

LEPD TRAINING ACADEMY

ALL CLASSES BEGIN PROMPTLY AT **0700**. STUDENTS SHOULD ARRIVE 15 MINUTES PRIOR TO SIGN IN. STUDENTS WHO ARE LATE WILL NOT BE PERMITTED IN CLASS PER OPOTA RULES. THERE ARE **NO EXCEPTIONS OR REFUNDS**.

CLASSROOM/RANGE POLICIES:

1. No loaded firearms, magazines, or live ammunition allowed in the classroom.
2. All firearms must be cased, unloaded, and external safety in place.
3. Firearms are not to be handled for any reason except under the direction of an instructor.
4. No cell phones, recordings, or photographic equipment allowed.
5. Trash must be placed inside the trash cans and restrooms kept clean.
6. No smoking or chewing tobacco. Cigarette butts must be picked up when outside and disposed of properly.

RANGE SPECIFIC POLICIES:

1. All firearms must be cased, unloaded, and external safety in place. Magazines/speed loaders must be empty. All equipment must be placed in the designated staging area until advised by instructors to be removed.
2. All range safety rules will apply as explained in orientation. Any violation of the four primary safety rules will be grounds for dismissal.
3. Firearms must have slides locked to the rear, magazines out, and holstered until instructed otherwise. Revolvers must also be unloaded and in the holster.
4. No student will leave the range/staging area without notifying an instructor. They must leave his/her unloaded weapon with an instructor.
5. All students will remain in the designated staging area until dismissed.

**ANY INFRACTIONS OF THE ABOVE POLICIES COULD
RESULT IN DISMISSAL**





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	_____ Refresher	_____ Prior-Equivalent
Private Security	_____ Academic	_____ Revolver	_____ Shotgun _____ Semi-Auto Pistol _____ REQ
Corrections	_____ Basic Training	_____ Prior Equivalent	
Court Officer	_____ 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: _____



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

OPOTC TEST ANSWERS

SPO#1- Two Reasons for the use of deadly force:

- In self-defense.
- In defense of another person that has legal justification to use deadly force.

SPO#2- Five Considerations officers should take in any uses of force situation:

- Harm would come to the officer or others if force was not used.
- The actions taken were necessary.
- The actions taken were reasonable.
- The actions taken conformed to employer policy and training.
- The officer was prevented using other defensive/controlling actions and had to use force.

SPO#3- Four primary firearms safety rules:

- Treat all firearms as if loaded.
- Keep your trigger finger alongside the frame until ready to fire.
- Always keep the muzzle pointed in a safe direction.
- Always be sure of your target what's around it and beyond.

NOTE:

STUDENTS FOR YOUR RECORDS, PLEASE MEMORIZE AND BE PREPARED TO TEST WITHOUT NOTES, CELL PHONES ETC. NO EXCEPTIONS.