



**Open Enrollment  
Packet  
2024 Academy Class**



**Authorized by the  
Ohio Peace Officer Training  
Council**



**Basic Police Academy  
2024 Open Enrollee  
Application Instructions  
and Checklist**

These instructions and checklist are provided to assist you in completing your Basic Police Academy application. Be sure your paperwork is complete. An application cannot be accepted if something is missing or filled out incorrectly. **If the question does not pertain to you, write "N/A" on the line.** Refer to the below instructions for detailed information about the forms.

***Do not continue any further if you are a sworn officer***, i.e. you have been appointed as a peace officer or law enforcement officer in compliance with applicable state law and OPOTC regulations, or if you have been **recently reappointed** as a peace officer and need update training, - *contact the Academy Commander to obtain the correct forms.*

**PAY CLOSE ATTENTION TO THE FOLLOWING INSTRUCTIONS:**

- Applicant must be 20 years of age at the start of the Academy and have never held a prior appointment as a peace officer in Ohio.
  - You must **COMPLETELY** and accurately type out all of the required forms and submit them prior to the program application deadline at [\*\*1300 on Friday, December 8, 2023.\*\*](#)
  - **FORMS MUST BE PRINTED ONE-SIDED ONLY. TWO-SIDED FORMS WILL NOT BE ACCEPTED.**
  - It is crucial that you take the time to review all of the materials in this package, especially the Information Letter before submitting your application packet to the Academy Commander. Incomplete or improperly completed forms are a reflection of the type of officer you will be. Attention to detail is a critical function in the law enforcement field.
  - Download the application packet and **type** all the information into the forms.
    1. Do not fill in the school number or ending date of the Academy.
    2. Make sure to add your middle name or middle initial as the form requests.
- ☐ Include a color passport-size photo with your application; you can obtain one from CVS or Walgreens, to name a few.
- ☐ Present your Ohio Driver's License upon submission of your application to be photocopied. Applicant can have NO more than one (1) OVI conviction within the past three (3) years of the start of the application process and NO more than two (2) OVI convictions on driving record.
- ☐ Include a copy of your high school and college diplomas as applicable, or GED equivalent.
- ☐ Complete Cadet Information and Emergency Contact Sheet (LCC009).
- ☐ Ensure that Lakeland's Statement of Understanding (LCC011) is **completed, signed and notarized.**

- ☐ Ensure that Authorization and Waiver Certificate (LCC11a) is **signed by you and Commander.**
- ☐ Ensure Waiver of Liability and Indemnity Agreement (LCC017) is **signed by you and a witness signature.**
- ☐ Ensure that the Felony Convictions & Weapons under Disabilities (LCC012) is **signed by you and notarized.**
- ☐ Ensure that the Minor Misdemeanor Violation (LCC013) is **signed by you and notarized.**
- ☐ Ensure that OPOTC BPA Disqualifying Offenses (LCC013a) is **signed by you and a witness signature.**
- ☐ Ensure that the Notice to Open Enrollees (LCC014) is **signed by you and notarized.**
- ☐ Complete the Entry Physical Assessment (LCC008). **Signed by you.**
- ☐ Complete the Release for Psychological Testing (LCC005). **Signed by you.**
- ☐ Complete Model Release Form (LCC007). **Signed by you.**
- ☐ Complete and sign Authorization for Use or Disclosure of Drug Screen Information (Form LCC018).
- ☐ Ensure that the LCC Refund Schedule (LCC006) is **signed by you and a witness.**
- ☐ Read Fingerprinting Information (LCC016). Must take LCC016a and OPOTA SF102bas forms to the Lake County Sheriff's Office to have your fingerprints taken for a background check. The SF102bas must be included in your application packet so do not forget it. Fingerprinting must be completed between **October 16, 2023, and December 8, 2023.**
- ☐ Include a copy of your Military DD-214, if applicable.
- ☐ Review Financial Aid Opportunities (LCC015).
- ☐ Include Financial Aid application and Schell Loan application (LCC015A) and Charles E. Schell Foundation Student Loan Request Form (LCC015B). **Be sure to include TYPED page explaining the reasons for applying.**
- ☐ Complete and Sign EIDJ Application for Non-Degree Admissions (LCC021).
- ☐ Read and Complete the Peace Officer Basic Training Student Handbook:
  - ☐ Handbook Acknowledgment and Verification (**Signed by you and a witness**).
  - ☐ SF115unv – Student Enrollment/Certification Record (**Completed by you and signed by Commander upon submission**).
  - ☐ SF102bas – Request for National WebCheck (**Completed by you and signed by Fingerprinting Agency**).
  - ☐ SF104UNV – FERPA CONSENT TO RELEASE STUDENT INFORMATION (**SIGNED BY YOU**).
  - ☐ SF114BAS – STUDENT HEALTH DATA FORM. (TOP COMPLETED BY YOU. ENSURE THE RIGHT SIDE OF THE FORM IS COMPLETED BY A MEDICAL PROFESSIONAL.
  - ☐ CADET MUST COMPLETE ALL REQUIRED INFORMATION.
  - ☐ PHYSICAL EXAMINATION MUST BE COMPLETED 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 **AFTER SEPTEMBER 18, 2023.**
- ☐ Complete and sign OPOTC Authorization for Use or Disclosure of Drug Screen Information (SF147bas). Screen must occur between **October 16, 2023, and December 8, 2023** at the facility listed on the paperwork. Drug screens completed elsewhere are not acceptable. **STUDENTS ARE RESPONSIBLE FOR PAYMENT AT THE TIME OF SERVICE.**

- ☐ Ohio BMV Record Request (driving record only). Go to your local BMV to have your driving record printed. Please have your records printed between [October 16, 2023, and December 8, 2023](#). Results need to be submitted with your completed application.
- ☐ Turn in the application prior to deadline: [Friday, December 8, 2023, by 1300](#).
- ☐ Applications must be submitted in person. Contact the Academy Commander to schedule an appointment at (440) 525-7321.
- ☐ After meeting with the Commander, pay the non-refundable application fee of \$250 at the Cashiers' Office (A-1004) and submit a copy of the receipt to the Academy Commander.

**Personal Information:**

Name: \_\_\_\_\_  
 (LAST) (FIRST) (MIDDLE)

Address: \_\_\_\_\_  
 (STREET ADDRESS)

\_\_\_\_\_  
 (CITY) (ZIP CODE)

Cell Phone: \_\_\_\_\_ Social Security #: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: ☐ Male ☐ Female  
 (MM/DD/YEAR)

Ohio Driver's License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 (MM/DD/YEAR)

**Education**

**High School Attended:**

Name of School	City	State	Date of Graduation

**If not a high school graduate, have you obtained a GED**

☐ Yes (Year) \_\_\_\_\_ ☐ No

**Previous Colleges Attended** (List most recent college attended first)

Name of school	Location	Last Year Attended	Degrees Received

**Total number years of education:** \_\_\_\_\_

**Military**

Branch	MOS	Rank	Date Discharged

If you received less than honorable discharge, indicate: \_\_\_\_\_

**Citizenship:**

Are you a United States citizen?     ☐ Yes   ☐ No

**Please provide complete and accurate information for all emergency contacts listed. If this information changes at any point before or during the academy, please notify the Commander to complete a new form.**

1<sup>st</sup> Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

2<sup>nd</sup> Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**I understand that in the case of an emergency, Lakeland Community College or Basic Police Academy personnel may notify my emergency contacts.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Military History:**

1. Are you currently in the United States Military? \_\_\_\_\_. If yes, which branch? \_\_\_\_\_  
\_\_\_\_\_
2. Have you ever enlisted in the United States Military? \_\_\_\_\_. If yes, which branch? \_\_\_\_\_  
\_\_\_\_\_
3. Date Enlisted: \_\_\_\_\_ Date of Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_
4. Did you ever receive a less than honorable discharge? \_\_\_\_\_. If yes, why? \_\_\_\_\_  
\_\_\_\_\_
5. Attach certified or notarized copy of DD214.

**Arrest/Conviction:**

1. Have you ever been convicted for ANY offense of violence as an adult or juvenile? \_\_\_\_\_. If yes, list the date of arrest, offense charged, court of jurisdiction, and disposition:  
\_\_\_\_\_  
\_\_\_\_\_
2. Have you every been convicted of operating a vehicle with a suspended drivers' license or operating a vehicle while under the influence of alcohol, drugs of abuse, or both? \_\_\_\_\_. If yes, list the date of arrest, offense charged, court of jurisdiction, and disposition:  
\_\_\_\_\_  
\_\_\_\_\_
3. Have you ever been convicted of a drug offense as an adult or juvenile? \_\_\_\_\_. If yes, list the date of arrest, offense charged, court of jurisdiction, and disposition:  
\_\_\_\_\_  
\_\_\_\_\_
4. Have you ever been convicted of a felony offense in any jurisdiction of the United States or under the Uniform Code of Military Justice? \_\_\_\_\_. If yes, explain:  
\_\_\_\_\_  
\_\_\_\_\_
5. Have you ever been under investigation for any felony or crime of violence? \_\_\_\_\_. If yes, explain:  
\_\_\_\_\_  
\_\_\_\_\_

**Physical ability:**

1. Do you have any physical limitations, or injuries (past or present) that would prevent you from participating in any physical activity not limited to: running, jumping, standing or sitting for long periods of time, self-defense techniques, firearms, driving, etc? If yes, explain: \_\_\_\_\_  
\_\_\_\_\_
2. Are you a student with a disability or an IEP (Individualized Education Plan)? \_\_\_\_\_  
If yes, you must provide paper documentation prior to the start of the Academy.

**Understanding** (applicant, initial after each statement):

1. I understand that I **MUST** attend all OPOTA Basic Police Officer Academy classes. Failure to do so, may result in my dismissal from the Academy. \_\_\_\_\_
2. I understand being tardy (late) to any Academy class may result in my dismissal from the Academy. \_\_\_\_\_
3. I understand that if I accumulate three (3) tardies, I will be dismissed from the Academy. \_\_\_\_\_
4. I understand that **NO** Basic Police Officer Academy class(es) may be made-up without the approval of the Academy Commander. \_\_\_\_\_
5. I understand that if I receive approval of the Academy Commander to make-up any OPOTA Basic Police Officer Academy class(es), I will be responsible for the cost of the class at a rate of \$50.00 per hour of instruction, and if required, \$30.00 per hour for each additional instructor. No make-up classes will be scheduled until payment is received in full. \_\_\_\_\_
6. I understand that if I am injured at any time or at any place during the academy session, I will advise the Academy Commander in a reasonable time, but no later than the start of the next scheduled class, of the nature and cause of the injury. \_\_\_\_\_
7. I understand that if I fail to advise the Academy Commander in a reasonable amount of time, or fail to report the exact nature and occurrence of the injury, I may be dismissed from the Lakeland Community College Basic Police Academy. \_\_\_\_\_
8. I understand that if I voluntarily leave, or am dismissed from the Lakeland Community College Basic Police Academy, I will turn in ALL notes, notebooks, handouts, manuals, equipment, and uniforms issued to me by the Lakeland Community College Basic Police Academy and/or instructors. \_\_\_\_\_
9. I understand I must attain at least the minimum score for all three skills in the physical final assessment in order to pass the Academy and to be eligible to take the OPOTC certification exam. The final physical assessment will be conducted during the last 80 hours of the OPOTA Academy calendar. \_\_\_\_\_

10. I understand that if I have been convicted of:
- any felony or drug related offense
  - any motor vehicle crime (excluding traffic offenses)
  - any serious misdemeanor, or
  - arrested for any offense of violence (including domestic violence or any related offense) I am ineligible to take the program. \_\_\_\_\_
11. I understand that if I ever enlisted in the United States Military, I must provide the Academy Commander with an official copy of my DD214 at the time the Basic Police Academy application is due. Failure to submit the requested information will result in dismissal from the Lakeland Community College Basic Police Academy. \_\_\_\_\_
12. I understand that I will divulge any and all criminal convictions to the Academy Commander at the time the Basic Police Academy application is due. Failure to submit the requested information will result in dismissal from the Lakeland Community College Basic Police Academy. \_\_\_\_\_
13. I understand that it is my responsibility to provide the Academy Commander with a certified copy of the final journal entry showing the level of conviction and disposition of the case. If the record has been expunged or sealed, that journal entry will also be required. Failure to submit the requested information may result in dismissal from the Lakeland Community College Basic Police Academy. \_\_\_\_\_
14. I understand that I must possess and maintain a valid Ohio Driver's License at the time of application and throughout the academy session. Failure to possess and maintain a valid Ohio Driver's License will result in my dismissal from the application process and/or the Lakeland Community College Basic Police Academy. \_\_\_\_\_
15. Do you currently hold a commission (have arrest powers, the right to carry a firearm, and been officially sworn-in) from any public sector police agency in the State of Ohio?  
YES \_\_\_\_\_ NO \_\_\_\_\_  
If YES, what department? \_\_\_\_\_  
(Initials) \_\_\_\_\_
16. I understand that all individuals approved for certification as Peace Officers in the State of Ohio will have to successfully complete an OPOTC controlled and administered, closed-book, written final examination PRIOR to being certified. \_\_\_\_\_
17. I understand that the State requires all students in an approved Basic Police Training Academy to have a "Comprehensive Notebook" prepared according to OPOTC standards. I will receive a copy of the instructions for this OPOTC notebook, and understand that such a notebook must be reviewed by the Academy Commander PRIOR to approval for certification. \_\_\_\_\_
18. I understand that OPOTC regulations require that an Academy Commander personally certify a student's completion of all state requirements for certification. In the event the Academy Commander at Lakeland Community College refuses to approve a student for certification, the student may appeal that decision and s/he will convene a formal "Board of Review" to review the records of anyone not recommended for approval by the Academy Commander. This "Board of Review" will follow the guidelines listed in current OPOTC documents when making the recommendation for approval. \_\_\_\_\_

19. I understand that should I be denied approval for examination based upon an incomplete status, the Academy Commander will not provide me with the opportunity to make up the missing time or Student Performance Objectives within guidelines issued by the State. I further understand that the OPOTC does not require that opportunity for a makeup be given. \_\_\_\_\_
20. I understand that once accepted in the Lakeland College Police Academy, I am obligated to keep the Academy Commander advised of any adverse contacts I have with law enforcement authorities. I further understand that a student who disrupts the good order of the police academy by way of any arrest, unruly conduct, sexual harassment, outbursts in the classroom or on college property; displays a pattern of disrespectful behavior towards academy staff, college staff, classmates, college students, college guests, will be dismissed from the Academy. \_\_\_\_\_
21. I understand that as a cadet in the Lakeland Community College Police Academy, if I should be arrested, subject to an arrest, or display any behavior that causes a disruption or distraction to the good of the order of the Academy, may result in dismissal from the Academy. \_\_\_\_\_
22. I understand that completion of the Academy program at Lakeland College does not guarantee that I will pass the State exam, become certified as a police officer in Ohio, or become employed by a police agency. \_\_\_\_\_
23. I understand that successful completion of the Academy program will enable me to take the State comprehensive examination administered by the Ohio Peace Office Training Council. \_\_\_\_\_
24. I understand that should I fail to pass the State examination on the first try, I will be given one additional chance to take the examination. If I do not pass the exam on the second try, the State will not give me any credit for completion of basic police training, and should I become employed as a police officer in Ohio, I will have to repeat basic police training. \_\_\_\_\_
25. I understand the completion of the academy program does not empower me to carry a firearm or any other weapon, nor does it allow me to function as a police officer until hired by a governmental agency or police department. \_\_\_\_\_
26. I understand that any and all financial obligations relative to tuition and fees related to this course and owed to the college by me or my sponsor must be fully satisfied prior to last official academy class. \_\_\_\_\_
27. I understand that as a cadet in the Lakeland Community College Police Academy, smoking on Lakeland Community College property or any other training facility utilized by the Lakeland Community College Basic Police Academy is strictly prohibited. A violation of this policy may result in dismissal from the Lakeland Community College Basic Police Academy. \_\_\_\_\_
28. I understand that there are absolutely **no** refunds; whether I withdraw, be dismissed, or due to injury. \_\_\_\_\_

I understand that falsification of any of the information required on this form may result in dismissal from the Lakeland Community College Basic Police Academy, and may result in my being charged with a criminal offense pursuant Ohio Revised Code 2921.13.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

State of \_\_\_\_\_

County of \_\_\_\_\_

On this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ before me, \_\_\_\_\_  
(Notary Public name)  
the undersigned Notary Public, personally appeared

\_\_\_\_\_, who provided me with the  
satisfactory evidence to be the person whose name is subscribed in this document, and  
acknowledged that he/she executed it. Witness my hand and official seal.

\_\_\_\_\_  
Signature Notary Public

Notary Public Seal

Notary Public, State of \_\_\_\_\_

My commission expires: \_\_\_\_\_



**Basic Police Academy 2024  
Authorization and Waiver Certificate**

I, \_\_\_\_\_, do hereby authorize Lakeland Community College and any employee or agent thereof, to conduct an investigation into my background for the purpose of determining my suitability for participation in the Ohio Peace Officer Basic Training Program.

I authorize Lakeland Community College to collect any and all information available relative to my birth, medical history, employment history, educational background, financial status, character, criminal and traffic history, references or application form responses, and/or conduct interviews with any person, firm, or corporation deemed necessary to complete said investigation.

I understand that Lakeland Community College and employees or agents thereof will treat and handle any records and/or information so collected as confidential and that said information will be used only in connection with my participation in the Regional Basic Police Training Academy.

I hold Lakeland Community College and its employees and authorized agents harmless from any claim that may arise from this process.

I certify that any and all information I have provided to the College is accurate and true to the best of my knowledge.

I certify that I knowingly waive my rights to privacy and privilege in this process.

\_\_\_\_\_  
Signature of Applicant/Candidate

\_\_\_\_\_  
Signature of Commander

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



**Basic Police Academy 2024  
Waiver of Liability and Indemnity  
Agreement**

Due to the nature of the course(s) and training offered to students in the Lakeland Community College Police Academy ("Academy"), there are risks and dangers associated with the courses or training. Some of these risks are inherent to the nature of the course or training and all risks and dangers can cause physical and/or emotional injury, disability or death. All students enrolled in any Academy Course or Program are hereby advised that the Academy will provide instruction only and assumes no other responsibility to a student.

**Prior to being granted permission to attend the Academy, I acknowledge the following:**

1. I have obtained and submitted a Medical Examination and Approval Form prior to enrollment.
2. I declare myself to be in good physical and mental health and acknowledge that I do not have a temporary or permanent injury, illness or condition, including pregnancy, which could be endangered, potentially cause me harm, or be negatively impacted by my participation in the Academy.
3. If I have such an injury, illness or condition, I acknowledge that I assume all risk and responsibility for any worsening of or harm caused by my participation in the Academy.
4. If I develop any such condition during my participation in the Academy, I agree to promptly notify my commander, instructor, and school and resubmit a Medical Examination and Approval Form in order to continue participation in the Academy.

**In consideration of Lakeland Community College permitting my participation in the Academy, I agree and am bound to the following:**

1. I acknowledge and accept that there are risks involved with my participation in the Academy.
2. I am voluntarily participating in the Academy and in consideration of my participation, I, on behalf of myself, my heirs, assigns, executor, administrator and representatives do hereby release and hold harmless, Lakeland Community College, its trustees, officers, agents, instructors, and employees from any responsibility or liability for any and all loss and claims of damages, either personal or property, incurred while a participant in the Academy.
3. I shall abide by all policies, safety rules and instructions given in conjunction with my participation in the Academy.
4. I agree that any certification I receive from my participation in the Academy is contingent on passing all applicable tests.

**I have fully read and understand this agreement and acknowledge that this agreement contains a waiver of liability, an assumption of risk, and a release and indemnification of the Releases. I sign this agreement voluntarily.**

\_\_\_\_\_  
Applicant Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **Felony Convictions and Weapons Under Disabilities**

I certify that I understand the following:

- No person convicted of a felony may attend any portion of the Peace Officer Basic Training program. This includes felonies that were sealed or expunged by court order.
- As part of the enrollment process, a BCI and FBI criminal record check will be conducted on every prospective student. Records that have been expunged or sealed by court order will be opened and reviewed for purposes of attendance in Peace Officer Basic Training and for purposes of appointment as a peace officer.
- If the criminal record check reveals a disqualifying arrest or conviction, the OPOTC will notify the student. The student must then submit a certified copy of the final journal entry showing the level of conviction and disposition of the case. If the record has been sealed or expunged, the court order sealing the record of conviction or arrest also will be required. The student must submit the certified copy of the journal entry to the OPOTC Executive Director, who then will consider the matter and issue a letter of determination of eligibility to the student and School Commander.
- Prospective students subject to a state or federal weapons disability may not participate in any practical portion of the firearms training, or any classroom training that involves the handling of a firearm, unless and until relieved of the disability. School Commanders and instructor are responsible for enforcing this rule.

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

\_\_\_\_\_  
Signature

State of \_\_\_\_\_

County of \_\_\_\_\_

On this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ before me, \_\_\_\_\_ (Notary Public name)  
The undersigned Notary Public, personally appeared \_\_\_\_\_,

provided me with the satisfactory evidence to be the person whose name is subscribed this document, and acknowledged that he/she executed it. Witness my hand and official seal.

\_\_\_\_\_  
Signature Notary Public

Notary Public, State of \_\_\_\_\_

Notary Public Seal

My commission expires: \_\_\_\_\_

On February 19, 2010, the Court of Appeals for the First Appellate District of Ohio in *State v. Robinson*, 2010-Ohio-543, determined that a minor-misdemeanor violation of Ohio Revised Code Section 2925.11 (possession of a drug of abuse, to include marijuana) creates a disability prohibiting the possession of a firearm by state standards, unless the person convicted has been relieved from disability. Accordingly, Peace Officer Basic Training candidates who have previously been convicted of minor-misdemeanor possession will be barred from participating in the academy, unless the disability is relieved by court order.

Have you ever been convicted of a minor-misdemeanor of a drug possession statute? If yes, indicate court of record and attach a copy of court disposition. If you have been convicted of a minor-misdemeanor drug possession/use offense you must provide the academy with a release from disability from the court of jurisdiction.

Failure to disclose a minor-misdemeanor or any drug possession/use conviction may result in your dismissal from the Lakeland Community College Basic Police Academy and criminal prosecution for weapons on disability.

I understand that falsification of any of the information required on this form may result in dismissal from the Lakeland Community College Basic Police Academy, and may result in my being charged with a criminal offense pursuant Ohio Revised Code 2921.13.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

State of \_\_\_\_\_

County of \_\_\_\_\_

On this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ before me, \_\_\_\_\_ (Notary Public name) The undersigned Notary Public, personally appeared

\_\_\_\_\_,  
provided me with the satisfactory evidence to be the person whose name is subscribed this document, and acknowledged that he/she executed it. Witness my hand and official seal.

\_\_\_\_\_  
Signature Notary Public

Notary Public Seal

Notary Public, State of \_\_\_\_\_

My commission expires: \_\_\_\_\_

## **OPOTC BPA DISQUALIFYING OFFENSES**

I understand the following:

- 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 situated 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.

---

Applicant's Printed Name

---

Applicant's Signature

---

Date

---

Witness Signature

NOTICE TO OPEN ENROLLMENT STUDENTS

Ohio Administrative Code Section 109:2-1-07 establishes the criteria for the Executive Director to issue a certificate of completion.

- (A) Upon successful completion of an approved peace officer basic training course, a person appointed to a peace officer position described in section 109.71(A) of the Revised Code or a person employed in a position statutorily required to complete the basic training course, shall be awarded a certificate of completion by the executive director.
- (B) A person successfully completing a basic course who is not a peace officer or who is not statutorily required to complete training and receive certification will be issued a letter of completion by the executive director.
- (1) If within one year of the completion of training, the person receives an appointment as a peace officer or is employed in a position that statutorily requires a basic training certificate. A certificate of 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 basic training certificate is awarded.
- (2) If more than one year but less than two years after completion of training, a person receives an appointment as a peace officer or obtains employment in a position that statutorily requires peace officer certification, the person shall attend the refresher course prescribed by the executive director before the person may perform the functions of a peace officer. Upon completion of the prescribed refresher course, a certificate of completion of basic training will be awarded. If the person does not complete the refresher course within one year of the appointment date, the person shall not be eligible to receive a certificate and will be required to repeat the entire basic training course.
- (3) If more than two years after completion of training a person does not receive an appointment as a peace officer, the person shall successfully complete the peace officer basic training course before he or she may perform the functions of a peace officer.
- (4) If a member of the National Guard or a military reservist is mobilized to active duty in the uniform services after completion of training and prior to appointment as a peace officer, the time in active duty in the uniformed services shall not be included in calculating the period of time after completion of training for purposes of paragraphs (B) (2) and (B) (3) of this rule.

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Applicant's Signature

Notary Public, State of \_\_\_\_\_

My commission expires: \_\_\_\_\_

\_\_\_\_\_  
Date

Notary Public Seal

This form **MUST** be signed and notarized, and turned in with the completed application packet.

**NOTE TO NOTARY:** Applicant is attesting to reading and understanding the Certification Criteria.

I understand that these are the minimum standards that I must attain for entry into the Lakeland Community College Police Academy. My failure to meet these standards will result in me being ineligible for the Academy.

**Age and Gender Minimum Scores (15<sup>th</sup> percentile)**

<b>Exercise</b>	<b>Males (&lt;29)</b>	<b>Females (&lt;29)</b>
<b>Sit-ups (1 min.)</b>	<b>32</b>	<b>23</b>
<b>Push-ups (1 min.)</b>	<b>19</b>	<b>9</b>
<b>1.5 Mile Run</b>	<b>14:34</b>	<b>17:49</b>
<b>Exercise</b>	<b>Males (30-39)</b>	<b>Females (30-39)</b>
<b>Sit-ups (1 min.)</b>	<b>28</b>	<b>18</b>
<b>Push-ups (1 min.)</b>	<b>15</b>	<b>7</b>
<b>1.5 Mile Run</b>	<b>15:13</b>	<b>18:37</b>
<b>Exercise</b>	<b>Males (40-49)</b>	<b>Females (40-49)</b>
<b>Sit-ups (1 min.)</b>	<b>22</b>	<b>13</b>
<b>Push-ups (1 min.)</b>	<b>10</b>	<b>5</b>
<b>1.5 Mile Run</b>	<b>15:58</b>	<b>19:32</b>
<b>Exercise</b>	<b>Males (50-59)</b>	<b>Females (50-59)</b>
<b>Sit-ups (1 min.)</b>	<b>17</b>	<b>7</b>
<b>Push-ups (1 min.)</b>	<b>7</b>	<b>4 (Modified)</b>
<b>1.5 Mile Run</b>	<b>17:38</b>	<b>21:31</b>

Applicant's Printed Name \_\_\_\_\_

Applicants Signature \_\_\_\_\_

Psychological testing is required prior to acceptance into Lakeland's Basic Police Academy. Psychological testing is conducted for the Academy's benefit, so that we feel comfortable with the candidates we accept. It is also conducted for your benefit. Most police departments require psychological screening before hiring new officers. Before you put the time, money and effort into training to become a police officer, it is to your advantage to have already been through a screening.

The psychological test you will be given will be sent to the test publisher to be scored, and the results will be reviewed by a licensed psychologist. The test is used simply as a screening. If the psychologist determines that more information is needed you may be referred for additional evaluation.

The psychologist who interprets your test results acts as a consultant to the Academy, and this does not result in the establishment of a doctor – patient relationship between you and the psychologist. Being admitted to the Academy does not mean that you will be exempt from further psychological evaluation when you apply for jobs in the field of law enforcement.

Any information generated by the psychological testing process will belong to the Academy, and it will be considered part of your Academy record. However, it will be kept in a secure location separate from your primary student file. The information will be kept confidential and will only be released to authorized individuals.

I understand and willingly agree to the terms outlined above. I also give permission for the exchange of all relevant information and records between the Academy, Dr. Ken Browner, licensed psychologist, and Western Reserve Psychological Associates, Inc. for purposes of test interpretation and/or psychological evaluation.

---

Applicant's Printed Name

---

Applicant's Signature

---

Date

For and in consideration of my engagement as a model by Lakeland Community College, hereafter referred to as the videographer/photographer, I,

\_\_\_\_\_ hereby give the  
(PRINT NAME)

videographer/photographer, his/her legal representatives and assigns, those for whom the videographer/photographer is acting, and those acting with his permission, of his employees, the right and permission to copyright and/or use, reuse and/or broadcast and republish videotape recordings and photographs of me, or in which I may be distorted in character, or form, in conjunction with my own or a fictitious name, on reproductions thereof in color, or black and white made through any media by the videographer/photographer at his studio or elsewhere, for any purpose whatsoever; including the use of any printed matter in conjunction therewith.

I hereby waive any right to inspect or approve the finished videotape, sound track, or advertising copy or printed matter that may be used in conjunction therewith or to the eventual use that it might be applied.

I hereby release, discharge and agree to save harmless the videographer/photographer, his representative, assigns, employees or any person or persons, corporation or corporations, for whom he might be acting, including any firm publishing and/or distributing the finished product, in whole or in part, from and against any liability as a result of any distortion, blurring, or alteration, optical illusion, or use in composite form, either intentionally or otherwise, that may occur or be produced in the taking, processing or reproduction of the finished product, its publication, distribution, or broadcast of the same even should the same subject me to ridicule, scandal, reproach, scorn, or indignity.

**I hereby certify that I am over eighteen years of age, and competent to contract in my own name in so far as the above is concerned.**

I have read the forgoing release, authorization and agreement, before affixing my signature below, and warrant that I fully understand the contents thereof.

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Applicant's Signature

I hereby 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.

I further 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 thereby authorize the release of the results of said tests to the commander, their designee, or the Ohio Peace Officer Training Commission (OPOTC).

I understand that my sample will be screened for the following substances and concentrations.

<b>Initial test analyte</b>	<b>Initial test cutoff concentration</b>	<b>Confirmatory test analyte</b>	<b>Confirmatory test cutoff concentration</b>
Marijuana metabolites	50 ng/ml	THCA	15 ng/ml
Cocaine metabolites	150 ng/ml	Benzoylcegonine	100 ng/ml
Opiate metabolites- Codeine/Morphine	2,000 ng/ml	Codeine Morphine	2,000 ng/ml 2,000 ng/ml
Hydrocodone/ Hydromorphone	300 ng/ml	Hydrocodone Hydromorphone	100 ng/ml 100 ng/ml
Oxycodone/ Oxymorphone	100 ng/ml	Oxycodone Oxymorphone	100 ng/ml 100 ng/ml
6-Acetylmorphine	10 ng/ml	6-Acetylmorphine	10 ng/ml
Phencyclidine	25 ng/ml	Phencyclidine	25 ng/ml
Amphetamines/ Methamphetamines	500 ng/ml	Amphetamine Methamphetamine	250 ng/ml 250 ng/ml
MDMA/ MDA	500 ng/ml	MDMA MDA	250 ng/ml 250 ng/ml

I understand that a positive result for drugs, or my refusal to authorize the tests by signing this form, take the specified test(s), or failure to produce a specimen, may preclude me from attending this academy.

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.

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 re-disclosure by the OPOTC certified school, and not protected from such re-disclosure by federal law or federal rule.

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.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act and that I have not been coerced into signing this document.

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date



Patient/Employee Name \_\_\_\_\_

Job Title/Category: \_\_\_\_\_

Acct: 2162

Employer Name \_\_\_\_\_ Lakeland Police Academy

Date \_\_\_\_\_

☐ Bill Employer

☒ Employee to pay at time of service

Employer - Please check boxes for services required

**Please do not bring children to clinic for your appointment/testing. You must wear a mask.**

**Physical Examination - call 855-525-3622 to schedule appointment**

☐ Pre-placement ☐ Annual ☐ Return to Work

**DOT Physical Examination - call 855-525-3622 to schedule appointment**

☐ Initial ☐ Recertification

**Special Physical Examination - call 855-525-3622 to schedule appointment**

☐ Respirator Clearance ☐ Asbestos ☐ Fit Testing (needs mask)

☐ JPA/FCE ☐ OSHA Audio Retest ☐ Other \_\_\_\_\_

**Drug and Alcohol Testing - walk in testing available**

☐ Urine Drug Screen ☐ Alcohol ☐ Drug - Collection Only

☐ DOT ☐ Breath ☐ Other: \_\_\_\_\_

☒ Non-DOT **89740**

☐ Rapid Non-DOT

☐ Hair Test

**Reason for Drug & Alcohol Testing**

☐ Preplacement ☐ Random ☐ Reasonable Suspicion

☐ Post Accident ☐ Follow Up ☐ Return to work

**Other Testing - walk in testing available**

☐ Fingerprinting Code(s): \_\_\_\_\_

☐ BCI \_\_\_\_\_

☐ FBI \_\_\_\_\_

☐ BCI/FBI \_\_\_\_\_

☐ OSHA Audio Baseline

☐ OSHA Audio Annual

☐ TB Testing

☐ 1 Step (PPD)

☐ 2 Step

☐ Quantiferon

☐ Lift Test Maximum Wt: \_\_\_\_\_ lbs

☐ Respirator Questionnaire Review

**Injury Care only**

☐ \_\_\_\_\_

☐ Hepatitis B Surface Antibody

☐ Hepatitis B vaccination # 1

☐ Hepatitis B vaccination # 2

☐ Hepatitis B vaccination # 3

**Special Instructions/comments:** \_\_\_\_\_

**Job Description for physical:** \_\_\_\_\_

\*\*\*\*Due to the nature of these specific services, only the patient and staff are allowed in the testing area. Please alert your employee so that they can make arrangements for children or others that might otherwise be accompanying them to the medical facility.

**Authorized by:** \_\_\_\_\_ **Date:** \_\_\_\_\_



IS NOW PART OF



## Occupational Services Department

8655 Market Street  
Mentor, Ohio 44060  
P: 855-LAKE-OCC (855-525-3622) or 440-354-1990

### Service Locations:

Call 855-LAKE-OCC (855-525-3622) to schedule all physicals.  
Please do not bring children to the clinic for your appointment/testing.  
Candidate/Employee MUST WEAR A MASK into the clinic for testing.

### LAKE COUNTY

UH Brunner Sanden Deitrick Wellness Center  
Urgent Care  
8655 Market Street  
Mentor, OH 44060  
P: 440-255-6400  
F: 440-701-7648  
Hours:  
Monday-Friday 8 am - 8 pm  
Saturday/Sunday 9 am - 5 pm

UH Willowick Health Center  
Urgent Care  
29804 Lakeshore Boulevard  
Willowick, OH 44095  
P: 440-585-3322  
F: 440-585-1962  
Hours:  
Monday-Friday 8 am - 8 pm  
Saturday 9 am - 5 pm  
Sunday Closed

### GEAUGA COUNTY

UH Chardon Health Center  
510 5th Avenue  
Chardon, OH 44024  
P: 440-279-1525  
F: 440-279-1527  
Hours:  
Monday-Friday 8 am - 4 pm  
Saturday/Sunday Closed

For injuries and after-hours Post Accident/Reasonable Suspicion Drug/Alcohol Testing:  
**EMERGENCY DEPARTMENTS are 24/7 at:**

UH Lake West Medical Center  
36000 Euclid Avenue  
Willoughby, OH 44094

UH TriPoint Medical Center  
7590 Auburn Road  
Concord Twp., OH 44077

UH Madison Health Center  
6270 North Ridge Road  
Madison, OH 44057

Refund Policy:

Tuition will be refunded in full until [3/24/2024](#), minus direct expenses (such as uniforms, shirts, physical conditioning uniform, ORC books, First Aid book, etc).

Tuition will be refunded at 50% until [3/31/2024](#), minus direct expenses (such as uniforms, shirts, physical conditioning uniform, ORC books, First Aid book, etc).

**Application Fees are non-refundable.**

**No refund after [4/1/2024](#).**

I understand that there are absolutely **NO** refunds – whether I withdraw, be dismissed, or due to injury.

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Witness Printed Name

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date



## **FINGERPRINTING**

Fingerprinting will be conducted at the:

Lake County Sheriff's Office  
84 North Street  
Painesville, OH 44077  
440-350-5858

### **HOURS:**

Monday, Tuesday, Wednesday  
8:00-4:00 p.m.

Thursday- 11:30 a.m. to 6:00 p.m.

Closed on Friday, Saturday, and Sunday.

**NOTE:** They are also closed between 12-1:00 p.m. on Monday, Tuesday, Wednesday and 2:30-3:30 p.m. on Thursday for lunch break!

**BRING YOUR OPOTA FORM SF102 AND DRIVER'S LICENSE WITH YOU TO  
THE FINGERPRINTING APPOINTMENT**

**Fingerprinting must be completed between **October 16, 2023 – December 8, 2023.****

The completed SF102 is submitted with your application packet.



# Lake County Sheriff's Office

Sheriff Frank Leonbruno

Concealed Handgun Licensing/Offender Registration  
84 North State St. Painesville, Ohio 44077 (440)350-5676 Fax: (440)350-5888  
email: [rharp@lakecountyohio.gov](mailto:rharp@lakecountyohio.gov) website: [www.lakecountyohio.gov/sheriffoffice](http://www.lakecountyohio.gov/sheriffoffice)

## BACKGROUND CHECKS

Applicant Name \_\_\_\_\_ Phone number \_\_\_\_\_

Applicant Address \_\_\_\_\_

Which type of background do you need? **BCI & FBI**  
(**BCI**- State of Ohio only, **FBI**- Federal background check, or **both**).

**ORC and REASON CODE.** \_\_\_\_\_ **LAW ENFORCEMENT**

*\*\*\*ORC/REASON CODE must be provided and cannot be changed after submission. It is recommended that you review the reason code book or contact the individual who sent you to get the background.\*\*\**

### Results to be mailed to:

Name of company to receive background: **DIRECT COPY OPOTA**

Address of Company \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Special Attention to \_\_\_\_\_

**AND OR DIRECT COPY: OPOTA**

### **NATIONAL**

### **WEBCHECK**

### **WAIVER:**

I certify that the personal identifiers provided on this form are accurate and I voluntarily and knowingly authorize this WebCheck agency (CTP546 - Lake County Sheriff's Office) to submit information to the Ohio Bureau of Criminal Identification and Investigation (BCI&I) to conduct a criminal records check for information relating to me. I voluntarily and knowingly authorize BCI&I to disseminate criminal arrest, conviction and juvenile delinquency adjudication records to the WebCheck provider or agency I have designated to receive this information. I voluntarily and knowingly release and discharge the Ohio Attorney General's Office, BCI&I and their employees from all claims and liability related to this authorized criminal record review and dissemination. This authorization and waiver is valid for one year from the date this background check was conducted.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Name

**Charles E. Schell Foundation  
Student Loan Program  
Request Form**



--	--	--	--	--	--	--	--

Lakeland ID Number

**Student Information**

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

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**To be considered for the loan, you must meet the following criteria:**

- Citizen of Ohio, Kentucky, West Virginia or adjoining states, with parents of moderate means who are citizens of such states.
- Between the ages of 18 and 25.
- Loyal to the United States and its institutions, including the Army, Navy and Air Force.
- Honest, upright, intelligent and of practical appearance.
- Maintaining a minimum 2.0 GPA on a 4.0 scale.

**Terms of the loan:**

Payment of this loan will begin upon departure from Lakeland Community College or completion of stated program (whichever comes first).

There is a maximum of 10 years to repay the loan.

The loan will be interest free throughout its life.

**If you meet all of the above conditions and agree with the terms of the loan, please complete the following:**

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ GPA: \_\_\_\_\_

I am requesting \$\_\_\_\_\_ for the \_\_\_\_\_ semester/program.

**Complete the reverse side**

I need these funds from the Charles E. Schell Foundation for the following reason(s):

Please explain how you plan to repay this loan?

(Use additional paper if necessary)

I certify that the information provided on this application is true. I understand that any information that is false or misleading will result in the loss of these funds and payment in full will be due immediately.

Signature

Date

For Office Use Only

GPA

Semester/Program

Amount \$

Approved

Denied

FAO Initial & Date

Reason(s):



**CONFIDENTIAL NON-CREDIT  
FINANCIAL AID OPPORTUNITIES  
APPLICATION**

NOTE: Certain questions relate to the requirements for specific scholarships. Incomplete Applications will not be considered.

Name of Class: <u>Lakeland's Basic Police Academy</u> Start of Class: <u>March 18, 2024</u>	
Cost:	
<input type="checkbox"/> In-County: <u>\$5,025</u>	
<input type="checkbox"/> Out-of-County: <u>\$5,440</u>	
Name	Lakeland ID#
Address                      City                      Zip	Home Phone
	Work Phone
Last School or College Attended In what city did you live while attending this school?	Last Grade Level Completed
For Federal Government Reporting, please check:	
<input type="checkbox"/> White/Non-Hispanic <input type="checkbox"/> Black/Non-Hispanic <input type="checkbox"/> Hispanic	
<input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Other	
Gross Monthly Income _____	
Source of Income _____	
Do you receive tuition reimbursement? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other resources for college expenses:	
<input type="checkbox"/> Savings _____ <input type="checkbox"/> VA Benefits _____ <input type="checkbox"/> Other _____	
Do you live with your parents?	
<input type="checkbox"/> Yes (Provide information below)	
Parents' Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married	
Parents' number of dependent children ____.	
Father's gross monthly income _____.	
<input type="checkbox"/> No (Provide Information Below)	
Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married	
Your number of dependent children ____.	
Spouse's monthly income _____.	
Explanation of Need: <b>(Please attach additional <u>typed</u> page explaining the following:</b>	
<ul style="list-style-type: none"><li>• Explain why you need financial help to attend the Police Academy</li><li>• Your reasons for wanting to attend the Police Academy</li><li>• Your career and job aspirations or goals</li><li>• Your participation in volunteer or service projects in the community</li><li>• Unusual expenses or circumstances</li></ul>	
Signature of Applicant: _____	
Date: _____	

# THE JASON GRESKO MEMORIAL FUND, INC. SCHOLARSHIP APPLICATION

APPLICANTS SHOULD CONTACT THE JASON GRESKO MEMORIAL FUND, INC. IN ADVANCE OF ANY APPLICATION DEADLINE WITH ANY QUESTIONS AND/OR TO CONFIRM RECEIPT OF THIS APPLICATION. APPLICANTS WILL NOT BE CONTACTED IF ANY MATERIALS OR INFORMATION OR ANY OTHER PART OF THE APPLICATION IS MISSING OR OTHERWISE INCOMPLETE. INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED. EMAIL: [greskofoundation@gmail.com](mailto:greskofoundation@gmail.com)

**ALL APPLICATIONS MUST SUBMITTED AND RECEIVED ON OR BEFORE January 15, 2024**

*Please type or print legibly in blue or black ink. If additional space is needed, please attach additional pages, do not write on the reverse side of this document.*

## PERSONAL INFORMATION

Full Name of Applicant:	
Address:	
City, State, Zip Code:	
Phone Number: (Home/Cell Phone)	
Email Address:	
Date of Birth (DOB):	
Gender:	
Are you a citizen of the United States?	
Are you a resident of the State of Ohio?	
Name of High School or Equivalent:	
Year:	
Current GPA (on a 4.0 Scale):	
Do you volunteer for any agencies, associations, or other organizations?	
If yes, please list the agencies, associations, or organizations:	

# THE JASON GRESKO MEMORIAL FUND, INC. SCHOLARSHIP APPLICATION

Please list your involvement and your volunteer activities with the above listed agencies, associations, or organizations, including any duties or responsibilities:

--

IF YOU ARE UNDER THE AGE OF EIGHTEEN (18) YEARS OLD, PLEASE COMPLETE THE FOLLOWING SECTION:

Full Name of Parent/Guardian:	
Address:	
City, State, Zip Code:	
Phone Number:	

IF YOU ARE CURRENTLY EMPLOYED, PLEASE COMPLETE THE FOLLOWING SECTION:

Name of Employer:	
Address of Employer:	
Length of Employment:	
Annual Income:	
Hours Worked/Weekly:	
May we contact your employer as a reference?	
Employer Contact & Phone:	

# THE JASON GRESKO MEMORIAL FUND, INC. SCHOLARSHIP APPLICATION

## EDUCATIONAL INFORMATION

Please check the box next to the educational course of study you wish to pursue and for which you are applying for this scholarship:	<input type="checkbox"/> Criminal Justice <input type="checkbox"/> Fire Science <input type="checkbox"/> EMT/Paramedic <input type="checkbox"/> Nursing <input type="checkbox"/> Other <u>Basic Police Academy</u>
Have you been accepted or admitted into a program for the above-indicated course of study?	
Name of Program:	Basic Police Academy
Name of Educational Institution:	Lakeland Community College
Address of Educational Institution:	7700 Clocktower Drive Kirtland, OH 44094
Date of Acceptance/Admittance:	
Cost of Enrollment and/or Tuition:	
Cost of Books or Other Required Supplies:	
Length/Duration of Program (Months, Weeks, and/or Years):	5 months
Why do you wish to pursue a career in this field?	

THE JASON GRESKO MEMORIAL FUND, INC. SCHOLARSHIP APPLICATION

What would receiving this scholarship mean to you?

*I have read the above Jason Gresko Memorial Fund, Inc. Scholarship Application and the information contained therein and, to the best of my knowledge, I know it to be true and accurate.*

SIGNATURE OF APPLICANT

PRINTED NAME OF APPLICANT

DATE

FOR OFFICIAL USE ONLY

APPLICATION RECEIVED FOR REVIEW ON \_\_\_\_\_ BY \_\_\_\_\_.

## Application for Non-Degree Admissions\*

Name \_\_\_\_\_  
(Last) (First) (Middle) (Maiden/Former)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (primary) \_\_\_\_\_ ☐ Home ☐ Cell ☐ Work

Telephone (secondary) \_\_\_\_\_ ☐ Home ☐ Cell ☐ Work

☐ Male ☐ Female Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(mm/dd/yy)

Have you resided in Ohio for past twelve months? ☐ Yes ☐ No

County of Residence \_\_\_\_\_ How long have you resided in this county? \_\_\_\_\_  
(Months/Years)

High School Attended \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Have you obtained a GED? ☐ Yes ☐ No Date of graduation or GED \_\_\_\_\_

1. Are you a United States Citizen? ☐ Yes ☐ No
2. If you are not a United States citizen, are you a permanent resident? ☐ Yes ☐ No (A copy of card is required)  
Permanent Resident Card Information: Date issued \_\_\_\_\_ Number \_\_\_\_\_
3. Are you an international student? ☐ Yes ☐ No Visa Type \_\_\_\_\_
4. Are you Hispanic or Latino? ☐ Yes ☐ No Race/Ethnicity: ☐ American Indian or Alaskan Native (1)  
☐ Asian (2) ☐ Black or African-American ☐ Native Hawaiian or Pacific Islander (7) ☐ White (5)

**STATE STATUE REQUIRES THAT ALL OHIO RESIDENT MALE STUDENTS COMPLETE THE FOLLOWING FORM. FAILURE TO DO SO MAY RESULT IN THE STUDENT BEING CHARGED OUT-OF-STATE TUITION RATE. Register online at [www.sss.gov](http://www.sss.gov)**

Selective Service Number: \_\_\_\_\_ Registration (mm/dd/yyyy) \_\_\_\_\_

I certify that I am not required to be registered with Selective Service, and I qualify for exemption for the following reason:

- ☐ I am with the armed forces of the United States excluding training in a reserve or national guard unit.
- ☐ I have not reached my 18th birthday
- ☐ I am 26 years of age or older
- ☐ I am a permanent resident of the trust Territory of the Pacific Islands or the Northern Mariana Islands and I am not a citizen of the United States.
- ☐ I am a nonimmigrant alien lawfully in the United States in accordance with Section 101 (A)(15) of the "immigration and Nationality Act" U.S. C. 1161, as amended.

### Non-Degree Requirements:

- Financial aid is not available for non-degree students
- Non-degree students must still meet all course prerequisites
- No developmental courses are permitted unless the student completes the placement test
- There is no limit on the number of credits a student can earn as a non-degree student

☐ I VERIFY THAT THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE.

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

Personal Email Address \_\_\_\_\_

*\*New students may enroll to take courses for personal enrichment or professional development as a non-degree/non-certificate student. Non-degree students must be a high school graduate or have obtained a high school diploma equivalency.*

# Peace Officer Basic Training

## Student Handbook



## Ohio Peace Officer Training Commission

1650 State Route 56, SW • P.O. Box 309 • London, Ohio 43140  
Phone: 800-346-7682

## Things to Know

### The Ohio Peace Officer Training Commission

The Ohio Peace Officer Training Commission (OPOTC) consists of ten members appointed by the governor with the advice and consent of the Ohio Senate. Members serve three-year terms. The Commission issues recommendations to the Attorney General about matters pertaining to law enforcement training, approves OPOTC curriculum, certifies individuals for numerous Ohio law enforcement professions, and establishes annual continuing professional training (CPT) requirements for peace officers and troopers.

The day-to-day work of the OPOTC is done by the Executive Director and staff members. The staff members you may encounter include compliance officers and certification officers.

Compliance officers are the Commission's eyes and ears at each training academy. They communicate regularly with commanders and instructors to ensure that academies comply with the standards required by the Ohio Revised Code, the Ohio Administrative Code, and the OPOTC.

Certification officers verify that instructors and commanders have the prerequisites, training, and experience needed to instruct in or command an academy.

### The Ohio Peace Officer Training Academy

The Ohio Peace Officer Training Academy (OPOTA) and the OPOTC are two different entities but are often confused. The Commission established the Academy which includes two campuses in London and one in Richfield. The Academy provides advanced training courses to those who are already certified officers. They offer operator-level and instructor-level courses. OPOTA generally does not teach or develop basic training.

### Your Academy

Your academy is administered by your commander. You can think of a commander as similar to a principal of a school. The commander chooses instructors, schedules course topics and locations, and ensures that the instructors have the tools needed to teach their topics. Commanders and instructors must all be approved and certified by the OPOTC.

### Academy Requirements

The minimum hours required by the Commission must be taught by your academy, but additional required hours can be added by your academy.

To enter your academy, you must successfully complete a drug screen, pass a criminal background check, and meet certain minimum standards based on a physical fitness assessment that includes sit-ups, pushups, and a 1.5-mile run.

To be eligible for OPOTC certification as a peace officer, you will need to successfully complete certain skill-based student performance objectives (SPO's), meet higher physical fitness assessment standards, and pass the state certification exam (SCE) showing knowledge of cognitive-based SPO's.

#### Missing Class Topics or Portions of Class Topics

There may come a time when you miss a class topic or a portion of a topic. As all hours are mandatory, sign-in and sign-out sheets are very important, and the times must be documented to the minute. If you are tardy to class, the time must be made up. If that time missed is 15 minutes or less, that specific time can be made up at the end of the class day with the original instructor, if that instructor is available and willing to do so.

If you are more than 15 minutes late, you will have to make up class time at a later time, in 30-minute increments. As your academy has hired instructors to teach during the core hours of the course, it is not unusual for an academy to bill you for the additional instructor time required to conduct a make-up session.

There may be times when, due to illness, injury, or personal conflicts, one or more days of class will be missed. Due to the way the curriculum is developed and the order in which it's presented, those topic hours missed must be made up within 14 days of the date you return to class. If they are not, then starting on that 15th day, you are not permitted to attend any other academy topics until the missed topics are completed.

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

#### Appointed Students and Open Enrollment Students

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

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

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

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

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

## **Things to Do**

### **Required Forms**

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

- Student Handbook Acknowledgement and Verification
- SF115unv – Student Enrollment/Certification Record
- SF102bas – Request for National WebCheck
- SF104unv – FERPA Consent to Release Student Information
- SF114bas – Student Health Data

### **Affirmations**

Below are a number of questions and acknowledgments that you must review and answer. If there is any statement you are not able to answer affirmatively, please explain in detail on the Student Acknowledgment and Verification form at the end of this handbook. If you are in doubt as to any of these matters or have questions on how to answer, please consult with your commander.

#### **A. Statement of understanding.**

I have never pleaded to or been convicted of a criminal offense or been adjudicated for a juvenile offense in any jurisdiction. (When reviewing this acknowledgment, please acknowledge all matters, even those that have been sealed or expunged).

If you have pleaded, and so are not able to answer affirmatively, then on the last page of this handbook list the court that was involved, and the underlying crime to which you plead, were convicted, or were adjudicated delinquent.

Also, if the crime involved has, as an element of that crime, the use or attempted use of physical force, or the threatened use of a deadly weapon, also list whether the victim was a stranger, present or former spouse, household member, child, other family member, or if other, please describe.

1. I am not a fugitive from justice, and I do not have criminal charges pending against me in any jurisdiction.
2. I am not drug dependent, in danger of drug dependence, or a chronic alcoholic.
3. I have never been adjudicated by any court for mental incompetence, been adjudicated by a court as a mental defective, been committed by a court to a mental institution, been found by a court to be a mentally ill person subject to hospitalization by court order, or been an involuntary mental patient other than one who was only a patient for observation.
4. I am not an alien who is illegally or unlawfully in the United States.
5. I have never been discharged from the Armed Forces under dishonorable conditions.
6. I have never renounced my United States citizenship.
7. I am not under a court order that restrains me from harassing, stalking, or threatening an intimate partner or the child of such partner, or engaging in other conduct that would place an intimate partner in reasonable fear of bodily injury to the partner or child.
8. I currently possess a valid driver's license and have driving privileges in the State of Ohio.
9. I have been awarded and possess a high school diploma or a certificate of high school equivalency.

If you possess a certificate of high school equivalency, please provide a detailed explanation on the last page of this handbook.

10. I understand that if I provide false information on this form I may be discharged from this academy and may be charged with a crime.
11. I understand that if a criminal or delinquency charge is filed against me while I am a student of this academy, I must report it to the commander immediately, and I may be suspended from this school until the case is complete. Depending on the resolution at that time, I may be ineligible to attend the academy.
12. I grant the OPOTC consent to disclose to the commander any information regarding any and all of my criminal or delinquency history information that might impact my ability to participate as a student in an OPOTC-approved academy. Likewise, I grant the commander consent to disclose the same information to the OPOTC.

13. The OPOTC is committed to maintaining an academic environment in which all individuals are treated with respect and dignity, free from any type of discrimination or harassment, and will not tolerate discrimination or harassment in an OPOTC program, whether committed by a student, an instructor, a commander, or another associated with the program. I understand that I must report incidences of discrimination or harassment to my commander and/or an OPOTC compliance officer, whether that behavior involves a student, an instructor, or another associated with the program. If the behavior involves a commander, I must report incidences of suspected discrimination or harassment to the academy organization's senior management and the OPOTC compliance officer. If a student has engaged in discrimination or harassment, the student may be suspended or expelled from the OPOTC program.
14. I understand that to be eligible to take the OPOTC SCE, I must have 100% attendance in every hour of every topic. If I have an excused absence for any topic hours, it is my obligation to make arrangements with the commander to make up the missed topic hours within 14 days of the date I return to class, unless excused by way of a medical or military extension. If the make-ups do not occur within this time frame, I cannot attend other academy topics until all make-ups have been completed. If I complete make-up hours in another academy, I must attend the entire block of instruction for that topic. I understand that the commander may set stricter requirements than the OPOTC minimum standards.
15. To be eligible to take the OPOTC SCE, I must maintain a notebook during the OPOTC course and that notebook must be deemed satisfactory by the commander. The notebook shall contain appropriate entries of pertinent material covered during the classroom sessions of the course. I must submit this notebook to the commander for inspection at the conclusion of the program or other times the commander sees fit. It will be evaluated by the commander on, at a minimum, its sufficiency of course content, organization, and appropriateness of material, regularity of entries, neatness, accuracy, and legibility.
16. To be eligible to take the OPOTC SCE, I must first demonstrate to the satisfaction of my instructors and commander the requisite proficiencies in each skill-based SPO and final physical fitness assessment. I then must pass the written OPOTC SCE with a score of at least 70%. I understand I will have two attempts to pass each skill-based SPO, physical fitness assessment, and state certification exam.
17. I will not disclose any information concerning specific questions on the OPOTC state certification examination.
18. If I request any special accommodations (such as those relating to learning/reading disabilities, dyslexia, etc.) for the SCE, then at least 45 days before the last day of OPOTC topics, my commander must submit written documentation supporting my request to the OPOTC. I understand that if this request and documentation is not submitted by that time, I may be prevented from receiving an accommodation.

B. Medical issues, physical assessments, and waiver of liability & indemnity agreement.

1. I understand that some risks, hazards, or dangers are inherent in the nature of the training and cannot be eliminated or reduced, including those that can cause physical or emotional injury, disability, or death. I understand and agree that I am participating in this training course at my own risk.

I understand that the training involves a degree of physical exercise and physical contact, which involves a risk of injury to me.

I understand that I will have to endure some degree of discomfort or pain during the application, instruction, or demonstration of certain techniques and/or certain training sessions.

2. I have received a medical examination and medical approval signed by a medical doctor (MD), osteopath (DO), physician's assistant (PA), or certified nurse practitioner (CNP) licensed by the Ohio State Medical Board, the Ohio State Board of Nursing, a neighboring state's equivalent, or a medical professional with the US Department of Veterans' Affairs.
3. If I have a medical or other condition and have been medically cleared to participate in the training, I understand that participation may exacerbate the condition.
4. If I develop or am diagnosed with any such illness, injury, condition, disability, or condition during the course of the training program, I shall promptly notify my commander, instructors, and school personnel and resubmit to a medical examination and obtain approval from a medical provider acceptable to OPOTC in order to continue to participate in training.
5. I am in good physical and mental health, I agree to abide by the course safety rules and instructions given by the instructors, and I agree that to receive a letter of completion or a peace officer training certificate for this training I must pass all applicable tests and test components, including but not limited to sit-ups, push-ups, and a 1.5-mile run.
6. I have been informed by the commander of the physical fitness requirements for my age and sex, and I understand that I must meet these requirements in each component of a physical assessment, which will be held within the last 80 hours of scheduled OPOTC topics. I further understand that I will be given two opportunities to meet those requirements. I understand that if I fail any requirement during my first attempt, I must meet the requirements for all three events during the second attempt. I understand that an unexcused absence from an assessment constitutes a failure of the OPOTC physical fitness assessment. It is my obligation to notify my commander before a scheduled assessment, if I suffer any illness, injury, or condition, which might preclude my participation in the assessment. I understand that if I suffer illness or injury during an attempt, the attempt will be counted as a failure.

If I wish to request an extension of time for an assessment for medical reasons, I understand that I must give the commander a written excuse, signed by a medical doctor (MD), osteopath (DO), physician's assistant (PA), certified nurse practitioner (CNP) licensed in Ohio, on a form prescribed by the OPOTC. If I am granted an extension of time to complete the assessment I will receive a letter from the OPOTC Executive Director notifying me of the extension, and a deadline date for when I must complete the physical assessment, I must complete the make-up assessment and re-test (if necessary) before my extension expires, and it must be completed at the enrolled academy training facility.

- C. I understand that OPOTC provides class curriculum and assumes no responsibility other than the opportunity to learn under supervision, and as such I waive any and all claims that I may have against OPOTC, the Attorney General's Office, the State of Ohio, and its employees and agents, including but not limited to any and all liability claims or demands for personal injury, sickness, or death, as well as property damages and expenses, of any nature whatsoever which may be incurred while participating in the above referenced program or in any medical procedure arising out of or related to my participation in such program, including but not limited to any training conducted at the OPOTC approved school and at any and all state training locations from any cause whatsoever, including any claims or demands based upon negligence. I release OPOTC, the Attorney General's Office, the State of Ohio, and its employees and agents, from any and all liability, and I further agree to indemnify the OPOTC, the Attorney General's Office, the State of Ohio, and its employees and agents, from any loss, liability, damage, or cost, including reasonable attorney's fees, that may occur due to my participation in the above referenced program or in any medical procedure arising out of or related to my participation in such program, whether or not such loss, liability, damage, or cost results from the negligence or other action, except intentional acts. I understand and intend that this release of liability shall be effective and binding upon my heirs, next of kin executors, administrators and assigns in the event of my death. Authorization for use or disclosure of drug screen information.
1. I consent to submit to a drug screen and to furnish a sample of my urine for analysis to a testing facility designated by the commander in order to be eligible to attend peace officer basic training.
  2. I authorize and give full permission to have the laboratory or other testing facility to release any and all documentation relating to such screen to the above listed commander or designee. I further agree to and hereby authorize the release of the results of said tests to the commander, their designee, or the OPOTC.
  3. I understand that my sample will be screened for the following substances and concentrations:

Initial test analyte	Initial test cutoff concentration	Confirmatory test analyte	Confirmatory test cutoff concentration
Marijuana metabolites	50 ng/mL	THCA	15 ng/mL
Cocaine metabolites	150 ng/mL	Benzoylcegonine	100 ng/mL
Codeine/Morphine	2,000 ng/mL	Codeine Morphine	2,000 ng/mL 2,000 ng/mL
Hydrocodone/Hydromorphone	300 ng/ml	Hydrocodone Hydromorphone	100 ng/ml 100 ng/ml
Oxycodone/Oxymorphone	100 ng/ml	Oxycodone Oxymorphone	100 ng/ml 100 ng/ml
6-Acetylmorphine	10 ng/mL	6-Acetylmorphine	10 ng/mL
Phencyclidine	25 ng/mL	Phencyclidine	25 ng/mL
Amphetamine/Methamphetamine	500 ng/mL	Amphetamine Methamphetamine	250 ng/mL 250 ng/mL
MDMA/MDA	500 ng/ml	MDMA MDA	250 ng/ml 250 ng/ml

4. I understand that a positive result, refusal to authorize the screens by signing this form, failure to take the specified screens, or failure to produce a specimen may preclude me from attending this academy.
5. I understand that I must provide proof within 72 hours of a positive test that I am taking a controlled substance as directed pursuant to a lawful prescription issued in my name if that substance causes a positive result.
6. I understand that the OPOTC approved school is not a covered entity and is not subject to the privacy requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). I understand that there is a potential that information disclosed to the OPOTC approved school may be subjected to redisclosure by the OPOTC approved school, and not protected from such redisclosure by federal law or federal rule.
7. I understand that I may revoke this authorization in writing submitted at any time to the OPOTC approved school except to the extent that action has been taken in reliance on this authorization. If this authorization has not been revoked, it will terminate two years from the date of my signature.



**DAVE YOST**  
OHIO ATTORNEY GENERAL



Ohio Peace Officer Training Commission  
Office 800-346-7682

## 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)	Student's Signature	Date
Witness Name (please print)	Witness Signature	Date
School Name	School Number	

Effective 01/01/2021



**DAVE YOST**  
OHIO ATTORNEY GENERAL



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London, Ohio 43140  
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## Student Enrollment/Certification Record

**Information on this form MUST be typed; handwritten copies will not be accepted. Please double check for accuracy.**

### Student Information:

Name: \_\_\_\_\_ Alias: \_\_\_\_\_  
Last First Middle

Home Address: \_\_\_\_\_  
No./Street and/or P.O. Box City County State Zip Code

Phone Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ DOB: \_\_\_\_\_ SSN (Last 5): \_\_\_\_\_

\*Email Address: \_\_\_\_\_ **\*Important Note:** *This email address will be used as the primary source of communication between you and OPOTC from the start of the academy through completion of the State Certification Exam (SCE). Please be sure to enter an email address that can be checked regularly for OPOTC correspondence.*

Operator's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Complete if applicable & attach SF400 Notice of Appointment:

Appointing/Employing Agency \_\_\_\_\_ Agency County \_\_\_\_\_

Agency Email \_\_\_\_\_

Date of Appointment/Employment \_\_\_\_\_ Position/Title \_\_\_\_\_

**Race:** \_\_\_\_\_ American Indian/Alaska Native \_\_\_\_\_ Asian \_\_\_\_\_ Black/African American \_\_\_\_\_ Hispanic/Latino  
\_\_\_\_\_ Native Hawaiian/Pacific Islander \_\_\_\_\_ White \_\_\_\_\_ Other

**Education:** \_\_\_\_\_ High School Diploma \_\_\_\_\_ GED

### Student Status:

<b>Peace Officer</b>	_____ Basic Training	_____ Refresher	_____ Prior-Equivalent
<b>Private Security</b>	_____ Academic	_____ Revolver	_____ Shotgun _____ Semi-Auto Pistol _____ REQ
<b>Corrections</b>	_____ Basic Training	_____ Prior Equivalent	
<b>Court Officer</b>	_____ Basic Training		

\_\_\_\_\_  
Commander's Signature Date School Name School Number

### OPOTC Use Only

\_\_\_\_\_ Approved \_\_\_\_\_ Open Enrollment \_\_\_\_\_ Withdrawn \_\_\_\_\_ Failed \_\_\_\_\_ Dismissed

Private Security Requal Due Date: \_\_\_\_\_ Date Approved: \_\_\_\_\_

Last Date of Class: \_\_\_\_\_ Exam Date: \_\_\_\_\_ Certification Specialist Initials: \_\_\_\_\_

Certificate Number: \_\_\_\_\_ Date Certificate Issued: \_\_\_\_\_



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## REQUEST FOR NATIONAL WEBCHECK®

All information must be typed or printed.

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

### INSTRUCTIONS TO NATIONAL WEBCHECK® FACILITY

- Transaction Type is both BCI and FBI.
- Reason Fingerprinted is "Law Enforcement Employment" or "Law Enforcement/Criminal Justice" for BCI and "Law" for FBI.
- This is a **Direct Copy** transaction to the Ohio Peace Officer Training Academy (OPOTA). No address needs entered.

### TO BE COMPLETED BY STUDENT

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

\_\_\_\_\_ beginning on \_\_\_\_\_.  
(Academy Name) (Date)

As part of the enrollment process, the OPOTC requires that I have a criminal record background check conducted within 150 days of the above date by the Ohio Bureau of Criminal Investigation (BCI) and the Federal Bureau of Investigation (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: \_\_\_\_\_



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**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 Training 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

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

School Name: \_\_\_\_\_ School Number: \_\_\_\_\_

Commander Name: \_\_\_\_\_ Commander Email: \_\_\_\_\_

Do you have any physical or psychological limitations/injuries that might in any way restrict your full participation in physical activities during training?

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please describe: \_\_\_\_\_

Student's Signature \_\_\_\_\_

Date \_\_\_\_\_

**This section to be completed by medical professional (medical doctor (MD), osteopath (DO), physician's assistant (PA), or certified nurse practitioner (CNP), licensed by the Ohio State Medical Board or the Ohio State Board of Nursing, or a neighboring state's equivalent, or a medical professional with the US Department of Veterans' Affairs.):** This physical examination should ascertain any conditions which may preclude the student's ability to participate in, or which may be aggravated by, strenuous physical exercise. As a part of peace officer basic training, the student will engage in calisthenics, running, jumping, wrestling, unarmed self-defense, firearms, driving and other physically demanding exercises.

Height: \_\_\_\_\_ feet \_\_\_\_\_ inches Weight: \_\_\_\_\_ pounds Resting Pulse Rate: \_\_\_\_\_ beats per minute Blood Pressure: \_\_\_\_\_/ \_\_\_\_\_

Does the patient have a medical history of, or presently demonstrate symptoms of, any of the following?

Yes No

- \_\_\_\_\_ 1. Uncorrected visual deficiency  
\_\_\_\_\_ 2. Major impairment of the senses  
\_\_\_\_\_ 3. Asthma or Breathing difficulties  
\_\_\_\_\_ 4. Heart attack; Angina Pectoris  
\_\_\_\_\_ 5. Stroke  
\_\_\_\_\_ 6. Hemorrhage  
\_\_\_\_\_ 7. Hypertension  
\_\_\_\_\_ 8. Allergies \_\_\_\_\_

Yes No

- \_\_\_\_\_ 9. Dizziness/Fainting  
\_\_\_\_\_ 10. Back/Neck injury or recurrent pain  
\_\_\_\_\_ 11. Pregnancy  
\_\_\_\_\_ 12. Communicable diseases  
\_\_\_\_\_ 13. Amputation/Prosthetic devices  
\_\_\_\_\_ 14. Bone/joint injury or recurrent pain  
\_\_\_\_\_ 15. Taking medication  
\_\_\_\_\_ 16. Under physician's continuing care

Please note any other condition(s) not listed above which may affect the student's participation. Also please explain each "Yes" response above, indicating the item number:

**As a result of my physical examination, I have determined that the student can, without limitation, safely function in all phases of strenuous physical training including, but not limited to, calisthenics, running, jumping, wrestling, unarmed self-defense, firearms, driving and a physical fitness assessment consisting of sit-ups, push-ups, and a timed 1.5 mile run.**

Signature of Medical Professional \_\_\_\_\_

Printed/Typed Name with Title (MD, DO, PA or CNP) \_\_\_\_\_

License Number \_\_\_\_\_

Issuing State \_\_\_\_\_

Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Date of Examination \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**\*Please give completed form back to the student to return to the commander or send to the above noted commander's email address.**



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## Authorization for Use or Disclosure of Drug Screen Information

Applicant's Name: \_\_\_\_\_  
Applicant's Date of Birth: \_\_\_\_\_  
Commander: Ronald J. Morenz  
Commander's Address: 7700 Clocktower Drive, Kirtland, OH 44094

I hereby 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.

I further 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 Ohio Peace Officer Training Commission (OPOTC).

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	Benzoyllecgonine	100 ng/mL
Codeine/Morphine	2,000 ng/mL	Codeine Morphine	2,000 ng/mL 2,000ng/mL
Hydrocodone/Hydromorphone	300 ng/ml	Hydrocodone Hydromorphone	100 ng/ml 100 ng/ml
Oxycodone/Oxymorphone	100 ng/ml	Oxycodone Oxymorphone	100 ng/ml 100 ng/ml
6-Acetylmorphine	10 ng/mL	6-Acetylmorphine	10 ng/mL
Phencyclidine	25 ng/mL	Phencyclidine	25 ng/mL
Amphetamine/Methamphetamine	500 ng/mL	Amphetamine Methamphetamine	250 ng/mL 250 ng/mL
MDMA/MDA	500 ng/ml	MDMA MDA	250 ng/ml 250 ng/ml

I understand that a positive test result, refusal to authorize the tests by signing this form, refusing to take the specified test(s), or failure to produce a specimen, may preclude me from attending this academy.

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.

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.

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.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act and that I have not been coerced into signing this document.

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