Important Information

The application packet must contain the most current and up to date forms. Please complete and return the forms printed from the Attorney Generals website so we may process your application in a timely manner. Please only use these forms and not any forms that were kept from previous application packets.

Form Name	Form Number	Revision Date
Personal Information Sheet	None	10/5/07
Student Enrollment Form	**SF 115**	**7/10/06**
Student Health Data Form	**SF114bas (2 pgs)**	**07-10-06**
Peace Officer Commission & Oath of Office	SF116bas	05/01/02 Effective 1/13/03
Physical Fitness Entrance & Exit Standards	None	April, 2005
OPOTC Student Waiver Of Liability & Indemnity Agreement	None	7/10/06
OPOTC Student Acknowledgement Form	None	3/01/07
OPOTC Statement of Understanding	None	1/1/07
Civilian Background Fingerprint Card		
Applicant Fingerprint Card		

Note: Items in bold are required to secure a spot in the upcoming class. No spot will be held without these forms in hand.

OHIO STATE HIGHWAY PATROL ACADEMY
Personal Information Sheet
Please complete entire form

Course Basic Peace Officer Course Course Dates February 4-June 6, 2008

Applicant Name Justin X. Sample

Chief Johnson
Chief or Sheriff Authorizing
(Type or print name)

Chief or Sheriff Authorizing
(Signature)

Anytown Police Department
Agency Name

614-234-5678
Agency Phone Number

614-234-5679
Agency Fax

Chiefjohnson@anytown.pd.oh.gov
Chief's E-mail Address

Sgtsmith@anytown.pd.oh.gov
Training Officer E-mail Address

Spouse Name: Mary L. Sample

Military Information USMC

- Copy of enclosed Commission and Oath of Office from O.P.O.T.C. to verify applicant as a sworn police officer should accompany this application unless officer has not yet been appointed. If not appointed, it shall be hand-carried the first day of class.

- The ***original*** Oath of Office (SF116) and Medical Examination Form (SF 114) ***must be submitted.*** (No copies or signature stamps).

- Mail application, medical , fingerprint cards, computerized criminal history (CCH) using a ZSO search field, and Oath of Office to:

Basic Commander
Ohio State Highway Patrol Training Academy
Office of Recruitment & Training
740 East 17th Avenue
Columbus, OH 43211-2474

To locate forms needed, please use the following path:
www.ag.state.oh.us
Click on the word **forms**
Look for Law Enforcement, then Law Enforcement Training, then click on **Peace Officer Basic Training Forms**
Under OPOTC forms, you will need:
OPOTC Student Acknowledgement Form (6 pages)
OPOTC Waiver of Liability and Indemnity Agreement
Under School Forms, you will need:

SF101unv	Statement of Understanding (2 pages)
SF114bas	OPOTC Student Health Data Form
SF115unv	Student Enrollment/Certification Record
SF116bas	Peace Officer Commission and Oath of Office

OHIO PEACE OFFICER TRAINING COMMISSION

STUDENT ENROLLMENT/CERTIFICATION RECORD

TYPE OR PRINT LEGIBLY IN INK

NAME: Sample (Last) Justin (First) X (M.I.) S.S.N. 123-45-6789

HOME ADDRESS: 123 Main Street (No./Street and/or P.O. Box) Columbus (City) Franklin (County Name) OH (State) 43222 (Zip)

D.O.B. 01/01/1980 PLACE OF BIRTH Columbus (City) Franklin (County) OH (State Or Country)

STUDENT'S HOME PHONE: (614) 123-4567 MALE ✓ FEMALE ____

OPERATOR'S LICENSE # AG123321 ISSUING STATE OH EXPIRATION DATE 01/01/2009

THIS BLOCK NOT TO BE USED BY OPEN ENROLLMENT OR PRIVATE SECURITY STUDENTS:

APPOINTING /EMPLOYING AGENCY Anytown Police Department PHONE # (614) 234-5678

AGENCY ADDRESS 805 Elm Street (STREET #/ P.O. BOX) Columbus (City) Franklin (County) OH (State) 43222 (Zip)

DATE OF APPOINTMENT/EMPLOYMENT 02/01/2008 POSITION/TITLE Police Officer

RACE:

✓ CAUCASIAN ____ AFRICAN AMERICAN ____ NATIVE AMERICAN

____ HISPANIC/LATINO ____ ASIAN/PACIFIC ISLANDER ____ OTHER:

EDUCATION: Highest level attained B.A. in Criminal Justice

STUDENT STATUS:					
PEACE OFFICER	✓ ENTIRE BASIC	____ REFRESHER	____ UPDATE	____ PRIOR - EQUIVALENT	____ REMEDIAL
FULL-SERVICE FACILITY	____ CORRECTION OFFICER	____ PRIOR EQUIVALENT	____ MULTI-SCHOOL		
JAILER	____ 5-DAY FACILITY	____ SWORN P.O.	____ CONTACT	____ 12-HOUR FACILITY	
PRIVATE SECURITY	____ ACADEMIC	____ REVOLVER	____ SEMI AUTO PISTOL	____ SHOTGUN	____ REQ
OTHER	____ BAILIFF/ COURT OFFICER	____ ADULT PAROLE AUTHORITY	____ PROBATION		

LEAVE BLANK
COMMANDER SIGNATURE

LEAVE BLANK
DATE

Ohio State Patrol Academy
SCHOOL NAME

LEAVE BLANK
SCHOOL NUMBER

NO STAMPS/ORIGINAL SIGNATURE ONLY

OPOTC USE ONLY

Exam Date ____ Approval Date ____

Certificate No. ____ Certification Officer's Initials ____

Date Certificate Issued ____ Private Security: Requalification Due Date ____

Last Date of Class ____

SF115unv
Effective 06/01/2001; Revised 11/15/03, 07/10/06

MARC DANN
ATTORNEY GENERAL
STATE OF OHIO

OPOTC STUDENT HEALTH DATA FORM

Name: JUSTIN X. SAMPLE Age: 21 Gender: ☐ Female ☑ Male

School Name: OHIO STATE PATROL ACADEMY School Number: LEAVE BLANK

1. Are you presently under the care of a physician for any reason? ☑ Yes ☐ No

   If "yes," please provide a description of the condition(s) for which you are being treated and provide your attending physician's name and telephone number:

   HIGH CHOLESTEROL - DR. SMITH, M.D. (111) 555-1234

2. Are you pregnant? ☐ Yes ☑ No Expected delivery date: _____

3. Are you taking any medications (to include nutritional supplements and performance enhancers)? ☑ Yes ☐ No

   If "yes," list each medication and identify each as either "prescription" or "over-the-counter:"

   VYTORIN - PRESCRIPTION

4. Have you had surgery or been confined to a hospital within the past two (2) years? ☑ Yes ☐ No

   If "yes," provide a description of the condition/symptoms for which you were treated, provide the name of the hospital, and provide your attending physician's name and telephone number:

   APPENDECTOMY - MEMORIAL HOSPITAL - DR. SMITH, M.D. (111) 555-1234

5. Do you have any allergies? ☐ Yes ☑ No

   If "yes," please describe: _____

6. Please indicate: ☐ Non-smoker ☑ Smoker ☐ Heavy ☑ Moderate ☐ Light

7. Do you have any religious or personal convictions concerning medical treatment of which we should be aware?

   ☐ Yes ☑ No

   If "yes," please describe: _____

8. Do you have any physical or psychological limitations/injuries (recent or old) that might in any way restrict your full participation in physical activities during training?

   ☐ Yes ☑ No

   If "yes," please describe: _____

_____ 01/01/2008

(student signature) (date)

P.O. Box 309/London, OH 43140
Phone: (740) 845-2700 / (800) 346-7682
Fax: (740) 845-2675

* This section to be completed by examining physician *

TO THE PHYSICIAN: 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, and other physically demanding exercises.

Student Name: *****ONLY THE PHYSICIAN SHOULD WRITE ON THIS PAGE*****
(Last) (First) (Middle)

Height (without shoes): _____ 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	____	____	11.	Dizziness
____	____	2.	Major impairment of the senses	____	____	12.	Fainting
____	____	3.	Asthma	____	____	13.	Back and/or neck injury/recurrent pain
____	____	4.	Breathing difficulties	____	____	14.	Chronic earache
____	____	5.	Heart attack	____	____	15.	Pregnancy
____	____	6.	Angina Pectoris	____	____	16.	Communicable diseases
____	____	7.	Stroke	____	____	17.	Amputation/Prosthetic devices
____	____	8.	Hemorrhage	____	____	18.	Bone and/or joint injury/recurrent pain
____	____	9.	Hypertension	____	____	19.	Taking medication
____	____	10.	Allergies	____	____	20.	Under physician's continuing care

Comments: Please explain each "Yes" response, 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 and can safely participate in a physical fitness assessment consisting of sit-ups, push-ups, and a timed 1.5-mile run.

_____ _____
Typed name of examining physician Signature of examining physician

_____ _____
Typed address of examining physician #1 Telephone number of examining physician

_____ _____
Typed address of examining physician #2 Date of examination

P.O. Box 309/London, OH 43140
Phone: (740) 845-2700 / (800) 346-7682
Fax: (740) 845-2675

MARC DANN
ATTORNEY GENERAL
STATE OF OHIO

OHIO PEACE OFFICER TRAINING COMMISSION

PEACE OFFICER COMMISSION AND OATH OF OFFICE

I. TO BE COMPLETED BY APPOINTEE:

On this date, you are hereby appointed as a peace officer to serve as a Police Officer (position/title) for the Anytown Police Department (department name) pursuant to 737.02 (ORC Section)

As such, you shall swear or affirm the following:

I, Justin X. Sample (appointee), do solemnly swear or affirm that I will support the Constitution and Laws of the United States of America, the Constitution and Laws of the State of Ohio, and the Laws and Ordinances of Anytown (political subdivision) and to the best of my ability will discharge the duties of the office of Police Officer (position/title).

_____ 02/08/2008
Signature of Appointee — Date of Appointment

II. TO BE COMPLETED BY APPOINTING AUTHORITY:

By signing below, I hereby swear or affirm that Justin X. Sample (appointee) is appointed to the above position pursuant to the authority vested in me by 737.02 (ORC Section), and that the individual has personally appeared before me and signed this oath in my presence.

_____ _____
Signature of Appointing Authority — Typed Name of Appointing Authority and Title

III. NOTARY:

Sworn to and subscribed before me this _____ day of _____, 20_____.

My commission expires_____ _____
Signature of Notary/Clerk of Courts

OHIO STATE HIGHWAY PATROL BASIC TRAINING ENTRANCE PHYSICAL ASSESSMENT FORM

Applicant's Name Sample (Last) Justin (First) X (MI)

Department/Agency Anytown Police Department

Gender X M _____ F DOB 01 / 01 / 80 Age 28

Assessment Date 01/ 15 / 08 Assessment Location High School Gym

Age and Gender Minimum Scores*		
Exercise	**Males (<29)**	**Females (<29)**
Sit-ups (1 min.)	30	21
Push-ups (1 min.)	18	8
1.5 Mile Run	15:14	18:39
Exercise	**Males (30-39)**	**Females (30-39)**
Sit-ups (1 min.)	26	15
Push-ups (1 min.)	13	6
1.5 Mile Run	15:56	20:13
Exercise	**Males (40-49)**	**Females (40-49)**
Sit-ups (1 min.)	22	10
Push-ups (1 min.)	9	4
1.5 Mile Run	17:04	21:52

Assessment Results	Pass/Fail
40 # Sit-ups Completed	P
40 # Push-ups Completed	P
12:33 1.5 Mile Time	P

* Based on The Cooper Institute, Physical Fitness Specialist Course and Certification, 2002, pp 108-123

I/We hereby attest that the above named applicant has performed the required physical assessment in compliance with the Ohio Peace Officer Training Commission Commander Manual for Peace Officer Basic Training, p. 37, paragraph 4* and the Ohio Peace Officer Training Commission Lesson Plan for Unit 12-Physical Conditioning, Topic 1-Physical Fitness & Conditioning, Handout #1. I/We understand that if the applicant is unable to perform to the established minimum scores for their age and gender during the Initial Physical Fitness Test administered during the first 80 hours of training at the Ohio State Highway Patrol Academy that the applicant will be dismissed from training.

* The Department Training Officer and/or Department Commander may count repetitions and keep time in the events

Training Officer Signature	Date	Commander Signature	Date
Sgt. Smith	01/15/08	Chief Johnson	01/15/08
Training Officer Printed Name	Date	Commander Printed Name	Date

This form must be completed by the Training Officer and Department Commander for each applicant that is applying for admission to the Ohio State Highway Patrol Basic Training Academy. This assessment shall be conducted no sooner than 30 days nor later than 5 days prior to the start of the class for which the applicant is applying for entry. Upon completion of the entrance physical assessment, it must be returned to the Ohio State Highway Patrol Academy prior to the first day of the class for which the applicant wishes to be enrolled. If, for any reason, an applicant is unable to complete the entire assessment, that applicant will not be permitted to enter training at the Ohio State Highway Patrol Training Academy.

MARC DANN
ATTORNEY GENERAL
STATE OF OHIO

OPOTC STUDENT WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

Due to the physical nature of the course(s) offered, you are hereby advised of the following: The Ohio Peace Officer Training Commission ("OPOTC") will provide instruction in the course under competent instructors and assumes no responsibility other than the opportunity to learn under supervision. The OPOTC, the Office of the Attorney General, and the State of Ohio are hereby relieved of all liability. Although the instructors will attempt, at all times, to maintain a high degree of care for the safety of all participants in the training courses some risks are inherent in the nature of the training courses and cannot be eliminated or reduced. These inherent and other risks, hazards, and dangers can cause physical or emotional injury, disability or death. **You, the participant, understand and agree, by your signature below, that you are participating in this training course at your own risk.**

Therefore, prior to the Ohio State Highway Patrol Academy [name of school] granting you permission to attend, you must acknowledge the following:

1. A medical examination and physician approval was obtained and submitted prior to enrollment in the Ohio State Highway Patrol Academy Basic Peace Officer Course [name of school]. _____ [initials]
2. I acknowledge that the training involves a degree of physical exercise and physical contact and therefore does involve a risk of injury to me. _____ [initials]
3. I acknowledge that I will have to endure some degree of discomfort or pain during the application, instruction or demonstration of certain techniques and/or certain practice sessions. _____ [initials]
4. I acknowledge that I do not have any of the following conditions: suffer from a chronic/acute problem of the neck, back, wrist, knee, heart or muscular system, or other medical conditions such as stress disorder, hypertension (high blood pressure), hip bursitis or other injuries, illnesses, disabilities or conditions which could be made worse by participation or otherwise cause me harm during this training. _____ [initials]
5. Should I develop any illness, injury, condition, or be diagnosed with a disability or condition, as described previously, during the course of the training program, I shall promptly notify my commander, instructors, and the Ohio State Highway Patrol Academy [name of school] and resubmit to a medical examination and obtain physician approval to continue participation in said training. _____ [initials]
6. I am in good physical and mental health. _____ [initials]
7. I agree to abide by the course safety rules and instructions given by the instructors. _____ [initials]
8. I agree that my being certified in this training is based on my passing all applicable tests. _____ [initials]

In consideration of OPOTC permitting my participation in the training class, I hereby agree as follows:

1. I, Justin X. Sample [your name], accept all risks that may be associated with this training, having read and understood the above statements. _____ [initials]
2. To waive any and all claims that I may have against the commander and instructors of the Ohio State Highway Patrol Academy [name of school], the Office of the Attorney General of Ohio, "OPOTC"- its director, instructors, all state training agencies and related personnel, and the State Of Ohio, (all of whom are hereinafter referred to as the Releasees); of and from 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 Ohio State Highway Patrol Academy [name of school] and at any and all state training locations from any cause whatsoever, including negligence. _____ [initials]
3. To release the Releasees from any and all liability I further agree to indemnify the Releasees from any loss, liability, damage, or cost, including reasonable attorneys 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, of any of the Releasees or any third party. _____ [initials]
4. 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. _____ [initials]

I have carefully read this agreement and fully understand its contents. I am aware that the agreement contains a waiver of liability, an assumption of risk, and an agreement by me to release and indemnify the Releasees, and I sign it of my own free will and volition.

Signature: _____ Print Name: Justin X. Sample Date: 01/01/2008

School Name: The Ohio State Patrol Academy School Number: LEAVE BLANK

P.O. Box 309/London, OH 43140
Phone: (740) 845-2700 / (800) 346-7682
Fax: (740) 845-2675

STATE OF OHIO
OFFICE OF THE ATTORNEY GENERAL
MARC DANN, ATTORNEY GENERAL

OPOTC STUDENT ACKNOWLEDGEMENT FORM

Name:	Sample	Justin	X
	(Last)	(First)	(Middle)

School Name: Ohio State Patrol Academy School Number: LEAVE BLANK

1. Appointment Status: I understand that I am a student in the Ohio peace officer basic training program. I understand that I am not yet a peace officer and that I may not perform the functions of a peace officer until such time as I am so appointed and have received from the Executive Director of the Ohio Peace Officer Training Commission a certificate of successful completion. I understand that the Ohio peace officer basic training program allows enrollment of both sworn officers (students who are already appointed as peace officers) and "open enrollment" students, who participate in training without an appointment as a peace officer. I understand that regardless of my current status (sworn v. open enrollment), I am obligated to immediately notify my school commander should my appointment status change (i.e. open enrollment to sworn or sworn to open enrollment) during the term of my school. I understand that sworn cadets will, upon passing the state certification examination, receive a certificate of successful completion from the Executive Director of the Ohio Peace Officer Training Commission. I understand that open enrollment students will not receive a certificate of successful completion upon passing the state certification examination, but will instead receive a letter of completion from the Executive Director. I further understand that open enrollment students are subject to the following requirements:

   a. If, within one year of the completion of training (the date s/he passes the state certification examination), the open enrollment student receives an appointment as a peace officer or is employed in a position that statutorily requires a basic training certificate, a certificate of successful completion will be awarded, provided no additional training requirements have been mandated. If additional training requirements have been mandated, this additional training must be completed before a certificate of successful completion is awarded.

   b. If more than one year, but less than two years after the completion of training (the date s/he passes the state certification examination), the open enrollment student receives an appointment as a peace officer or is employed in a position that statutorily requires a basic training certificate, the open enrollment student shall attend the refresher course prescribed by the Executive Director before the student may perform the functions of a peace officer. Upon completion of the prescribed refresher course, a certificate of successful completion will be awarded. If the student does not complete the refresher course within one year of the appointment date, the student shall not be eligible to receive a certificate and will be required to repeat the entire basic training course.

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c. If more than two years after the completion of training (the date s/he passes the state certification examination), the open enrollment student does not receive an appointment as a peace officer, the student shall again successfully complete the entire peace officer basic training course before the student may perform the functions of a peace officer.

_____ [initials]

2. Disqualifying Offenses: I understand that if I have ever been convicted of a felony, any charge of carrying a weapon under disability, any charge of domestic violence or any related offense occurring as a result of a domestic violence incident, or any other offense creating a weapons disability (per O.R.C. § 2923.13 or 18 U.S.C. § 922), I may not be permitted to participate in the Ohio peace officer basic training program. I further understand that for the duration of the Ohio peace officer basic training program, I am obligated to report to my school commander any criminal charges filed against me. I understand that if I am charged with any violation that may result in a felony conviction, any charge of carrying a weapon under disability, any charge of domestic violence or any related offense occurring as a result of a domestic violence incident, I may be suspended from the training program until that case is adjudicated. I understand that only upon adjudication may I be considered for reinstatement. I understand that if I am convicted of any of the above-referenced violations, I may not be eligible for reinstatement.

_____ [initials]

3. Standards of Conduct: The Ohio Peace Officer Training Commission is committed to maintaining an academic environment in which all individuals are treated with respect and dignity. It is the policy of the Ohio Peace Officer Training Commission to maintain an academic environment free from any type of discrimination or harassment. In keeping with this commitment, the Ohio Peace Officer Training Commission will tolerate neither discrimination nor harassment in its Ohio peace officer basic training Program. I understand that should the Executive Director of the Ohio Peace Officer Training Commission determine that there is sufficient evidence to believe that I have engaged in any form of discrimination or harassment, I may be suspended or expelled from the Ohio peace officer basic training program. I also understand that I am obligated to report incidences of discrimination or harassment to my school commander and to the Executive Director of the Ohio Peace Officer Training Commission.

_____ [initials]

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Phone: (740) 845-2700 / (800) 346-7682
Fax: (740) 845-2675

4. Attendance: I understand that the Ohio peace officer basic training program consists of a minimum of 578 hours of instruction. I understand that my attendance is mandatory during the instruction of certain topics; these topics include:

Introduction to Report Writing (Topic 1.7)	4 hours
Search & Seizure (Topic 2.4)	16 hours
Laws of Arrest (Topic 2.3)	16 hours
Legal Aspects of Interview & Interrogation (Topic 2.5)	4 hours
Civil Liability and Use of Force (Topic 2.6)	6 hours
Domestic Violence (Topic 3.3)	15 hours
Crisis Intervention (Topic 3.4)	6 hours
Child Abuse & Neglect (Topic 3.5)	6 hours
Missing Children Investigation (Topic 3.6)	6 hours
Community Diversity (Topic 3.10)	24 hours
Firearms (Unit 4)	60 hours
Driving (Unit 5)	24 hours
Subject Control Techniques (Unit 6)	60 hours
First Aid (Unit 7)	12 hours
Stops & Approaches (Topic 8.5)	20 hours
Report Writing (Topic 8.10)	3 hours
Interview & Interrogation Techniques (Topic 11.15)	4 hours
Search Warrants (Topic 11.16)	2 hours
Investigative Report Writing (Topic 11.17)	3 hours
HAZMAT and WMD Awareness for the First Responder (Topic 13-1)	8 hours

I understand that in order to qualify to take the Ohio peace officer basic training certification examination I must have 100% attendance for each of the mandatory topics and hours of instruction. I understand that if, for any reason, I am absent during all or any portion of the instruction of a mandatory topic, I am obligated to make arrangements with my school commander to make up these topics/hours. I understand that hour-for-hour make-up may be done only with the original instructor, and that if I am unable to schedule a make-up session with the original instructor, I will be required to make up the entire topic with a new instructor. I understand that make-ups may generally be done one-on-one with an instructor, but that missed hours of Topic 3-10, "Community Diversity," must be made up in a group setting consisting of no less than five (5) students. I further understand that it is my obligation to make up these topics/hours prior to the end of scheduled Ohio Peace Officer Training Commission topics. With respect to the balance of the hours of instruction (non-mandatory topic hours) within the Ohio peace officer basic training program, I understand that in order to qualify to take the Ohio peace officer basic training certification examination, I must have 95% attendance (in the aggregate) for all non-mandatory topic hours (to include topic hours exceeding the minimum required by the Ohio Peace Officer Training Commission).

_____ [initials]

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Fax: (740) 845-2675

5. Skills Units/Topics: I understand that the Ohio peace officer basic training program includes certain skills units/topics; these units/topics include:

Firearms (Unit 4)
Driving (Unit 5)
Subject Control Techniques (Unit 6)
First Aid (Unit 7)
Physical Conditioning (Unit 12)

I understand that in order to qualify to take the Ohio peace officer basic training certification examination I must demonstrate the requisite proficiencies in each skills unit/topic, as identified in the student performance objectives ("SPO's") for that unit/topic.

_____ [initials]

6. Notebook Requirements: I understand that I am required to maintain a notebook during the Ohio peace officer basic training course, and that I must submit this notebook to my school commander for inspection at the conclusion of the program. I understand that this notebook shall contain appropriate entries of pertinent material covered during the classroom sessions of the course. I understand that my notebook will be evaluated based upon its sufficiency of course content, organization, appropriateness of material, regularity of entries, neatness, accuracy, and legibility. I further understand that this notebook will be graded as either satisfactory or unsatisfactory by my school commander. I understand that in order to sit for the Ohio peace officer basic training certification examination, my notebook must be judged satisfactory by my school commander.

_____ [initials]

7. Physical Fitness Assessment: I understand that in order to sit for the Ohio peace officer basic training certification examination I must successfully complete the Ohio peace officer basic training physical fitness assessment. I understand that this assessment consists of sit-ups, push-ups, and a one and one-half (1 ½) mile run. I have been informed by my school commander of the established requirements for my age and gender, and I understand that I must meet these requirements in each event. I understand that this assessment will be held within the last eighty (80) hours of scheduled Ohio Peace Officer Training Commission topics, and I understand that I will be given exactly two (2) opportunities to meet the established requirements. I understand that should I fail to meet any of these requirements during my first attempt, I will be required to meet the established requirements for all events (i.e. sit-ups, push-ups, and 1 ½ mile run) during my second attempt. I understand that my unexcused absence from an assessment constitutes a failure. I understand that it is my obligation to notify my school commander, in advance of a scheduled assessment, should I suffer any illness, injury, or condition which might preclude my participation in the assessment. I understand that should I suffer illness or injury during an attempt, this attempt will be counted as a failure. I understand that in order to be excused from an assessment for medical reasons, I am obligated to provide to my school commander a

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written excuse, signed by a licensed physician, and on a form prescribed by the Ohio Peace Officer Training Commission. I understand that should I be granted an extension of time to complete the assessment, for any reason, I am obligated to complete the make-up assessment (and re-test, as necessary and appropriate), prior to the expiration of my extension. I understand that during the period of time covered by such an extension, I am obligated to notify my school commander of my condition and my progress, at least every thirty (30) days. I understand that such an extension not withstanding, Ohio Administrative Code section 109:2-1-04(E)(3) requires that I complete the peace officer basic training program (to include successful completion of the physical fitness assessment) within one (1) year from the day I entered the academy (unless the school is part of a college or university degree program).

_____ [initials]

8. Prior Equivalent Students: I understand that as a "prior equivalent student," I have been given credit for certain portions of the Ohio peace officer basic training course, based upon documented prior equivalent training and education. I understand that while my attendance is not required during the instruction of units/topics for which I have received prior equivalent credit, I am still required to have 100% attendance for each of the mandatory topics and hours of instruction assigned, in order to qualify to take the Ohio peace officer basic training certification examination. I understand that if, for any reason, I am absent during all or any portion of the instruction of an assigned mandatory topic, I am obligated to make arrangements with my school commander to make up these topics/hours. I further understand that it is my obligation to make up these topics/hours prior to the end of scheduled Ohio Peace Officer Training Commission topics. With respect to non-mandatory topic hours within the Ohio peace officer basic training course, I understand that in order to qualify to take the Ohio peace officer basic training certification examination, I must have 95% attendance (in the aggregate) for all non-mandatory topic hours assigned. I understand that while my attendance is not required during the instruction of units/topics for which I have received prior equivalent credit, I am still required to comply with the notebook requirements, as they pertain to the units/topics of instruction assigned, and I am still required to pass the entire 200-question peace officer basic training certification examination in order to receive a certificate of successful completion from the Executive Director of the Ohio Peace Officer Training Commission.

_____ [initials]

9. Certification Examination: I understand that in order to receive a certificate of successful completion from the Executive Director of the Ohio Peace Officer Training Commission, I must pass a 200-question timed, written, multiple choice examination at the conclusion of this course. I understand that an examination score of 70% or higher is required to pass. I understand that I will be given exactly two (2) opportunities to pass the examination. I understand that should I require any form of special accommodations (e.g. learning/reading disability, dyslexia, etc.) for this written examination, I am obligated to request such

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accommodations of my school commander prior to the start of the academy, and to provide written documentation in support of my request to the Ohio Peace Officer Training Commission prior to taking the examination. I understand that failure to timely identify my need for special accommodations and/or failure to provide adequate documentation in support of my request for special accommodations, may preclude my ability to receive such accommodations. I understand that requests for special accommodations made after the fact (i.e. after failing the examination) will not be considered.

_____ [initials]

10. Injury/Illness: I understand that while I am enrolled as a student in the Ohio peace officer basic training program, I am obligated to notify my school commander immediately of any injury, illness, or medical condition sustained or arising during training. I further understand that I am obligated to notify my school commander of any injury, illness, or medical condition sustained or arising outside of training, which may affect my ability to participate in the Ohio peace officer basic training program.

_____ [initials]

_____ _____
Student Signature Date

State of _____

County of _____

On this the _____ day of _____, 20_____ before me, _____ [name of Notary Public], the undersigned Notary Public, personally appeared _____ [name of student], proved to me on the basis of satisfactory evidence to be the person whose name was subscribed to the within instrument, and acknowledged that he/she executed it. WITNESS my hand and official seal.

_____
Signature of Notary Public

Notary Public, State of _____ AFFIX SEAL HERE

My commission expires _____

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MARC DANN
ATTORNEY GENERAL
STATE OF OHIO

OPOTC STATEMENT OF UNDERSTANDING

Student Name: Sample (Last) Justin (First) X. (Middle)

Student SSN: 123-45-6789 Student DOB: 01/01/1980

School Name: Ohio State Patrol Academy School Number: LEAVE BLANK

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

1. Have you ever been convicted of a felony offense in any jurisdiction of the United States or under the Uniform Code of Military Justice ? ____ 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 at O.R.C. §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 offense involving the illegal possession, use, sale, administration, distribution, or trafficking in any 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 an offense involving the illegal possession, use, sale, administration, distribution, or trafficking in any 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 of mental incompetence ? ____ YES ____ NO
9. Have you been adjudicated as a mental defective ? ____ YES ____ NO
10. Have you been committed 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 been convicted in any court of a crime punishable by imprisonment for a term exceeding 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 subject to 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. Have you ever been convicted of a misdemeanor crime of domestic violence [as defined at 18 U.S.C. §921(a)(33)] ? ____ YES ____ NO

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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

* Peace Officer Basic Training students must submit to the school commander, completed Ohio Bureau of Criminal Identification and Investigation ("BCI & I") and Federal Bureau of Investigation ("FBI") fingerprint cards for use in performing a criminal history check.

I UNDERSTAND THAT FALSIFICATION OF ANY OF THE INFORMATION REQUIRED ON THIS FORM MAY RESULT IN MY DISCHARGE FROM THIS SCHOOL AND MAY RESULT IN MY BEING CHARGED WITH A CRIMINAL OFFENSE PURSUANT TO O.R.C. §2921.13. I UNDERSTAND THAT FOR THE DURATION OF MY ATTENDANCE IN THIS SCHOOL, I AM OBLIGATED TO REPORT TO MY COMMANDER ANY CRIMINAL CHARGES FILED AGAINST ME. I UNDERSTAND THAT IF I AM CHARGED WITH ANY OFFENSE THAT MAY RESULT IN A FELONY CONVICTION OR A WEAPONS DISABILITY (PURSUANT TO O.R.C. §2923.13 OR 18 U.S.C. §922), I MAY BE SUSPENDED FROM THE SCHOOL UNTIL THE CASE IS ADJUDICATED. I UNDERSTAND THAT UPON ADJUDICATION, I MAY BE CONSIDERED FOR REINSTATEMENT TO A SCHOOL TO COMPLETE MY TRAINING. I UNDERSTAND THAT IF I AM CONVICTED OF A FELONY OFFENSE OR AN OFFENSE CREATING A WEAPONS DISABILITY, I MAY BE INELIGIBLE TO ATTEND CERTAIN OR ALL OHIO PEACE OFFICER TRAINING COMMISSION-APPROVED SCHOOLS. BY MY SIGNATURE BELOW, I ATTEST TO THE FACT THAT THE INFORMATION I HAVE PROVIDED IS, TO THE BEST OF MY KNOWLEDGE, TRUE AND ACCURATE; I ACKNOWLEDGE MY UNDERSTANDING OF THE FOREGOING; AND I GRANT THE OHIO PEACE OFFICER TRAINING COMMISSION CONSENT TO DISSEMINATE TO MY SCHOOL COMMANDER ANY AND ALL CRIMINAL HISTORY INFORMATION WHICH MAY EFFECT MY ABILITY TO PARTICIPATE AS A STUDENT IN AN OHIO PEACE OFFICER TRAINING COMMISSION-APPROVED SCHOOL.

_____ _____
Student Signature Date

State of _____

County of _____

On this the _____ day of _____, 20_____ before me, _____ [name of Notary Public], the undersigned Notary Public, personally appeared _____ [name of student], proved to me on the basis of satisfactory evidence to be the person whose names was subscribed to the within instrument, and acknowledged that he/she executed it. WITNESS my hand and official seal.

_____
Signature of Notary Public

Notary Public, State of _____ AFFIX SEAL HERE

My commission expires _____

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