



Scioto County Career Technical Center  
Post-Secondary Education

**Southern Ohio Police Academy**

**Getting started at Scioto Tech**

\*Program Cost: \$5,720.00  
Program Hours: 718

**2017-2018 Entrance Requirements**

<b>Application</b>	
<input type="checkbox"/> Complete and submit Application for Admission. <input type="checkbox"/> Submit high school diploma or GED certificate.	
<b>WorkKeys (Pre-entrance Cost)</b>	
<input type="checkbox"/> Schedule WorkKeys Pre-Entrance Exam. <input type="checkbox"/> Required scores: Math 4; Locating Information 4; Reading 4. <input type="checkbox"/> Testing fee \$60.00 (cash, check, money order or major credit card). <input type="checkbox"/> Picture ID required.	
<b>Financial Aid/Financial Arrangements</b>	
<input type="checkbox"/> Apply for Financial Aid by completing a FAFSA application at <a href="http://www.fafsa.gov">www.fafsa.gov</a> (Federal PELL Grants & Direct Student Loans). <input type="checkbox"/> Schedule appointment with Financial Aid Coordinator to review financial aid application, veterans' benefits, and/or other payment options. <input type="checkbox"/> You must have awarded financial aid, set-up payment plan or paid program costs by the deadline date which will be given at the mandatory informational meeting.	

**PEACE OFFICER BASIC TRAINING STUDENT HANDBOOK**

<input type="checkbox"/> Read, Complete and Return the attached forms to the SCCTC SOPA Commander during the Informational Meeting.	
<input type="checkbox"/> Student Handbook Acknowledgement and Verification <input type="checkbox"/> Student Enrollment/Certification Record <input type="checkbox"/> Request for National Webcheck <input type="checkbox"/> Consent to Release Student Information <input type="checkbox"/> Student Health Data Form <input type="checkbox"/> Authorization for Use or Disclosure of Drug Screen Information	

**ATTEND Informational Meeting Prior to the following:**

<b>Physical Conditioning Test – Pre-Entrance Requirements will be given at the Informational Meeting</b>	
<b>Physical - Student Health Data Form (Pre-entrance Cost)</b>	
<input type="checkbox"/> Student Health Data Form must be completed within Six (6) months of the program start date and must be given to the SOPA Commander at the time of the Physical Conditioning Test.	<u>SOPA Commander</u> 740.259.6856
<b>Background Check (Pre-entrance Cost)</b>	
<input type="checkbox"/> Background check form will be given upon successful completion of the physical conditioning test. <input type="checkbox"/> Background fee is required by Scioto County Sheriff's Office. <input type="checkbox"/> Valid Driver's license is required.	<u>Scioto Co Sheriff's Office</u> 740.355.8261
<b>Drug Screen (Pre-entrance Cost)</b>	
<input type="checkbox"/> Drug Screen form will be given upon successful completion of the physical conditioning test. <input type="checkbox"/> Drug Screen in compliance with OPOTC. <input type="checkbox"/> Valid Driver's license is required.	<u>SOPA Commander</u> 740.259.6856

Potential outside agencies to contact for funding or additional funding to cover program cost. Contact agencies at least 30 days prior to program start date.

- o Bureau of Vocational Rehabilitation - 4303 Old Scioto Trail, Portsmouth, Ohio 740.354.7951
- o Bureau of Workers' Compensation - 1005 4<sup>th</sup> Street, Portsmouth, Ohio 740.354.7974
- o CAO - Workforce Investment Act (WIA) - 433 Third Street, Portsmouth, Ohio 740.354.4531
- o Workforce Investment Act (WIA) - 941 Market Street, Piketon, Ohio 740.289.2371

\*Program costs do not include pre-entrance costs. Pre-entrance costs are the sole responsibility of the student.

Scioto County Career Technical Center  
Southern Ohio Police Academy

**Physical Fitness Pre-Entrance Requirements**

<b>Age and Gender Minimum Scores*</b>		
<b>Exercise</b>	<b>Males (&lt;29)</b>	<b>Females (&lt;29)</b>
Sit-ups (1 minute)	32	24
Push-ups (1 minute)	19	9
1.5 Mile Run	14:33	17:53
<b>Exercise</b>	<b>Males (30-39)</b>	<b>Females (30-39)</b>
Sit-ups (1 minute)	28	18
Push-ups (1 minute)	15	7
1.5 Mile Run	15:14	19:01
<b>Exercise</b>	<b>Males (40-49)</b>	<b>Females (40-49)</b>
Sit-ups (1 minute)	22	13
Push-ups (1 minute)	10	5
1.5 Mile Run	16:09	20:49

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

<b>Age and Gender Minimum Scores*</b>		
<b>Exercise</b>	<b>Males (50-59)</b>	<b>Females (50-59)</b>
Sit-ups (1 minute)	14	9
Push-ups (1 minute)	5	3 (modified)
1.5 Mile Run	17:18	23:17
<b>Exercise</b>	<b>Males (&gt;60)</b>	<b>Females (&gt;60)</b>
Sit-ups (1 minute)	4	6
Push-ups (1 minute)	1	1 (modified)
1.5 Mile Run	18:41	26:25

\*The Age and Gender Minimum for 50 and above calculations are based on data from The Cooper Institute, Physical Fitness Specialist Course and Certification, 2002, pp 108-123 calculations for ages <20 through 49 (male/female) and have been modified for SOPA entrance requirements.



Scioto County Career Technical Center  
Post-Secondary Education

For Office Use Only

Application for Admission

Please print clearly and return to the SCCTC Post-Secondary Office, 951 Vern Riffe Drive, Lucasville, OH 45648, Phone 740.259.5526, Fax 740.259.8312.

\*\*All questions must be answered. If not applicable, answer N/A.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ MI \_\_\_\_\_ Maiden Name \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Program(s) of Interest: \_\_\_\_\_ Program start date(s): \_\_\_\_\_

High School Attended: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

High School Location: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_

Year GED Earned: \_\_\_\_\_

(Please attach a copy of your diploma or GED certificate with this application)

Education Advancement:

List all career technical centers, colleges, and/or universities previously attended:

Name of Institution: \_\_\_\_\_ Type of Degree \_\_\_\_\_

Name of Institution: \_\_\_\_\_ Type of Degree \_\_\_\_\_

Name of Institution: \_\_\_\_\_ Type of Degree \_\_\_\_\_

Equal Opportunity Statement

Scioto County Career Technical Center does not discriminate in admission, access, or treatment in programs, and activities or employment policies or practices on the basis of race, creed, sex, color, national or ethnic origin, religion, marital status, age, sexual orientation, or disability. Inquiries regarding Title IX may be directed to the Title IX coordinator at 740.259.5522 ext. 2234.

**Alternate Contact Information:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

I authorize the Scioto County Career Technical Center, Post-Secondary Education, to obtain and exchange any information about myself as required from past and future employers, training facilities, and other organizations for the purpose of determining eligibility, suitability, and providing services. This also includes obtaining any income verification from employers, public assistance agencies, and/or any other social service agency.

I certify that the statements included in this application are accurate and true to the best of my knowledge. I understand that my enrollment is voluntary and that I shall not hold the Board of Education or school officials responsible for injury resulting from my actions or conduct.

I have read and agree to all the above:

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Mission Statement**

The mission of Scioto County Career Technical Center, the region's driving force for re-energizing the economy, is to provide a superior workforce through personalized training, new technologies, and community partnerships.

**Refund Policy****Full-Time/600+ hours**

A 100% refund\* of tuition and lab fees if the student withdraws in the 1st week of the term.

A 75% refund \* of tuition and lab fees if the student withdraws within the 2<sup>nd</sup> week of the term.

A 50% refund\* of tuition and lab fees if the student withdraws within the 3<sup>rd</sup> week of the term.

No refund after the 3<sup>rd</sup> week of the term.

\*Excludes any expenses incurred by the school such as assessments already taken, books, tools, etc.

**Short-Term/up to 599 hours**

If a program is cancelled for any reason, or a student withdraws prior to the start date of a program, a 100% refund will be given.

No refund will be given after the start date of the program.



**MIKE DEWINE**  
— ★ OHIO ATTORNEY GENERAL ★ —

# **PEACE OFFICER BASIC TRAINING STUDENT HANDBOOK**



Effective 7/1/2017

Welcome to Ohio Peace Officer Basic Training! We hope that these next few exciting months will be both enjoyable and beneficial. You will make life-long friends, and learn skills to enable you to protect Ohio's citizens, your brother and sister officers, and yourself.

This Handbook will provide you with some of the basic information you will need as you go through your academy. For specific questions, check with your Commander.

Thank you for taking the first step towards public service as a law enforcement officer. Good luck!

A handwritten signature in black ink that reads "Mary E. Davis". The signature is written in a cursive style with a large initial "M" and "D".

Mary E. Davis, Executive Director  
Ohio Peace Officer Training Commission

# Things to Know

## The Ohio Peace Officer Training Commission

The Ohio Peace Officer Training Commission (OPOTC) consists of nine 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, and establishes annual Continuing Professional Training (CPT) requirements. The Ohio Revised Code requires the Commission's membership to consist of:

- Two incumbent sheriffs.
- Two incumbent chiefs of police.
- One representative from the general public.
- The special agent in charge of one of the field offices of the FBI.
- A representative from the Ohio Bureau of Criminal Investigation.
- A representative from the Ohio State Highway Patrol.
- A member from the Ohio Department of Education, Trade & Industrial Education Service

The day-to-day work of the Commission is done by the Executive Director and staff members. The staff members you may encounter include Field Compliance Officers and Certification Officers.

Field 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 Commission.

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 Ohio Peace Officer Training Commission (OPOTC) are two different entities, but the two are often confused. OPOTA includes the London and Richfield physical campuses, where its advanced training instructors are tasked with teaching courses to those who are already certified officers. OPOTA does not teach or design basic training.

## Your Academy

Your academy is run by your commander. You can think of a commander as similar to a principal of a school. The commander chooses instructors, schedules courses and locations, and ensures that the instructors have the basic tools needed to teach their courses. Commanders and instructors must all be approved and certified by 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 in a physical fitness assessment that includes sit-ups, pushups, and a 1.5 mile run.

To receive your OPOTC training completion letter, you will need to successfully complete certain Student Performance Objectives (SPO's), meet higher physical fitness assessment standards, and pass a written state certification exam (SCE). Certain accommodations can be made during the SCE if a student has a disability that may impact the speed by which the student completes the exam. A request for such accommodations should be made to your commander as soon as possible.

## Missing Classes or Portions of Classes

There may come a time when you miss a class or a portion of a class. As all hours are mandatory, sign-in and sign-out sheets are very important, and the times must be documented to the minute. If a student is tardy to class, the time must be made up. If that time is 15 minutes or less late, that 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 a student is more than 15 minutes late, the student has to make up class-time at a later time, with the original instructor, in 30 minute increments. (It can also be made up by a different instructor, but only if the commander takes certain approval-steps with OPOTC beforehand).



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. Those classes must be made up within 14 days of the date the student returns to class (unless excused due to a medical extension or a military extension). If they are not, then starting on that 15<sup>th</sup> day, the student is not permitted to attend any other academy courses until the missed classes are made-up.

If a student is going to be out for an extended amount of time, the student should contact the commander for information about obtaining an extension. Extensions are available for medical purposes and for military purposes. All make-ups must occur within one year of the date the academy began.

### Appointed Students and Open Enrollment Students

Some students are appointed to a peace officer agency before they complete their academy. These students possess peace officer powers in their jurisdictions as soon as they pass the SCE 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 to a peace officer agency, they are issued an OPOTC certificate (subject to any additional required training that has been mandated in the interim) and they then possess peace officer powers in their jurisdiction.

If an open enrollment student does not get an appointment within one year of successfully passing the SCE, the student must take a 2-day live Refresher course, and pass a refresher exam before having peace officer powers. If an open enrollment student does not get an appointment with two years of successfully passing the SCE, the student must repeat the entire peace officer basic training in order to become a peace officer.

If a student's appointment status should change from open enrollment to sworn, or from sworn to open enrollment, the student must notify the Commander immediately.

Those who complete an academy are not yet peace officers and may not perform the functions of a peace officer until they are appointed as an officer by an agency and receive an OPOTC training certificate from the OPOTC Executive Director.

### Appendix

The following documents are attached as an appendix to this Handbook, and must be completed and returned to the commander immediately. Any delay in completing and returning these forms may result in a denial of your request to attend the academy.

Handbook Acknowledgment and Verification

SF115unv – Student Enrollment/Certification Record

SF102bas – Request for National WebCheck

SF104unv – FERPA Consent to Release Student Information

SF114bas – Student Health Data Form

### Affirmations

There are a number of questions and acknowledgments that each student must review and answer. The last page of this Handbook must be signed by the student after any matters addressed in this section are detailed by the student. 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.

For any statement that you are not able to answer affirmatively, please explain in detail on the Acknowledgment and Verification page of this Handbook

1. 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 as to all matters, even those that have been sealed or expunged).

If you have so 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 was 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.

2. I am not a fugitive from justice, and I do not have criminal charges pending against me in any jurisdiction.
3. I am not drug dependent, in danger of drug dependence, or a chronic alcoholic.
4. I have never been adjudicated from 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.
5. I am not an alien who is illegally or unlawfully in the United States.
6. I have never been discharged from the Armed Forces under dishonorable conditions.

7. I have never renounced my United States citizenship.
8. I am not under a court order that restrains me 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.
9. I currently possess a valid driver's license and have driving privileges in the State of Ohio.
10. 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).
11. I understand that if I provide false information on this form I may be discharged from this school, and may be charged with a crime.
12. I understand that 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, 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 school.
13. I grant 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 school.
14. 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 suspected discrimination or harassment to my Commander and 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 academy's senior management and the OPOTC Field Compliance Officer. If a student has engaged in discrimination or harassment, the student may be suspended or expelled from the OPOTC program.
15. 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 topics 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 extension or a military extension. If the make-ups do not occur within this time frame, I cannot attend other academy courses 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 these OPOTC minimum standards.

16. 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. It will be evaluated by the Commander on its sufficiency of course content, organization, appropriateness of material, regularity of entries, neatness, accuracy, and legibility.
17. To be eligible to take the OPOTC SCE, I must first demonstrate to the satisfaction of my Commander the requisite proficiencies in each skills unit/topic. I must pass the written OPOTC SCE with a score of at least 70%. If I do not pass on the first attempt, I will be given one additional opportunity to pass the examination.
18. I will not disclose any information concerning specific questions regarding the OPOTC state certification examination.
19. If I request any special accommodations (such as those relating to learning/reading disabilities, dyslexia, etc.) for the SCE, 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. 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.
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 or the Ohio State Board of Nursing, or a neighboring state's equivalent, or a medical professional with the US Department of Veterans' Affairs.
3. I understand that the training involves a degree of physical exercise and physical contact, which involves a risk of injury to me.
4. 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 practice sessions.
5. 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.

6. 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.
7. 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 certificate for this training I must pass all applicable tests and test components, including but not limited to sit-ups, push-ups, and a one and one-half mile run.
8. I have been informed by the Commander of the component 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 eighty hours of schedule 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 (3) events (sit-ups, push-ups, and 1 ½ mile run) 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 done at the Ohio Peace Officer Training Academy in London, Ohio.

9. 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 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.

**C. 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 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
Opiate metabolites - Codeine/Morphine	2000ng/mL	Codeine Morphine	2000 ng/mL 2000ng/mL
6-Acetylmorphine	10 ng/mL	6-Acetylmorphine	10 ng/mL
Phencyclidine	25 ng/mL	Phencyclidine	25 ng/mL
Amphetamines	500 ng/mL	Amphetamine Methamphetamine	250 ng/mL 250 ng/mL

4. I understand that a positive result for drugs, or my 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 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 certified 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 certified school may be subjected to redisclosure by the OPOTC certified 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 certified 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.







**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](http://www.OhioAttorneyGeneral.gov)

**STUDENT HANDBOOK ACKNOWLEDGMENT AND VERIFICATION**

My signature below indicates that I have received, read and agree to abide by the Ohio Revised Code, the Ohio Administrative Code, the Peace Officer Basic Training Student Handbook, and the above-listed forms, and that if any of the information contained in the Handbook needs additional information or explanation, that information or explanation is detailed below.

**ADDITIONAL INFORMATION OR EXPLANATION:**

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(Attach additional documentation if needed).

\_\_\_\_\_  
 Student's Name (please print)  
**James R. Setters**  
 \_\_\_\_\_  
 Witness Name (please print)  
**Southern Ohio Police Academy**  
 \_\_\_\_\_  
 School Name

\_\_\_\_\_  
 Student's Signature  
 \_\_\_\_\_  
 Witness Signature  
**BAS 17-**  
 \_\_\_\_\_  
 School Number

\_\_\_\_\_  
 Date  
 \_\_\_\_\_  
 Date



**STUDENT ENROLLMENT/CERTIFICATION RECORD**

**TYPE OR PRINT LEGIBLY IN INK**

NAME: \_\_\_\_\_ S.S.N.: \_\_\_\_\_  
Last First Middle Name

PREVIOUS NAME(S) OR ALIAS: \_\_\_\_\_

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 \_\_\_\_\_

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

RACE:  
 \_\_\_\_\_ WHITE \_\_\_\_\_ BLACK/AFRICAN AMERICAN \_\_\_\_\_ HISPANIC/LATINO \_\_\_\_\_ ASIAN  
 \_\_\_\_\_ AMERICAN INDIAN/ALASKA NATIVE \_\_\_\_\_ NATIVE HAWAIIAN/PACIFIC ISLANDER \_\_\_\_\_ OTHER

EDUCATION: Highest level attained \_\_\_\_\_

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

COMMANDER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**Southern Ohio Police Academy**  
 SCHOOL NAME  
**BAS 17-**  
 SCHOOL NUMBER \_\_\_\_\_

NO STAMPS/ORIGINAL SIGNATURE ONLY

<b><u>OPOTC USE ONLY</u></b>	
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

## 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:

Southern Ohio Police Academy beginning on 09/11/2017  
(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 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: \_\_\_\_\_





**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)

Signature \_\_\_\_\_  
(Signature of parent/legal guardian, if student is a minor)

Student ID Number \_\_\_\_\_

Date \_\_\_\_\_







**STUDENT HEALTH DATA FORM**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Female \_\_\_\_\_ Male  
 (Last) (First) (Middle Name)

School Name: Southern Ohio Police Academy School Number: BAS 17-

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), 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 (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

