

Dear Applicant:

Thank you for your inquiry about the Basic Peace Officer Training Academy with The University of Akron and Summit County Sheriff's Office. The enclosed package of information contains all documents necessary to enroll in our upcoming class.

In 1991, the Ohio Peace Officer Training Commission (O.P.O.T.C.) began the Open Enrollment Student Program for those individuals who wish to become peace officers in the state of Ohio through a basic training program. The University of Akron now accepts both types of students under O.P.O.T.C. guidelines. The University of Akron Basic Police Academy provides the necessary training required to be certified as an Ohio Peace Officer through O.P.O.T.C. We do not provide job placement nor do we offer any form of employment once you have completed training. We do receive regular requests from police departments to notify our students of their intent to give examinations for the purpose of hiring additional officers for their respective communities. All requests are posted in a bulletin board located in the Police Academy classroom. After you have completed the course and passed the State examination, you will have two years to secure a commission as a sworn officer. If after one year, but prior to the expiration of two years, you secure a commission, you will have to complete a refresher course and pass another examination in order to receive a certificate from the Ohio Peace Officer Training Council.

Tuition for the Basic Police Academy is \$3,800. Students must have a pair of khaki BDU's (these must be ordered and paid for at Orientation), black shineable work shoes, black belt and tennis shoes for the physical conditioning training. Academy uniforms (polo shirt, t-shirt, hat, sweat shirt and sweat pants) and a copy of the current Ohio Revised Code must be purchased in The University of Akron Polsky Bookstore. Class size for the Police Academy may be limited to a maximum of thirty (32) students and a minimum of twenty (20). Completed applications are due by: July 7, 2014.

The Basic Police Academy is V.A. approved, so eligible students can use their Montgomery G.I. Bill. Please provide a copy of your DD214 Form with your completed application packet.

The attached application **must be filled out completely and returned in person.** Please contact Lisa Breiding at 330-972-8856 to turn in your application packet.

Part I

The University of Akron Application Packet

Fill out all areas completely in BLACK INK and have it NOTARIZED where indicated.

The University of Akron
 Training Center for Law Enforcement & Criminal Justice
 Peace Officer Training Academy

Application as an Open Enrollment Student

PLEASE TYPE OR PRINT CLEARLY

Application Information

	ATTACH A RECENT 2" x 2" Color Passport Photo Here (Head & Shoulders)
Last Name First Name MI	
Home Address	
City State Zip	
Home Telephone Number Cell Phone Number	
Social Security Number Date of birth	Validation Signature and Date
Basic Peace Officer Training - Day Fall (X) Spring () Summer ()	

Instructions
(Please read Carefully)

Students wishing to enroll in the open enrollment academy must complete this application in addition to the "Ohio Peace Officer Open Enrollment Application" which is enclosed as Part II of this application. Be sure to sign **and have page three notarized** as well as attaching a photocopy of your High School Diploma and a color copy of your Ohio Driver's License.

Disclaimer: This is NOT an application for employment with The University of Akron or The Summit County Sheriff's Office. This is only and application to the Police Academy.

PERSONAL

NAME:		DOB:		AGE:	
ADDRESS:			PLACE OF BIRTH:		
CITY:			SOCIAL SECURITY NUMBER:		
STATE:		ZIP:		OH DRIVER'S LICENSE NUMBER:	
HOME TELEPHONE NUMBER:			CELL PHONE NUMBER:		
MARITAL STATUS:	NUMBER OF DEPENDANTS:	HEIGHT:	WEIGHT:	HAIR:	EYES:
Emergency Contact:			Relationship:		
Above person's number:			Alternative Contact & Number:		
Are you a Veteran?			Are you entitled to veteran's educational benefits?		

EDUCATION

High School:		Diploma:	
City:		State:	Date Graduated:
College:		Degree:	
Are you currently enrolled at The University of Akron?		Date last attended The University of Akron:	

EMPLOYMENT

Present Employer:		From:		To:	
Address:			Salary:		
City, State, ZIP:			Telephone Number:		
Supervisor:			Job Title:		
Previous Employer:		From:		To:	
Address:			Salary:		
City, State, ZIP:			Telephone Number:		
Supervisor:			Job Title:		
Reason for Leaving:					

EMPLOYMENT CONTINUED

Previous Employer:	From:	To:
Address:	Salary:	
City, State, ZIP:	Telephone Number:	
Supervisor:	Job Title:	
Reason for Leaving:		

REFERENCES

Name:	Phone Number:
Address:	Work Number:
City, State, ZIP:	Known How Long:
Name:	Phone Number:
Address:	Work Number:
City, State, ZIP:	Known How Long:

QUESTIONNAIRE

	YES	NO
1. Is your Ohio Driver's License currently under suspension?		
2. Have you ever been cited for a traffic violation?		
3. Have you ever been summoned for a criminal violation?		
4. Have you ever been arrested for a criminal violation?		
5. Have you ever been convicted for a criminal violation?		
6. Have you ever illegally taken or obtained any drugs?		
7. Have you ever been treated for any mental illness?		
8. Are you currently under a doctor's care?		
9. Have you ever attended a Police Officer Training Academy?		

If you have answered YES to any of the above questions, please attach a separate sheet of paper and explain the circumstances.

Applicants must read, sign and have signature notarized.

The information in this application that has been provided by me is true to the best of my knowledge. I understand that if for any reason this information is found to be misleading or false, I will be dismissed from the Academy.

I fully understand that The University of Akron, Summit County Sheriff's Office, nor the Ohio Peace Officer Training Academy is offering any employment as a result of this training. They are only making it possible for me to attend a certified peace officer training academy.

Sworn to and scribed in my presence.

This the _____ day of _____ 20_____

Applicant's Signature

Notary Signature

Date

The University of Akron
Training Center for Law Enforcement and Criminal Justice

Last Name:	First Name:
Social Security Number:	DOB:

Authority to Release Information

To Whom It May Concern:

I hereby permit any authorized representative of The Training Center for Law Enforcement and Criminal Justice at The University of Akron bearing this release or a copy thereof, within two years of its date, to obtain any information you have concerning my moral, mental, and physical suitability for the position of student in the Basic Training Academy, Ohio Peace Officer Program.

I hereby direct you to release to the bearer upon request any information in your files pertaining to my employment, military, credit or educational records including but not limited to academic achievement, attendance, personal history, disciplinary records, medical records. This release is executed with full knowledge and understanding that the information is for the official use of the Training Center for Law Enforcement and Criminal Justice to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities.

I hereby release you, as custodian of such records, any school, college, university or other educational institution, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with the authorization and request to release information, or attempt to comply with it.

Signature: _____ Date: _____

THE UNIVERSITY OF AKRON SUMMIT COLLEGE
AND SUMMIT COUNTY SHERIFF'S OFFICE
TRAINING LIABILITY RELEASE AGREEMENT

In consideration for receiving permission to attend peace officer basic training at The University of Akron each of the undersigned, their heirs, their representatives and assigns hereby: releases, remises and forever discharges and agrees to save, hold harmless and indemnify The University of Akron, the Summit County Sheriff's Office, The Ohio Peace Officer Training Commission and its executive director, instructors, all state training agencies and related personnel, the Ohio Peace Officer Training Academy and the State of Ohio, of and from liability claims, demands, causes of action and possible claims whatsoever, arising out of or related to any loss, damage or injury that may be sustained by persons or property that may otherwise accrue to any of us, our respective heirs or representatives while in, en route to, from or out of Ohio Peace Officer Training Commission training locations or resulting directly or indirectly from any training received or offered by the Ohio Peace Officer Training Commission including but not limited to any training conducted at The University of Akron and at any and all state training locations from any cause whatsoever, including negligence.

STUDENT'S SIGNATURE

DATE



MIKE DEWINE

★ OHIO ATTORNEY GENERAL ★



Ohio Peace Officer Training Commission
740-845-2700
800-346-7682
Fax 740-845-2675

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

OHIO PEACE OFFICER BASIC TRAINING PROGRAM PHYSICAL FITNESS REQUIREMENTS

Age and Gender Minimum Scores

	Males (≤29)	Females (≤29)
Sit-ups (1 min.)	40	35
Push-ups (1 min.)	33	18
1.5 Mile Run	11:58	14:15
	Males (30-39)	Females (30-39)
Sit-ups (1 min.)	36	27
Push-ups (1 min.)	27	14
1.5 Mile Run	12:25	15:14
	Males (40-49)	Females (40-49)
Sit-ups (1 min.)	31	22
Push-ups (1 min.)	21	11
1.5 Mile Run	13:05	16:13
	Males (50-59)	Females (50-59)
Sit-ups (1 min.)	26	17
Push-ups (1 min.)	15	13* Modified
1.5 Mile Run	14:33	18:05
	Males (60+)	Females (60+)
Sit-ups (1 min.)	20	8
Push-ups (1 min.)	15	8* Modified
1.5 Mile Run	16:19	20:08

*Modified form per OPOTC Lesson Plan

Check list to be considered for the academy

Finger print form must be returned to Lisa Breiding immediately

Fingerprinting services are on campus at the Police Department at 146 Hill St. (behind EJ Thomas Hall). You must bring a photo ID (preferably a current driver's license) to be fingerprinted.

In order to efficiently process the large number of fingerprinting requests, the department has scheduled fingerprinting Weekdays: 8 am to 4 pm. Exceptions can be scheduled if you are not able to make it during that time. Please call UAPD Dispatch at 330-972-7123 to schedule an exception.

Prior to returning the packet of information, contact Lisa Breiding at 330-972-8856 or lmb138@uakron.edu to get available times to drop off the application packet.

Please note all documents must be notarized where needed and the physician form must be signed by a Doctor, DO or CNP.

All students will be required to take a Pre-Physical Assessment test. You must be within 70% of the Coopers Standards for your age category. You will be notified once an orientation for new cadets has been scheduled.

If you are applying for the Rohr Scholarship, please have the completed forms back to Lisa Breiding by July 7, 2014. The Scholarship recipient should be notified by August 10, 2014.

If you are a Veteran, you may be able to use your VA educational benefits toward tuition. Contact the Military Services Center, located in Simmons Hall 120. They are available to assist you from 8 a.m. to 5 p.m., Monday through Friday. You are also welcome to contact them by telephone at 330-972-7838 or by e-mail at veterans@uakron.edu .

All applicants will be notified as to the status of their application.

Accepted cadets are required to pay the \$3,800 tuition prior to the beginning of the academy. If you need to make payment arrangements, please contact Lisa Breiding for details. Payments can be made by cash, check credit/debit card and can be paid in The Polsky Bldg., rooms 324 or 466 or by calling 330-972-7577.

Items to be purchased at the University of Akron Polsky Bookstore

Police Academy

Item	Size / Quantity					Price Each	Total Price
	S	M	L	XL	XXL		
T-Shirt						9.98	
Polo						18.98	
Sweat Pants						15.98	
Crew Sweatshirt						10.98	
Hat						9.98	
Shorts						13.98	

NOTE: You are required to purchase a Polo and hat. For PT and Subject Control you are required to purchase and wear the shorts and/or sweat pants and a T-shirt and/or sweatshirt. Some cadets purchase multiples, others purchase only one...that is your choice. Just remember that you are required to always be in uniform, anywhere that class is being held.

Name: _____

Phone Number: _____

Date Paid: _____

Email: _____

Current copy of The Ohio Revised Code (2014-1)

\$ 60.00

Ohio Peace Officer Training Commission 740-845-2700
 800-346-7682
 Fax 740-845-2675
 P.O. Box 309 London, Ohio 43140
 www.OhioAttorneyGeneral.gov

**OHIO PEACE OFFICER BASIC TRAINING PROGRAM
 PHYSICAL FITNESS REQUIREMENTS**

70%

Age and Gender Minimum Scores

	Males (≤29)	Females (≤29)	Males (≤29)	Females (≤29)
Sit-ups (1 min.)	40	35	28	28
Push-ups (1 min.)	33	18	23	14
1.5 Mile Run	11:58	14:15	15:36	17:38
	Males (30-39)	Females (30-39)	Males (30-39)	Females (30-39)
Sit-ups (1 min.)	36	27	25	22
Push-ups (1 min.)	36	27	25	22
1.5 Mile Run	27	14	19	11
Sit-ups (1 min.)	12:25	15:14	16:07	18:17
Push-ups (1 min.)	12:25	15:14	16:07	18:17
	Males (40-49)	Females (40-49)	Males (40-49)	Females (40-49)
1.5 Mile Run	31	22	22	18
Sit-ups (1 min.)	21	11	15	9
Push-ups (1 min.)	13:05	16:13	17:00	19:36

Part II

The University of Akron Application Packet

Fill out all areas completely in BLACK INK and have it NOTARIZED where indicated

OHIO PEACE OFFICER TRAINING COMMISSION
STUDENT ENROLLMENT/CERTIFICATION RECORD

TYPE OR PRINT LEGIBLY IN INK

NAME: _____ S.S.N. _____
 Last First M.I.

HOME ADDRESS: _____
 No./Street and/or P.O. Box City County Name State Zip

D.O.B. _____ PLACE OF BIRTH _____
 City County State Or Country

STUDENT'S HOME PHONE: (____) _____ MALE _____ FEMALE _____

EMAIL: _____

OPERATOR'S LICENSE # _____ STATE _____ EXPIRATION DATE _____

<u>THIS BLOCK NOT TO BE USED BY OPEN ENROLLMENT OR PRIVATE SECURITY STUDENTS:</u>				
APPOINTING /EMPLOYING AGENCY _____			PHONE # (____) _____	
AGENCY ADDRESS _____				
STREET #/ P.O. BOX			City	County State Zip
DATE OF APPOINTMENT/EMPLOYMENT _____			POSITION/TITLE _____	

RACE:

____ CAUCASIAN ____ AFRICAN AMERICAN ____ NATIVE AMERICAN
 ____ HISPANIC/LATINO ____ ASIAN/PACIFIC ISLANDER ____ OTHER:

EDUCATION: Highest level attained _____

STUDENT STATUS:				
PEACE OFFICER	____ ENTIRE BASIC	____ REFRESHER	____ UPDATE	____ PRIOR - EQUIVALENT
FULL-SERVICE FACILITY	____ CORRECTION OFFICER	____ PRIOR EQUIVALENT		
JAILER	____ 12-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	

COMMANDER SIGNATURE _____ DATE _____ SCHOOL NAME _____

SCHOOL NUMBER _____

NO STAMPS/ORIGINAL SIGNATURE ONLY

<u>OPOTC USE ONLY</u>	
Exam Date _____	Approval Date _____
Certificate No. _____	Certification Officer's Initials _____
Date Certificate Issued _____	Private Security:Requalification Due Date _____
	Last Date of Class _____



MIKE DEWINE

★ 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

STUDENT DISCLOSURES AND STATEMENT OF UNDERSTANDING

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

Student SSN: _____ Student DOB: _____

School Name: _____ School Number: _____

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 been 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? _____ YES _____ NO
If yes, please explain your relationship with the victim (stranger, present or former spouse, household member, child, other family member, other – please describe). _____

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

I ACKNOWLEDGE AND UNDERSTAND THE FOLLOWING:

1. **If I provide false information on this form I may be discharge from this school, and may be charged with a crime.**
2. **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**
3. **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.**
4. **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.**
5. **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.**

MUST APPEAR IN PERSON BEFORE A NOTARY TO COMPLETE THE FOLLOWING AFFIDAVIT

AFFIDAVIT

I declare under the penalty of perjury that the information in this Application is true and correct to the best of my knowledge.

Signature

Date

Subscribed and sworn personally before me by the above-named Affiant, this _____ day of _____,
20____, at _____, in the County of _____, and State of Ohio.

(Seal)

Printed Name of Notary

Signature of Notary

Date Notary Commission Expires



MIKE DEWINE

★ 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 90 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 Initial)

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: _____



STUDENT ACKNOWLEDGEMENT FORM

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

School Name: _____ School Number: _____

1. Appointment Status. I understand the following: _____ [initials]

- I am a student in an Ohio Peace Officer Basic Training Commission (OPOTC) program.
- I am not yet a peace officer and that I may not perform the functions of a peace officer until I am appointed as officer and receive a certificate of successful completion from the OPOTC Executive Director.
- The OPOTC program enrolls both sworn officers (students who are already appointed as peace officers) and “open enrollment” students who do not yet have an appointment as a peace officer.
- I must immediately notify my Commander if my appointment status change should change from open enrollment to sworn, or from sworn to open enrollment.
- Sworn cadets will, upon passing the state certification examination, receive a certificate of successful completion from the OPOTC Executive Director
- 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.
- Open enrollment students are subject to the following requirements:
 - If within one year of passing the state certification examination an 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, providing no additional training has been mandated. If additional training has been mandated, it must be completed before a certificate of successful completion is awarded.
 - If more than one year, but less than two years after passing the state certification examination, an 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 and any additional training that has been mandated since passing the exam, before the student may perform the functions of a peace officer. Upon completion of the refresher course and mandated training (if any), 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.
 - If more than two years after passing the state certification examination, the open enrollment student has not received an appointment as a peace officer, the student shall again successfully complete an entire OPOTC course and examination before the student may perform the functions of a peace officer.

2. Disqualifying Offenses. I understand the following: _____ [initials]

- If I have ever been convicted of a felony, even if the conviction has been sealed or expunged; a misdemeanor charge of domestic violence or any related offense occurring as a result of a domestic violence incident; any 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 where the victim was a current or former spouse, child, guardian, a person who shares a child in common, a person who is or has cohabitated as a spouse, child, or ward, or a person similarly situation to a spouse, child, or ward; or any other offense creating a weapons disability under state or federal law (such as

ORC 2923.13 or 18 USC 922), I may not be permitted to participate in the OPOTC program, and may not be eligible for reinstatement. While a felony conviction, even one that is sealed or expunged, prohibits me from attending any portion of a Peace Officer Basic Training Academy, the other above-noted matters prohibit me from firearms possession/training only, and if I choose to continue with the Academy while I try to get that matter sealed, I continue at the risk that I may ultimately not be permitted to take firearms and/or receive an Ohio Peace Officer Training Commission certification.

- In certain situations, juvenile adjudications regarding similar matters may also result in a disqualification.
- For the duration of the OPOTC program, I must immediately report to my Commander any criminal or juvenile delinquency charges filed against me.
- If I am charged with any of the above crimes or adjudications, I may be suspended from the training program until that criminal or juvenile case is adjudicated and complete, and only then may I be considered for reinstatement.

3. Standards of Conduct. I understand the following: _____ [initials]

- The Ohio Peace Officer Training Commission 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.
- In keeping with this commitment, OPOTC 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 must report incidences of suspected discrimination or harassment to my Commander and to the OPOTC Executive Director, whether that suspected behavior involves a student, an instructor, or another associated with the program. If the suspected behavior involves a commander, I must report incidences of suspected discrimination or harassment to the OPOTC Executive Director,
- If the OPOTC Executive Director finds that a student has engaged in discrimination or harassment, the student may be suspended or expelled from the OPOTC program.

4. Attendance. I understand the following: _____ [initials]

- To be eligible to take the OPOTC state certification examination, I must have 100% attendance in every hour of every mandatory topic, and have 95% attendance in all non-mandatory topics hours.
- If I have an excused absence for any topics hours, it is my obligation to make arrangements with Commander to make up the missed topic hours.
- Hour-for-hour make-ups may only be taught by the original instructor.
- If I am unable to schedule a make-up session with the original instructor for specific missed hours, I will be required to make-up the entire topic with a different instructor.
- If I complete make-up hours in another academy, I must attend the entire block of instruction for that topic.
- It is my obligation to make-up these topics/hours before the end of scheduled OPOTC topics.
- The Commander may set stricter requirements than these OPOTC minimum standards.

5. Notebook Requirements. I understand the following: _____ [initials]

- To be eligible to take the OPOTC state certification examination I must maintain a notebook during the OPOTC course. 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. It will be evaluated on its sufficiency of course content, organization, appropriateness of material, regularity of entries, neatness, accuracy, and legibility, and will be graded as either satisfactory or unsatisfactory by the Commander.
- To be eligible to take the OPOTC state certification examination, my notebook must be deemed satisfactory by the Commander.

6. Physical Fitness, Injuries and Illnesses. I understand the following: _____ [initials]
- While I am enrolled as a student in the OPOTC program, I must immediately notify my Commander immediately of any injury, illness, or medical condition sustained or arising during training or arising outside of training.
 - To be eligible to take the OPOTC state certification examination I must successfully complete the OPOTC physical fitness assessment, consisting of sit-ups, push-ups, and a one and one-half (1 ½) mile run.
 - I have been informed by the Commander of the requirements for my age and gender, and I understand that I must meet these requirements in each event.
 - I understand that the OPOTC physical fitness assessment will be held within the last eighty (80) hours of scheduled OPOTC topics, and I understand that I will be given two (2) opportunities to meet the requirements.
 - If I fail any requirement during my first attempt, I must meet the requirements for all three (3) events (sit-ups, push-ups, and 1 ½ mile run) during the second attempt.
 - 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.
 - 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 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 notifying me of the extension, and a deadline date for when I must complete the physical assessment.
 - If I am granted an extension of time to complete the assessment I must complete the make-up assessment and re-test, if necessary, before my extension expires, and it must be done so at the Ohio Peace Officer Training Academy in London, Ohio.

7. Certification Examination. I understand the following: _____ [initials]
- To be eligible to take the OPOTC state certification examination, I must first demonstrate to the satisfaction of my Commander the requisite proficiencies in each skills unit/topic.
 - I must pass the written OPOTC state certification examination with a score of at least 70% at the conclusion of this course.
 - If I do not pass on the first attempt, I will be given one additional opportunity to pass the examination.
 - I will not disclose any information concerning specific questions regarding the OPOTC state certification examination.
 - If I request any special accommodations (such as those relating to learning/reading disabilities, dyslexia, etc.) for this written examination, then at least forty-five (45) days before the last day of OPOTC topics, my Commander must submit written documentation supporting my request to the OPOTC.
 - If this request and documentation is not submitted by that time, I may be prevented from receiving an accommodation.

Student Signature

Date

School Commander/Witness Signature

Date



STUDENT HEALTH DATA FORM

Name: _____ Age: _____ Gender: _____ Female _____ Male
(Last) (First) (MI)

School Name: _____ School Number: _____

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: _____

(Student Signature) (Date)

This section to be completed by medical professional (medical doctor (MD), osteopath (DO), physician's assistant (PA) or certified nurse practitioner (CNP)): 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 (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	____	____	9. Dizziness/Fainting
____	____	2. Major impairment of the senses	____	____	10. Back/Neck injury or recurrent pain
____	____	3. Asthma or Breathing difficulties	____	____	11. Pregnancy
____	____	4. Heart attack; Angina Pectoris	____	____	12. Communicable diseases
____	____	5. Stroke	____	____	13. Amputation/Prosthetic devices
____	____	6. Hemorrhage	____	____	14. Bone/joint injury or recurrent pain
____	____	7. Hypertension	____	____	15. Taking medication
____	____	8. Allergies (Drug, Environmental, Etc.)	____	____	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

Typed/Printed Name

Title (MD, DO, PA, or CNP)

License Number Issuing State

Address

Phone Number

City, State, ZIP

Date of Examination



MIKE DEWINE

★ OHIO ATTORNEY GENERAL ★



Ohio Peace Officer Training Commission
Office 800-346-7682
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P.O. Box 309
London, OH 43140
www.OhioAttorneyGeneral.gov

OPOTC STUDENT WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

I understand the following:

The Ohio Peace Officer Training Commission (OPOTC) provides class curriculum and assumes no responsibility other than the opportunity to learn under supervision. OPOTC, the Attorney General's Office, the State of Ohio, and its employees and agents are hereby relieved of all liability. 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. **I understand and agree, as evidenced by my signature below, that I am participating in this training course at my own risk.**

Therefore, prior to attending the class, I acknowledge the following:

1. 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 or the Ohio State Board of Nursing, or U.S. states' equivalent was obtained and submitted prior to enrollment, **except that**, if I am in the military and stationed outside of the U.S., I have received a medical examination and medical approval by a medical professional with a substantially similar license as utilized by the military base where I am currently stationed, or from a medical professional with a similar license who is employed by the military or the Veteran's Administration.
2. I understand that the training involves a degree of physical exercise and physical contact, which involves a risk of injury to me.
3. 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.
4. I do not have any of the following conditions: pregnancy, chronic/acute problems 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.
5. 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 and resubmit to a medical examination and obtain approval from a medical provider acceptable to OPOTC in order to continue to participate in training.
6. I am in good physical and mental health.
7. I agree to abide by the course safety rules and instructions given by the instructors.
8. I agree that to receive a certificate for this training I must pass **ALL** applicable tests.

In consideration of OPOTC allowing me to participate in the training class, I hereby agree to the following:

1. Having read and understood the above statements, I accept all risks that may be associated with this training.
2. 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 school and at any and all state training locations from any cause whatsoever, including any claims or demands based upon negligence.
3. 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 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.
4. 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.

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 OPOTC, the Attorney General's Office, the State of Ohio, and its employees and agents and I sign it of my own free will and volition.

Student Signature: _____ Printed Name (including middle initial): _____ Date: _____

Witness Signature: _____ Printed Name: _____ Date: _____

School Name: _____