



Sandusky CAREER CENTER



4501 VENICE HEIGHTS BLVD.
SANDUSKY, OH 44870
P: 419.984.1100
W: SANDUSKYCAREERCENTER.ORG
E: ASKCAREERCENTER@SCSBLUESTREAKS.NET

ADMISSIONS CHECK SHEET

- ☐ **1. Application:**
Students are encouraged to apply early to ensure timely completion of the enrollment process. Fill out and return the enclosed Application for Admission, fee, **and all accompanying documentation** by mail, email, fax, or in person to:

Mail: Sandusky Career Center
4501 Venice Heights Blvd.
Sandusky, Ohio 44870
Email: askcareercenter@scsbluestreaks.net
Fax: 419-621-2850
- ☐ **2. Pre-entrance Assessments (WorkKeys®):**
Once you turn in your application and fee, your required pre-entrance ACT WorkKeys® assessments will be scheduled by front office staff. Required assessments may include Applied Math, Workplace Documents, and/or Graphic Literacy. Minimum required scores for your specific program must be achieved on assessments to continue with the application process.
- ☐ **3. Criminal Background Check:**
All students applying for a career program at SCC must obtain a criminal background ground check. Upon passing your assessments, applicants will be given a background check, conducted at Sandusky Career Center. You must present a valid Driver's License or State ID at the time of being fingerprinted.
- ☐ **4. Financial Aid – Complete FAFSA: Sandusky Career Center School Code - 026200**
Start applying for financial aid right away. Do not wait until you are accepted into the program. Your financial aid package will be reviewed with you by the Financial Aid Coordinator at your Admissions Interview Session.
- ☐ **5. Attend an Admissions Information Session:**
Attendance at an Admissions Information Session is a prerequisite of all SCC programs. This can be a group or individual session. It will address questions and concerns related to your enrollment in one of our programs and financial aid. This will be scheduled by front office staff.
- ☐ **6. High School / High School Equivalency / Postsecondary Transcripts:**
Contact the high school and all postsecondary schools which you attended and request an official transcript be sent to Sandusky Career Center by mail, email, or fax using the information provided in Step 1. If you received a form of high school equivalency, you can go to www.diplomasender.com to order a copy of your official transcript to be emailed to askcareercenter@scsbluestreaks.net.
- ☐ **7. Program Specific Admissions Requirements:**
Applicants may be obligated to complete program specific requirements in addition to the information listed above.

If you have any questions regarding the admission process,
please contact SCC at 419-984-1100.

1. Complete and return **WITH** application and fee:

- Student Handbook Acknowledgment and Verification
- Consent to Release Student Information

****Deadline to apply is June 20, 2025****

2. Upon turning in your application, the main office will schedule your WorkKeys® assessments.

3. Schedule background check with the Erie County Sheriff's Office by calling 419-625-7951 extension 6256. Let them know you are scheduling a background check to apply for the Sandusky Police Academy.

4. Attend an Admissions Information Session and Financial Aid meeting that will be scheduled by the office.

5. Have transcripts from all educational institutions attended mailed, faxed, or emailed directly to Sandusky Career Center.

6. A physical fitness entry assessment will be conducted prior to admittance.

7. By **Friday, June 27, 2025** turn in to main office:

- Request for National Webcheck
- Student Health Data

****You may submit your documents to:**

Sandusky Career Center
4501 Venice Heights Blvd
Sandusky, Ohio 44870
Email: askcareercenter@scsbluestreaks.net
Fax: 419-621-2850

Police FAQ's:

What can I expect the salary of a Police Officer to be in Ohio?

The average salary for police officers is \$66,020. Salary ranges can vary widely depending on the city, education, certifications, additional skills, and number of years you have spent in the profession and many other important factors.

How long does it take to complete the Police Academy?

The State of Ohio requires the academy to have 737 hours of training, although local academies may mandate additional hours. The Police Academy at Sandusky Career Center is a part time program totaling 740 hours. The program lasts approximately 8 months.

What are some career options as a Certified Peace Officer?

Some of the career options as a Certified Peace Officer in the State of Ohio are local police officer, deputy sheriff, state trooper, border patrol agent, fish and game warden, special jurisdiction officers, and much more.

Application for Admission

Please return application with non-refundable processing fee of \$125, if applicable.
Please be sure that all information requested has been documented on this form.

Name _____
(First) (Middle) (Last)

Aliases/Maiden Name _____ Nickname _____

Social Security Number _____ Driver's License State & Number _____

Mailing Address _____
(City) (State) (Zip)

Home Phone _____ Cell Phone _____

Birth Date _____ Age _____ Race _____

Gender ☐ Male ☐ Female Identify as _____

Email Address _____ Marital Status _____

Emergency Contact _____
(Name) (Relationship) (Phone)

Have you ever been convicted of a felony? ☐ Yes ☐ No
(If yes, please attach an explanation. Please be advised in some cases sealed or expunged records may be considered for acceptance into some occupational programs, i.e. healthcare.)

Have you ever been convicted of, pleaded guilty to, or had a judicial finding of guilt for a misdemeanor of moral turpitude? ☐ Yes ☐ No

Are you currently under indictment for a felony or misdemeanor involving moral turpitude? ☐ Yes ☐ No

Are you a United States citizen? ☐ Yes ☐ No
If no, what is your current country of citizenship? _____
If no, do you have immigration status? ____ Yes ____ No

How did you hear about the Sandusky Career Center? _____

The Sandusky Career Center hereby gives notice that it does not discriminate on the basis of race, color, national origin, religion, sex, and disability in the educational programs and activities operated by the district. It is the policy of the Sandusky Career Center that educational programs and activities are provided without regard to race, color, national origin, religion, sex, and disability. No student shall be denied admission to the Sandusky School District or to a particular course or instructional program or otherwise discriminated against for reasons of race, color, national origin, sex, and disability or any other basis of unlawful discrimination.

Application for Admission

Are you or will you be a high school graduate?

☐ Yes ☐ No

Actual/projected graduation date _____

Name of High School attended _____ City _____ State _____

If you are not a high school graduate, have you passed the GED test?

☐ Yes ☐ No

If you are not a high school graduate, last grade completed: ☐ 9 ☐ 10 ☐ 11 ☐ 12

Have you previously attended the Sandusky Career Center?

☐ Yes ☐ No

If yes, did you complete the program attended? ____ Yes ____ No

Have you ever attended another college or Adult Education program?

☐ Yes ☐ No

If yes, please list all schools attended:

School	Dates	Degree

Official transcripts must be sent directly from any school you have attended.

Do you have transcripts that need to be reviewed for potential transfer credits?

☐ Yes ☐ No

Entrance Testing

Your WorkKeys® assessment will be scheduled within 30 days of submitting your complete application and fee. Potential **LPN and RN students** are required to take the WorkKeys® assessments at Sandusky Career Center.

Course Selection (Check one)

☐ Advanced Cosmetology – 1800 Clock Hours
☐ Cosmetology – 1500 Clock Hours
☐ Barber
☐ Hospitality
☐ Licensed Practical Nursing – 1 Year Program

☐ Licensed Practical Nursing – 2 Year Program
☐ LPN to RN Diploma Program – 1 Year Program
☐ LPN to RN Diploma Program – 2 Year Program
☐ Police Academy
☐ STNA

Financial Aid

How do you plan to fund your program? (Check all that apply)

☐ Employer Assistance
☐ Financial Aid (grants and student loans)
☐ Government Funding (OOD, WIOA, LYFE, etc.)

☐ Loans
☐ Scholarships
☐ Self-pay

Application Agreement

I certify that the information I have provided on the application for admission is true and accurate to the best of my knowledge. Knowingly providing false information may lead to dismissal from the Sandusky Career Center.

Signature _____ Date _____

Applications must be completed and returned to Sandusky Career Center with all required documents by the application deadline listed in the program specific requirements. The Sandusky Career Center reserves the right to extend the start date or cancel a program due to insufficient enrollment, up to the day the program is to begin.

OFFICE USE ONLY

Application Fee Paid Date: _____ Rec'd by: _____ Receipt #: _____ Amount: _____

_____ Cash Money Order #: _____ Check #: _____ Credit Card Type: _____

WorkKeys® Assessment Date: _____ Notes: _____

Paying for Your Education

Your education is a big investment. There are several ways to plan for payment.

Payment Plans

Sandusky Career Center offers a convenient, interest free payment plan.

Employer Education Assistance Plans

Does your employer assist with continuing education? If so, you may be able to get assistance with program expenses.

Scholarships

Many local and national organizations offer scholarships. Sandusky Career Center accepts scholarships and will work with the awarding organization to provide any required documentation.

Government Funding

There are several local, state, and federal programs available, including the following:

Opportunities for Ohioans with Disabilities – (OOD - Financial assistance may be available from this agency for students with physical, mental, or emotional disabilities that present a handicap to employment. Partial to total aid may be available to cover tuition, books, and supplies. For more information, please visit <https://ood.ohio.gov/Services/Vocational-Rehabilitation>.

Workforce Innovation and Opportunity Act (WIOA - Financial assistance may be available from this program for adults and youth who qualify. Please contact your local Ohio Means Jobs office for more information and eligibility requirements. For more information, please visit <https://jfs.ohio.gov/owd/WIOA/>.

Youth Programs - Funding may be available for youth ages 16-24. Partial to total aid may be available to cover tuition, books, and supplies, if specific criteria are met. Some of the criteria include: Pregnant/Parenting, Disability, Aged out of Foster Care, Homelessness, and English Language Learner. Contact your local Ohio Means Jobs office for more information.

Financial Aid - All students are encouraged to apply for federal financial aid by completing the Free Application for Federal Student Aid (FAFSA) online at <https://fafsa.gov>. There are two main types of aid including the Pell Grant (gift aid that does not need to be repaid) and Student Loans (money borrowed from the government that is repaid after training). Students can obtain assistance in completing their FAFSA by contacting the Adult Education Office at 419-984-1100.

Arranging Your Financial Obligations

All students are required to meet with financial aid to discuss their financial plan. The financial aid coordinator will meet with you the same day as your Admissions Information Session. If you have financial questions prior to this meeting, please call 419-984-1104.

Free Application for Federal Student Aid (FAFSA) Guide

Filing the FAFSA® does not obligate you to attend school or use financial assistance in any way; however, it must be completed to determine financial aid eligibility. Financial aid is available for most of our programs that are 600+ clock hours.

Step 1

Gather items that will assist you in completing the FAFSA®, for example: your social security number, tax return from 2023, current bank statements, untaxed income (such as workers' compensation and disability), child support received January 2023 - December 2023, and etc. Go to StudentAid.gov to complete the FAFSA® form.

Step 2

Do you and each of your Contributors (see Step 3 for who is a Contributor) have a Federal Student Aid (FSA) ID username & password? Please visit StudentAid.gov to either create or retrieve your individual FSA ID for yourself and each contributor must have an FSA ID as well.

Step 3

Determine if you are required to add any CONTRIBUTORS to your FAFSA®, and gather the following information from them: name, date of birth, social security number, and email address. Your Contributors will receive an email to "contribute" their information to your FAFSA after you enter their information into your FAFSA.

Who are your Contributors?

Under Age 24? (Not married? Not supporting any children? Not in military?) – You are **DEPENDENT**

- Your parent and their current spouse are your contributors, and they must each contribute to your FAFSA in order to receive Federal Student Aid.
- If your parents are divorced or separated, the parent who provided the most financial support in the last calendar year will complete the FAFSA with you. If that parent has remarried, you must include their current spouse as a contributor as well.
- Even if neither parent provided you support, they are required to provide their information into the FAFSA form for you to receive Federal Student Aid.

Age 24 or older? (Or under age 24 but meet a condition above) – You are **INDEPENDENT**

- Your spouse is a contributor (if married as of the date of filing FAFSA®)
 - If you are married as of the date of filing your FAFSA®, but you did not file a joint tax return in 2023, your spouse **MUST** still be a contributor and provide consent and approval to access their tax information.

Step 4

Your consent and approval are needed to retrieve and disclose federal tax information (FTI). With your consent and approval, tax return information is obtained automatically from the IRS to help you complete the FAFSA® form. If you (or one of your contributors, if required) don't provide consent and approval, you will not be eligible for federal student aid, including grants and loans. You must provide consent and approval even if you didn't file a U.S. federal tax return or any tax return at all.

FAFSA Guide, Cont'd

Step 5

You will answer questions regarding gender, race, and ethnicity. Please note that these have no effect on federal student aid eligibility and are included for statistical purposes and data collection only.

Step 6

Assets questions must be completed; if not applicable, you must still enter \$0:

- Enter total cash on hand, plus savings and checking account balances as of day filling out the FAFSA®
- Net worth of investments including real estate (do NOT include the value of the home you live in, and do NOT include retirement investments)
- Net worth of family farms and small businesses are now required to be reported (enter the net worth of the business or for-profit agricultural operations. Net worth is the value of the business or farms minus any debts owed against them).

Step 7

When you get to School Selection screen, please choose **Sandusky Career Center** as your school by entering our federal school code which is **026200**. Note: You can add up to 20 schools you are interested in attending for the FAFSA award year. By adding a school, you are allowing their financial aid office to access your information.

Step 8

Once you have entered all your information, you will need to agree to the terms and "sign" your FAFSA. If you have any required Contributors, they will need to complete their contributor section through their email invitation. Once all your Contributors complete and approve consent and sign their portions, your FAFSA will be submitted for processing.

Step 9

If there are any issues that need to be resolved, we will contact you and may ask you to schedule an appointment, or you may receive a request for verification from the financial aid office. The verification paperwork will need to be completed before your financial aid can be processed.

Step 10

Need loans? If you would like to borrow student loans to assist with school, you will need to complete the Master Promissory Note and Student Loan Entrance Counseling. Both are available at [StudentAid.gov](https://studentaid.gov) under the header "Loans and Grants." Use your FSA ID to log into these online forms.

Step 11

Once you have been accepted into the program you applied for and your FAFSA has no unresolved issues, a financial aid offer will be prepared for you. You will receive contact by phone or email from the financial aid coordinator to schedule your required appointment to go over your financial aid offer.

WorkKeys® Test Information

Test Information:

The WorkKeys® assessments identify skill and ability through performance-based testing. The goal of these assessments is to make sure you are well prepared for success in your training program. The assessments consist of three subjects: Applied Math, Graphic Literacy, and Workplace Documents. The tests are computer based (online testing) and are 55 minutes in length for each. It will be necessary to allow 3 ½ hours for a test session including all 3 tests. It is best to divide your tests across multiple sessions.

Program Score Requirements:

PROGRAM	TEST	SCORE
BARBER	Applied Math	3
	Graphic Literacy	3
	Workplace Documents	4
COSMETOLOGY	Applied Math	3
	Graphic Literacy	3
	Workplace Documents	4
LPN	Applied Math	5
	Graphic Literacy	5
	Workplace Documents	5
LPN TO RN	Applied Math	5
	Graphic Literacy	5
	Workplace Documents	5
POLICE ACADEMY	Applied Math	4
	Graphic Literacy	4
	Workplace Documents	4
HOSPITALITY	Workplace Documents	3
STNA	Workplace Documents	3

How to Do Well on WorkKeys®:

- Do the practice tests
- Spread the tests across multiple sessions; we recommend taking Applied Math by itself

On Test Day:

- Get a good night's rest & eat breakfast
- Arrive early
- Read the test directions closely
- Read each question carefully
- Relax & remember to BREATHE!

2025 WorkKeys® Testing Dates

Students canceling a test must give 24-hour advance notice. If notice is not received, tester will be assessed a \$25 fee per subject to register again. Students required to retest will also be assessed a fee of \$25 per subject, which has to be paid in advance of the rescheduled test date. Fee is payable directly to the Sandusky Career Center office. ***The Sandusky Career Center reserves the right to cancel a test date if the number of applicants registered is insufficient.***

March 7	Friday	9:00 AM
March 19	Wednesday	5:00 PM
April 11	Friday	9:00 AM
April 30	Wednesday	5:00 PM
May 7	Wednesday	5:00 PM
May 30	Friday	9:00 AM
June 13	Friday	9:00 AM
June 25	Wednesday	5:00 PM
July 18	Friday	9:00 AM
July 23	Wednesday	5:00 PM
August 1	Friday	9:00 AM
August 6	Wednesday	5:00 PM
August 15	Friday	9:00 AM
August 27	Wednesday	5:00 PM
August 29	Friday	9:00 AM
September 5	Friday	9:00 AM
September 10	Wednesday	5:00 PM
September 24	Wednesday	5:00 PM
September 26	Friday	9:00 AM
October 3	Friday	9:00 AM
October 8	Wednesday	5:00 PM
October 17	Friday	9:00 AM
October 22	Wednesday	5:00 PM
November 5	Wednesday	5:00 PM
November 14	Friday	9:00 AM
December 10	Wednesday	5:00 PM



Sandusky
CAREER CENTER



Application for Admission

Free WorkKeys® Test Preparation

The Sandusky Career Center offers individual and/or small group WorkKeys® prep sessions, **FREE OF CHARGE!**

Many students benefit from WorkKeys® test prep sessions, particularly if they have been out of school for more than 1 to 2 years. Our teachers are very familiar with the subjects covered on WorkKeys® so your test prep time will be geared specifically to the tests and personalized to your needs.

We know students learn in different ways, so we offer both in-person and online test prep options.

How Do I Sign Up?

Contact Kris Thompson

419-984-1135

kthompson@scsbluestreaks.net

Or stop in SCC Room 19 any Monday-Thursday from 9am-12pm.

No appointment is needed.

WorkKeys® Test Practice

Ohio Means Jobs

Please follow the below steps:

1. Go to ohiomeansjobs.ohio.gov/job-seekers/build-your-career
2. **Under** "Take the Guided Tour" (towards the middle of the page) click on the box for WorkKeys®
3. Select a test and click "launch"
4. A confirmation box will appear, if you would like to save test scores you will be required to create an account which is at no cost (go to "My Profile" and register) OR you may click continue and your scores will not be saved
5. Select your test mode. There are 3 different test modes. It is recommended you start with the *learner mode*, especially for math, as it is a learning tool
6. Click "Start Test" button
7. A second practice test is available if you return to the OMJ Assessments page and type "WorkKeys® Practice Test 2" in the search bar

ACT WorkKeys® Website

Please follow the below steps:

1. Google search success.act.org/workkeyspracticetest
2. Select the link that says "Workkeys Assessments Online Practice Test"
3. You will see "Welcome to the ACT Knowledge Hub"
4. Halfway down the page, under System Requirements, select "Here" to access a practice test
5. Create an account. It is free.
6. Continue, select a test, and "Launch"
7. Complete as many practice tests as you like

A10 WorkKeys® Practice Tests

Please follow the below steps:

1. Go to workkeyspracticetest.com
2. Complete as many practice tests as you like

Physical fitness benchmarks required at the start and the end of peace officer basic training:

* Modified form per OPOTC

MALES (≤29)

EXERCISE	START	END
Situps (1 min.)	32	40
Pushups (1 min.)	19	33
1.5-mile run	14:34	11:58

FEMALES (≤29)

EXERCISE	START	END
Situps (1 min.)	23	35
Pushups (1 min.)	9	18
1.5-mile run	17:49	14:07

MALES (30-39)

EXERCISE	START	END
Situps (1 min.)	28	36
Pushups (1 min.)	15	27
1.5-mile run	15:13	12:25

FEMALES (30-39)

EXERCISE	START	END
Situps (1 min.)	18	27
Pushups (1 min.)	7	14
1.5-mile run	18:37	14:34

MALES (40-49)

EXERCISE	START	END
Situps (1 min.)	22	31
Pushups (1 min.)	10	21
1.5-mile run	15:58	13:11

FEMALES (40-49)

EXERCISE	START	END
Situps (1 min.)	13	22
Pushups (1 min.)	5	11
1.5-mile run	19:32	15:24

MALES (50-59)

EXERCISE	START	END
Situps (1 min.)	17	26
Pushups (1 min.)	7	15
1.5-mile run	17:38	14:16

FEMALES (50-59)

EXERCISE	START	END
Situps (1 min.)	7	17
Pushups (1 min.)	4*	13*
1.5-mile run	21:31	17:13

MALES (60+)

EXERCISE	START	END
Situps (1 min.)	13	20
Pushups (1 min.)	5	15
1.5-mile run	20:12	15:56

FEMALES (60+)

EXERCISE	START	END
Situps (1 min.)	2	8
Pushups (1 min.)	1*	8*
1.5-mile run	23:32	18:52



DAVE YOST
OHIO ATTORNEY GENERAL

For more information, call the Ohio Peace Officer Training Commission at **740-845-2700** and ask to speak with a certification officer.

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	Benzoyllecgonine	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:

(Attach additional documentation if needed)

_____ Student's Name (please print)	_____ Student's Signature	_____ Date
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_____ Witness Name (please print)	_____ Witness Signature	_____ Date
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_____ School Name	_____ School Number
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Effective 01/01/2021



DAVE YOST

OHIO ATTORNEY GENERAL



Ohio Peace Officer Training Commission
Office 800-346-7682

P.O. Box 309
London, OH 43140

REQUEST FOR NATIONAL WEBCHECK®

All information must be typed or printed.

For those applying to attend an Academy, return this completed form to your commander.

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 to be entered.
- In the event that an electronic WebCheck® is not an option, Fingerprint Cards can be submitted. Please email AskOPOTA@OhioAGO.gov for assistance regarding the process and requirements.

TO BE COMPLETED BY APPLICANT

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

_____ beginning on _____
(Academy Name) (Date)

OR

I am applying for reciprocity licensure or certification as a peace officer in the State of Ohio.

As part of the enrollment process, OPOTC requires that I have a criminal record background check conducted within 150 days of the above date by the Ohio Bureau of Criminal Identification (BCI) and the Federal Bureau of Identification (FBI). Therefore, I am requesting a National WebCheck®, 10-digit, for law enforcement purposes.

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

Previous Name(s) or Alias: _____ Date of Birth: _____

Last 5 of SSN **ONLY**: _____ (FULL SOCIAL SECURITY NUMBER REQUIRED AT THE TIME OF FINGERPRINTING)

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		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 _____	_____	_____	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.**