of the Full-Time Program Application.

If you are applying for Pell Grants or Financial Aid, you must:

- A. Apply online at www.studentaid.ed.gov to obtain your FSA ID.
- B. Complete the Free Application for Federal Student Aid (FAFSA) online at www.fafsa.ed.gov
- C. You will need to use the Federal School Code for Greene County Career Center: **016861**
- D. Arrange to meet with the Financial Aid Office prior to the first day of class.

If you will be attending one of our Full-Time Programs through WIA, BVR, TAA, VA, you must:

- A. Contact the appropriate agency:
 - i. Bureau of Vocational Rehabilitation (BVR) at (800) 686-9263.
 - ii. Department of Jobs and Family Services Trade Adjustment Assistance Office (TAA) in the county of your residence. In Greene County call: (937) 562-6151.
 - iii. Ohio Means Jobs in the county of your residence.

Greene County:	Call GreeneWorks at	(937) 562-6565
Clark County:	Call WorkPlus at	(937) 327-1961
Montgomery County:	Call The Job Center at	(937) 496-6720
Warren County:	Call Workforce One at	(513) 695-1130
- B. Bring **Agency Approval Letter** and meet with our Financial Aid Office prior to the first day of class.
- C. **VA Applicants** – Please contact the Veteran's Administration directly and meet with Tracey Cassel, 937-372-6941, ext. 1551 prior to the first day of class.

If you are going to be sponsored by your employer, you must:

- A. Bring a letter from your employer on company letterhead **prior to the first day** of class stating and turn into the Bursar's office:
 - i. The program that you are eligible to enroll in.
 - ii. The amount the employer agrees to remit towards tuition.
 - iii. Signed by a company authorizing agent.

If you are going to be a "Self-Pay", you must:

- A. Pay the entire amount of the tuition for the term prior to the first day of class.
OR
- B. Arrange a payment plan with the Bursar's Office prior to the first day of class.

Step 3: Complete the **Authorization To Release** Information on the third page of the Full-Time Program Application.

Step 4: Bring the completed application, non-refundable registration fee of **\$50.00** and proof of high school graduation or GED to:
Greene County Peace Officer Basic Training Academy Office
 Greene County Career Center
 532 Innovation Drive
 Xenia, Ohio 45385

FULL-TIME PROGRAM APPLICATION
Adult Education Division

STEP 1: PERSONAL INFORMATION

Please Print All Information

Today's Date: ___/___/___

Course Number: _____ Course Name: _____ Course Start Date _____

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

Address: _____
(Street) (City) (State) (Zip Code)

Telephone Number: ___-___-___ E-Mail Address: _____@_____

Cell Phone Number: ___-___-___ Date of Birth: ___/___/___ Social Security Number: ___-___-___

EDUCATIONAL BACKGROUND

Type Of School	Name of School Attended	City and State of School	Major	Dates Attended	Degree/Diploma
GED					
High School					
College/Other					

EMERGENCY CONTACT INFORMATION

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

Address: _____
(Street) (City) (State) (Zip Code)

Telephone Number: ___-___-___ E-Mail Address: _____@_____

Cell Phone Number: ___-___-___ Relationship to You: _____

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

Address: _____
(Street) (City) (State) (Zip Code)

Telephone Number: ___-___-___ E-Mail Address: _____@_____

Cell Phone Number: ___-___-___ Relationship to You: _____

Office Use Only	Registration Fee Paid on:
WorkKeys Assessment Test Date:	Evidence of High School Graduation/GED:
Financial Aid Office Appointment:	Other:

STEP 2: FINANCIAL INFORMATION

METHOD OF PAYMENT

FINANCIAL AID: Pell Grant and Stafford Direct Loan

- | | |
|---|--|
| 1. Will you complete the Free Application for Federal Student Aid (FAFSA)? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 2. Do you live at home with your parent(s)? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 3. Have you attended any other school during the current school year?
If yes, where? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <hr/> | |
| 4. Do you have a Bachelor, Master or Doctorate Degree? | <input type="checkbox"/> YES <input type="checkbox"/> NO |

AGENCY SUPPORT: WIA, BVR, TAA, or VA

- | | |
|---|--|
| 1. Have you contacted the appropriate agency to determine your eligibility? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 2. Do you have an eligibility letter from the agency? | <input type="checkbox"/> YES <input type="checkbox"/> NO |

EMPLOYER SPONSORED

Do you have a letter from your employer verifying tuition sponsorship? YES NO
PO# _____

SELF PAY

Amount of Tuition: _____ Method of Payment: _____

**Please arrange any payment plan with the Bursar's Office prior to the first day of class.*

CERTIFICATE OF COMPLETION is awarded to the student upon satisfactory completion of the course, provided all fees have been paid.

STANDARD FINANCIAL OBLIGATION POLICY:

By signing this agreement, the student accepts financial obligation for the program of study. Financial obligation is based on tuition and fees per academic term. A non-refundable one-time registration fee of \$50.00 is charged to enroll in any Full-Time Program.

SATISFACTORY ACADEMIC/ATTENDANCE PROGRESS (SAP):

The Higher Education Act of 1965 (as amended) requires each student to be making **Satisfactory Academic Progress (SAP)** to be eligible for federal and state financial aid programs. All students enrolled in 600 hour programs or greater, whether or not they receive federal aid, are required to maintain SAP. Please refer to the Student Handbook, Section 5.

CANCELLATION AND REFUND POLICY

All monies paid by an applicant must be refunded if requested within three days after signing an enrollment agreement and making an initial payment. An applicant requesting cancellation more than three days, but prior to entering the school, is entitled to a refund of all monies paid minus an administrative fee of \$50. If such cancellation is made, the school shall promptly refund in full all tuition and fees paid as stated in the Enrollment Agreement and the refund shall be made no later than 30 calendar days after cancellation. This provision shall not apply if the student has already started the program or class.

Students may be entitled to a full refund of monies paid if:

- Student's application is not accepted.
- The class is cancelled.

A refund applies only to tuition. There is no refund on application fees, books, tools, uniforms, or other objects or supplies which become the property of the student.

The amount of Title IV and other aid will be applied to the student's account first, based on the hours attended prior to student's withdraw date to cover tuition. The remaining balance will become the responsibility of the student using the calculation listed in the table below.



Days Enrolled Per Term	Total Tuition School Shall Refund
0-2 Days	100% Refund
3-10 days	50% Refund
Over 10 days	0% Refund

I have read, understand and agree to abide by the Full-Time Program SAP and Refund/Withdrawal Policy. I hereby accept financial responsibility for tuition, textbooks, supplies, tools, and lab fees that are not covered by financial aid, an agency, or employer.

Student Signature: _____ Date: _____

STEP 3: AUTHORIZATION TO RELEASE INFORMATION

FERPA RELEASE:
 The Family Educational Rights and Privacy Act (FERPA) of 1974 is a federal law designed to protect the privacy aspects of a student's educational record that are not considered "directory information." Educational records include financial aid records which are considered confidential and will not be released without written consent. For this reason, it is necessary for the Greene County Career Center Adult Workforce Education Division to obtain permission from a student in order to release financial information not excluded by FERPA laws.

Student Financial Aid cannot release any financial aid information to anyone, including the student's parents, spouses, partnering agencies (WIA, BVR, VA, TAA), or employers without consent from the student.

In accordance with the Federal Education Right and Privacy Act (FERPA) and Student Financial Aid Policy, I authorize the release of my financial information to partnering/sponsoring agencies (including, but not limited to; WIA, BVR, TAA, VA) and my employer of record effective as of this date and until revoked or changed in writing to the Student Financial Aid Office. The release only pertains to any financial aid records.

Signature of Student: _____ Date: _____

In addition, I agree to waive any rights under FERPA and allow the below named person(s) access to my financial records effective as of this date and until revoked or changed in writing to the Student Financial Aid Office.

Name of Individual: _____ Relationship: _____

Name of Individual: _____ Relationship: _____

Signature of Student: _____ Date: _____

AUTHORIZATION TO APPLY FINANCIAL AID TO STUDENT ACCOUNT

I authorize the Greene County Career Center Adult Education Division to use my financial aid to pay all outstanding charges on my student account. **Financial aid can include loans, grants, scholarships, agency funds, employer sponsorship or other institutional, federal, or state funds.**

I agree that if this aid is not directly credited to my account, I will endorse any financial aid check(s) to the Greene County Career Center Adult Education Division. I will not receive any funds until all charges posted to my student account are paid in full. I understand that completion of this form does not guarantee that my student account will be paid in full. **Any balance remaining after disbursement of my financial aid is my responsibility.**

I authorize the Greene County Career Center Adult Education Division to use financial aid funds to pay any non-standard charges assessed to my student account. These charges may include, but are not limited to, the following: book charges, lab/supplies fees, late fees, and/or installment plan fees. I also authorize the Greene County Career Center Adult Education Division to transfer any financial aid funds to any past due balances on my student account.

I understand that this authorization will remain active on my account and is valid for as long as I am a Greene County Career Center Adult Education student. I understand that in order to inactivate this authorization I must do so in writing to the Bursar's Office at 2960 West Enon Road, Xenia, Ohio 45385.

Signature of Student: _____ Date: _____



DAVE YOST
OHIO ATTORNEY GENERAL



Ohio Peace Officer Training Commission
Office 800-346-7682
Fax 740-845-2675

STUDENT DISCLOSURES AND STATEMENT OF UNDERSTANDING

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

Previous Name(s) or Alias: _____

Student SSN (Last 5): _____ Student DOB: _____ School Number: _____

School Name: _____

Please answer the following questions by checking either "Yes" or "No:"

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 ever 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

17a. Have you been convicted of a misdemeanor crime of domestic violence? _____ YES _____ NO

17b. 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

18. Do you currently have criminal charges pending in any jurisdiction? _____ YES _____ NO

19. Do you currently possess a valid driver's license and have driving privileges in the state of Ohio? _____ YES _____ NO

20a. Have you been awarded and do you possess a high school diploma? _____ YES _____ NO

20b. If you answered no to 20a, have you been awarded and do you possess a certificate of high school equivalency? (Explain.) _____ YES _____ NO

BY INITIALING BESIDE EACH STATEMENT, I ACKNOWLEDGE AND UNDERSTAND THE FOLLOWING:

If I provide false information on this form, I may be discharged from this school, and may be charged with a crime.

If a criminal or delinquency charge is filed against me while I am a student of this school, I MUST report it to the Commander 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 be suspended from this school until the case is complete, and at that time, my ability to be reinstated to the school 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 to attend the school.

I hereby grant OPOTC consent to disclose to the Commander 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 school.

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 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.

Signature

Printed Name (First, Middle, & Last Name)

Date

Witness Signature

Witness Printed Name (First, Middle, & Last Name)

Date

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

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 a written 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

Some students are appointed by a peace officer agency prior to completing their academy and becoming certified. These students possess peace officer powers, in their jurisdictions, as soon as they pass the SCE and are issued an Ohio peace officer training certificate.

Other students complete their academy successfully but have not yet received their first peace officer appointment. These students are known as "open enrollment students." They do not initially receive an Ohio peace officer training certificate. Instead, they receive a letter of completion. Once they are appointed by a peace officer agency, they are issued a training certificate (subject to any additional required training that has been mandated in the interim) and they then possess peace officer powers in their jurisdiction. Simplified, peace officer certification requires both completion of training and an agency appointment.

If an open enrollment student obtains an appointment after one year of successfully passing the SCE, the student must take a refresher course and pass a refresher exam before gaining

certification. If an open enrollment student does not get an appointment within two years of successfully passing the SCE, the student must repeat peace officer basic training.

If during the academy your appointment status should change from open enrollment to appointed, or from appointed to open enrollment, you must notify the commander immediately.

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
- SF1.15unv – Student Enrollment/Certification Record
- SF1.02bas – Request for National WebCheck
- SF1.04unv – FERPA Consent to Release Student Information
- SF1.14bas – 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 plead 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 plead, 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	Benzoylcegonine	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.



DAVE YOST
OHIO ATTORNEY GENERAL



Ohio Peace Officer Training Commission
Office 800-346-7682
Fax 740-845-2675

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

REQUEST FOR NATIONAL WEBCHECK®

All information must be typed or printed.

This completed form is to be returned to the commander by the student.

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 entered.

TO BE COMPLETED BY STUDENT

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

_____ beginning on _____
(Academy Name) (Date)

As part of the enrollment process, the 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 Name)

Previous Name(s) or Alias: _____

Date of Birth: _____ Social Security Number: _____

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

City: _____ State: _____ Zip Code: _____

Name of Fingerprinting Agency: _____

Signature of Person Being Fingerprinted: _____ Date Fingerprinted: _____



DAVE YOST
OHIO ATTORNEY GENERAL



Ohio Peace Officer Training Commission
Office 800-346-7682
Fax 740-845-2675

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 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)

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

Student ID Number _____

Date _____



DAVE YOST
OHIO ATTORNEY GENERAL



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 | _____ | _____ |
| _____ | _____ | 2. Major impairment of the senses | _____ | _____ |
| _____ | _____ | 3. Asthma or Breathing difficulties | _____ | _____ |
| _____ | _____ | 4. Heart attack; Angina Pectoris | _____ | _____ |
| _____ | _____ | 5. Stroke | _____ | _____ |
| _____ | _____ | 6. Hemorrhage | _____ | _____ |
| _____ | _____ | 7. Hypertension | _____ | _____ |
| _____ | _____ | 8. Allergies _____ | _____ | _____ |
| | | | _____ | _____ |
| | | | 9. Dizziness/Fainting | |
| | | | 10. Back/Neck injury or recurrent pain | |
| | | | 11. Pregnancy | |
| | | | 12. Communicable diseases | |
| | | | 13. Amputation/Prosthetic devices | |
| | | | 14. Bone/joint injury or recurrent pain | |
| | | | 15. Taking medication | |
| | | | 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.**



DAVE YOST
OHIO ATTORNEY GENERAL



Ohio Peace Officer Training Commission
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: _____

Driver License Number: _____ State: _____ Expiration Date: _____

Complete if applicable & attach SF400 Notice of Appointment:
 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	_____ Refresher	_____ Prior-Equivalent
Private Security	_____ Academic	_____ Revolver	_____ Shotgun _____ Semi-Auto Pistol _____ REQ
Corrections	_____ Basic Training	_____ Prior Equivalent	
Court Officer	_____ Basic Training		

 Commander's Signature Date School Name School Number

OPOTC Use Only

_____ Approved _____ Open Enrollment _____ Withdrawn _____ Failed _____ Dismissed

Private Security Requal Due Date: _____ Approval Date: _____

Last Date of Class: _____ Exam Date: _____ Certification Officer's Initials: _____

Certificate Number: _____ Date Certificate Issued: _____