Ohio Peace Officer Training Commission
800-346-7682

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

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:

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:

Peace Officer	_____ Basic Training _____
Private Security	_____ Academic _____Revolver _____Shotgun _____Semi-Auto Pistol _____REQ
Corrections	_____ Basic Training _____ Prior Equivalent
Public Safety	_____ Basic Training

_____ _____ Butler Tech & Career Dev School _____
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:_____

DISCLOSURES AND STATEMENT OF UNDERSTANDING

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

Previous Name(s) or Alias: _____

SSN (Last 5): _____ DOB: _____

Please answer the following questions by checking either "Yes" or "No"
If you answer yes to questions 1-22, please provide a separate statement of explanation and supporting documentation.

1.	Have you ever been convicted of a felony offense in any jurisdiction, including any conviction that has been sealed or expunged? (If so, you may not attend any portion of a Peace Officer Basic Training Academy.)	_____YES ✔ NO
2.	Are you a fugitive from justice?	_____YES ✔ NO
3.	Have you ever been convicted of a felony offense of violence as defined in ORC 2901.01?	_____YES ✔ NO
4.	Have you ever been adjudicated a delinquent child for the commission of an offense that, if committed by an adult, would have been a felony offense of violence?	_____YES ✔ NO
5.	Have you ever been convicted of any felony offense involving a drug of abuse?	_____YES ✔ NO
6.	Have you ever been adjudicated a delinquent child for the commission of an offense that, if committed by an adult, would have been a felony offense involving a drug of abuse?	_____YES ✔ NO
7.	Are you drug dependent, in danger of drug dependence, or a chronic alcoholic?	_____YES ✔ NO
8.	Are you under adjudication from any court for mental incompetence?	_____YES ✔ NO
9.	Have you been adjudicated by a court as a mental defective?	_____YES ✔ NO
10.	Have you been committed by a court to a mental institution?	_____YES ✔ NO
11.	Have you been found by a court to be a mentally ill person subject to hospitalization by court order, or have you been an involuntary patient other than one who is a patient only for purposes of observation?	_____YES ✔ NO
12.	Have you even been convicted of a crime that had a possible sentence of more than one year?	_____YES ✔ NO
13.	Are you an alien, illegally or unlawfully in the United States?	_____YES ✔ NO
14.	Have you been discharged from the Armed Forces under dishonorable conditions?	_____YES ✔ NO
15.	Have you renounced your United States citizenship?	_____YES ✔ NO
16.	Are you under a court order that restrains you from harassing, stalking, or threatening an intimate partner or the child of such intimate partner, or engaging in other conduct that would place an intimate partner in reasonable fear of bodily injury to the partner or child?	_____YES ✔ NO
17.	Has any licensing or regulatory authority, in this or another state, ever denied you a license or government certification, or subjected you to discipline, including but not limited to suspension, revocation, or censure, because of professional misconduct or any other reason?	_____YES ✔ NO

18. Are you currently the subject of any complaints, allegations, investigations, or legal proceedings that relate to professional conduct, violations of laws regulating a profession, occupation, or occupational activity, or any alleged crimes, whether in this state or elsewhere? This includes matters pending before courts, administrative agencies, or other regulatory entities. _____YES ✔ NO

19. Have you previously been demoted, discharged, or resigned in connection with conduct involving (1) dishonesty; (2) alleged criminal misconduct; or (3) alleged violations of a citizen's civil rights? _____YES ✔ NO

20. Have you been convicted of a misdemeanor crime of domestic violence? _____YES ✔ NO

21. Have you been convicted of a misdemeanor crime that has, as an element of that crime, the use or attempted use of physical force, or the threatened use of a deadly weapon? If yes, please explain your relationship with the victim (stranger, present or former spouse, household member, child, other family member, other – please describe) _____YES ✔ NO

22. Do you currently have criminal charges pending in any jurisdiction? _____YES ✔ NO

If you answer no to questions 23-24, please provide a separate statement of explanation and supporting documentation.

23. Do you currently possess a valid driver's license and have driving privileges in the state of Ohio or any other state? _____YES _____NO

24. Have you been awarded, and do you possess a high school diploma or certificate of high school equivalency? _____YES _____NO

BY INITIALING BESIDE EACH STATEMENT, I ACKNOWLEDGE AND UNDERSTAND THE FOLLOWING:

☐ If I provide false information on this form, I may become ineligible for certification, and may be charged with a crime.

☐ If a criminal or delinquency charge is filed against me while I am in the process of certification, I MUST report it to OPOTC immediately.

☐ If I am charged with any offense that may result in a felony conviction or in a state or federal weapons disability, I may become ineligible for certification until the case is complete, and at that time, my eligibility would be re-examined.

☐ If I am convicted of a felony offense or one that results in a state or federal weapons disability, I may be ineligible for certification.

☐ I hereby grant OPOTC consent to disclose to potential employers or training academies, information regarding all of my criminal or delinquency history information that might impact my ability to participate as a student in an OPOTC- approved school or obtain an OPOTC certificate.

By signing this document, I attest that I have not surrendered or had revoked a license, out-of-state occupational license, or government certification because of negligence or intentional misconduct as it relates to my work in the same profession or occupation for which I am applying. I have carefully read this document and fully understand its contents and I sign it of my own free will and volition. I attest that the information provided in this document is true and correct and is based on my personal knowledge or inquiry. I further understand and acknowledge that submission of falsified records is a criminal violation.

Signature	Printed Name (First, Middle, & Last Name)	Date
Witness Signature	Witness Printed Name (First, Middle, & Last Name)	Date

Ohio Peace Officer Training Commission
Office: 800-346-7682

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:

Butler Technology and Career Development Schools

(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 _____