



Basic Peace Officer Academy Tuition Schedule



Cost of the Basic Police Academy:

\$150 non-refundable application fee

\$5,950 tuition (Lake County residents), \$6,350 (out-of-County residents) includes:

- OPOTC required minimum 740 hours of basic peace officer training (Generally, the academy exceeds the State minimum training hours).
- Two pairs of trousers
- Two shirts (as determined by the academy commander)
- Two physical conditioning t-shirts
- One pair physical conditioning shorts
- Use of firearm and ammunition
- Use of duty gear, holster, and handcuffs
- All books (Ohio Revised Code, CPR, etc.)
- Flash drive
- \$50 credit for printing
- State Examination (if a student fails the first attempt, the student is permitted one retest and is responsible for the \$95 cost of the retest).
- **There are absolutely NO refunds after May 18, 2026 – whether the cadet withdraws/resigns (for any reason including injury), dismissed for violation of Academy or OPOTC rules and regulations, or failing a OPOTC Proficiency Assessment.**

Cadets are responsible for:

- Black police-style boot or shoe that holds a polish (do not purchase patent leather shoes).
- Black socks (calf length)
- Black trouser belt.
- White crew neck t-shirt



Basic Peace Officer Academy Application and Instruction 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 instructions below 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 Mary Wheeler (440.525.7358) to obtain the correct forms.*

Academy starts Wednesday, May 13, 2026

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 on **Wednesday, April 15, 2026**
- **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 may prevent you from attending the police academy. Attention to detail is a critical function in the law enforcement field.
- Most forms are fillable. If a form is not fillable, 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 copy of your Ohio Driver License with your application.

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 is notarized.**

Disclosure of Prior Police Academy Attendance (LCC 2586) is **signed by you and a witness signature.**



Basic Peace Officer Academy Application and Instruction Checklist



Ensure that 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**.

Include a copy of your Military DD-214, if applicable.

Complete the online non-degree application lakelandcc.edu/apply

Carefully read and complete the OPOTC Handbook and sign. **Complete the following forms in the Handbook:**

SF115 – Student Enrollment/Certification Record (complete form and signed you)

SF102bas – Request for National WebCheck (**Completed by you and signed by Fingerprinting Agency [Lake County Sheriff's Office]**).

- 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 December 26, 2025, and April 15, 2026****.
- Directions and hours of fingerprinting are included in the application packet.

SF104UNV – FERPA CONSENT TO RELEASE STUDENT INFORMATION (read and sign).

SF114 bas – STUDENT HEALTH DATA FORM. (TOP: COMPLETED BY YOU. ENSURE THE RIGHT SIDE OF THE FORM IS COMPLETED BY THE MEDICAL PROFESSIONAL CONDUCTING THE PHYSICAL, TO INCLUDE; SIGNATURE OF MEDICAL PROFESSIONAL, MEDICAL LICENSING NUMBER, ISSUING STATE AND TITLE).

- 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.
- **PHYSICAL EXAMINATION MUST BE COMPLETED BETWEEN November 22, 2025, and April 15, 2026** ASSISTANT (PA), OR CERTIFIED NURSE PRACTITIONER (CNP), LICENSED BY THE OHIO STATE MEDICAL BOARD OR THE OHIO STATE BOARD OF NURSING.



Basic Peace Officer Academy Application and Instruction Checklist



SF101bas – DISCLOSURES AND STATEMENT OF UNDERSTANDING (complete form and sign)

SF147bas - Authorization for Use or Disclosure of Drug Screen Information. Drug screen must occur between **December 26, 2025 and April 15, 2026****, at the facility listed on the paperwork in this packet. Drug screens completed elsewhere are not acceptable.

Ohio BMV Record Request (driving record only). Go to your local BMV to have your driving record printed. Please have your records printed between **December 26, 2025 and April 15, 2026****,. Results need to be submitted with your completed application.

- Present your Ohio Driver's License upon submission of your application to be photocopied. Applicants 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.

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(s) explaining the reasons for applying.**

Print the entire application and save the individual forms in the Application Packet to a flash drive. In the event of an error, the form can be corrected and printed at the time the application is turned in.

Turn in the application prior to the deadline: **Wednesday, April 15, 2026 @ 3 p. m.**

Applications must be submitted in person. Contact Mary Wheeler to schedule an appointment at phone number (440) 525-7358 or use this link to book directly with Mary.

After meeting with Mary Wheeler, pay the non-refundable application fee of \$150 at the Cashiers' Office (A-1004) and submit a copy of the receipt to Mary Wheeler.

****If you submitted these forms with another police academy and withdrew to attend LCSO/Lakeland BPA, telephone Mary Wheeler (440) 525.7358.**

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 (First, Middle, & Last Name) Student's Signature Date

Witness Name (please print) Witness Signature Date

School Name School Number



DAVE YOST
OHIO ATTORNEY GENERAL



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: _____

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: _____



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: _____



DAVE YOST
OHIO ATTORNEY GENERAL



Ohio Peace Officer Training Commission
Office 800-346-7682

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

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 Robert Izzo Commander Email: Robert.Izzo@lakecountyohio.gov

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.**

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



DAVE YOST
OHIO ATTORNEY GENERAL



Ohio Peace Officer Training Commission
Office 800-346-7682

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

Authorization for Use or Disclosure of Drug Screen Information

Applicant's Name: _____
 Applicant's Date of Birth: _____
 Commander: _____
 Commander's Address: _____

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	Benzoylecgonine	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: _____



Basic Peace Officer Academy



Cadet Information And Emergency Contact Sheet

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: _____



Basic Peace Officer Academy



Cadet Information And Emergency Contact Sheet

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.

1st Emergency Contact Name: _____

Relationship: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

2nd Emergency Contact Name: _____

Relationship: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

I understand that in the case of an emergency, Lake County Sheriff's Office, Lakeland Community College, or Basic Police Academy personnel may notify my emergency contacts.

Signature

Date



Basic Peace Officer Academy Statement of Understanding

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:



Basic Peace Officer Academy Statement of Understanding

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 I must pass all background checks, drug screening, psychological evaluation, health screening, and meet the pre-entrance physical condition standards to be eligible for the Basic Police Academy _____
2. 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. _____
3. I understand being tardy (late) to any Academy class may result in my dismissal from the Academy. _____
4. I understand that if I accumulate three (3) tardies, I will be dismissed from the Academy. _____
5. I understand that **NO** Basic Police Officer Academy class(es) may be made-up without the approval of the Academy Commander. _____
6. 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, \$35.00 per hour for each additional instructor. No make-up classes will be scheduled until payment is received in full. _____
7. I understand that if I am injured at anytime 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. _____
8. 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 Lake County Sheriff's Office/Lake County Sheriff's Office/Lakeland Community College Basic Police Academy. _____
9. I understand that if I voluntarily leave, or I am dismissed from the Lake County Sheriff's Office/Lake County Sheriff's Office/Lakeland Community College Basic Police Academy, I will turn in ALL notes, flash drives, notebooks, handouts, manuals, equipment, and uniforms issued to me by the Lake County Sheriff's Office/Lake County Sheriff's Office/Lakeland Community College Basic Police Academy and/or instructors.



Basic Peace Officer Academy Statement of Understanding

10. I understand I must attain the current OPOTC minimum standards in the physical conditioning 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. ____
11. I understand that if I have been convicted of:
 - a. any felony or drug related offense
 - b. any motor vehicle crime
 - c. any serious misdemeanor, or
 - d. arrested for any offense of violence (including domestic violence or any related offense)I am ineligible to take the program. _____
12. 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 Lake County Sheriff's Office/Lake County Sheriff's Office/Lakeland Community College Basic Police Academy. _____
13. I understand that I will divulge 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 Lake County Sheriff's Office/Lake County Sheriff's Office/Lakeland Community College Basic Police Academy. _____
14. 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 be required. Failure to submit the requested information may result in dismissal from the Lake County Sheriff's Office/Lake County Sheriff's Office/Lakeland Community College Basic Police Academy.

15. 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 Lake County Sheriff's Office/Lake County Sheriff's Office/Lakeland Community College Basic Police Academy. _____
16. 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) _____
17. 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, State Exam Certification examination PRIOR to being certified. ____
18. 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 instructions for this OPOTC notebook and understand that such a notebook must be reviewed by the Academy Commander PRIOR to approval for certification.

19. I understand that OPOTC regulations require that an Academy Commander personally



Basic Peace Officer Academy Statement of Understanding

certifies a student's completion of all state requirements for certification. In the event the Academy Commander at the academy 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. 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 an 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 informed 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 the entire 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 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. _____.



Basic Peace Officer Academy Statement of Understanding



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 Lake County Sheriff's Office/Lake County Sheriff's Office/Lakeland Community College Basic Police Academy is prohibited. A violation of this policy may result in dismissal from the Lake County Sheriff's Office/Lake County Sheriff's Office/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 Lake County Sheriff's Office/Lake County Sheriff's Office/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, State of _____

My Commission Expires _____



Basic Peace Officer Academy
Waiver of Liability and Indemnity Agreement



Due to the nature of the course(s) and training offered to students in the Lake County Sheriff's Office/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 Lake County Sheriff's Office/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, Lake County Sheriff's Office/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 the notebook check, all applicable proficiency tests and final State Exam.

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



Basic Peace Officer Academy Felony Conviction & 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: _____



Basic Peace Officer Academy

Minor Misdemeanor Violation



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: _____



Basic Peace Officer Academy 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 situation 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 Office 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 and Ohio Peace Officer Training Commission certification.
- In certain situations, juvenile adjudications regarding similar matters may also result in a disqualification as an applicant or cadet in the police academy.
- 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



Basic Peace Officer Academy
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 require 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.



Basic Peace Officer Academy Physical Fitness and Psychological Entry Assessment

Lakeland
COMMUNITY COLLEGE

The Physical Fitness Entry Assessment (PFEA) and the Basic Police Academy Psychological Evaluation (PE) are scheduled to take place on two separate Saturdays in February and one Saturday in March. Candidates who do not meet the requirements of the physical fitness assessment may register for a subsequent session. Registration for each assessment closes on the Wednesday preceding the scheduled date. Candidates who successfully complete the physical assessment will advance directly to the psychological evaluation, which is anticipated to commence approximately thirty minutes after the conclusion of the physical assessment.

Dates available: February 7th, 21st and March 7th.

What: Physical Fitness Entry Assessment (PFEA)

Time: 8:00am – 10:00am

Location: Lakeland Community College Y Building (gym) room: Y17

Must have completed a physical examination and SF114 Health Data Form completed and signed by a medical professional prior to your scheduled entrance assessment date.

- Must present your driver license the day of the PFEA.
- If you do not have the above requested documents on the day of the testing, you will be asked to leave.
- Wear comfortable physical conditioning clothing, comfortable athletic shoes. All events, sit-ups, pushups, and 1.5-mile run will be conducted indoors.
- Hydrate the night before and bring water with you to the PFEA.
- Energy drinks are not permitted at the PFEA, and we highly discourage the use of energy drinks before, during, and after physical activity.
- The Physical Fitness Entry Assessment standards are listed in the application packet.

What: Basic Police Academy Psychological Evaluation (PE)

Location: Lakeland Community College Building C, Rm C-1010.

Time: 10:30am

Register on the Lakeland Community College Basic Police Academy website.



Basic Peace Officer Academy
Entrance Physical Conditioning Minimum Standards



I understand that these are the minimum standards that I must attain for entry into the Lake County Sheriff's Office/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 (15th percentile)

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

Applicant's Printed Name

Applicants Signature

BASIC TRAINING PHYSICAL FITNESS ASSESSMENT FORM



School Name: _____ School #: _____

Student's Name: _____
(Last) (First) (Middle)

Sex: **M** **F** DOB: _____ Age: _____ Pre-Entry PFA Date: _____ Final PFA Date: _____ Final PFA Retest Date: _____

	MALES			FEMALES						
(<29)	<u>Entry</u>	<u>Basic</u>	<u>End</u>	<u>Entry</u>	<u>Basic</u>	<u>End</u>	Pre-Entrance Assessment	Final Assessment	Second Attempt	Passing Standard
Sit-ups (1 min.)	32	38	40	23	32	35				
Push-ups (1 min.)	19	30	33	9	16	18				
1.5 Mile Run	14:34	12:37	11:58	17:49	15:02	14:07				
(30-39)	<u>Entry</u>	<u>Basic</u>	<u>End</u>	<u>Entry</u>	<u>Basic</u>	<u>End</u>	# Sit-ups Completed	# Sit-ups Completed	# Sit-ups Completed	END STANDARD
Sit-ups (1 min.)	28	34	36	18	25	27				
Push-ups (1 min.)	15	24	27	7	13	14				
1.5 Mile Run	15:13	13:07	12:25	18:37	15:34	14:34				
(40-49)	<u>Entry</u>	<u>Basic</u>	<u>End</u>	<u>Entry</u>	<u>Basic</u>	<u>End</u>	# Push-ups Completed	# Push-ups Completed	# Push-ups Completed	END STANDARD
Sit-ups (1 min.)	22	29	31	13	20	22				
Push-ups (1 min.)	10	19	21	5	10	11				
1.5 Mile Run	15:58	13:52	13:11	19:32	16:26	15:24				
(50-59)	<u>Entry</u>	<u>Basic</u>	<u>End</u>	<u>Entry</u>	<u>Basic</u>	<u>End</u>	1.5 Mile Time	1.5 Mile Time	1.5 Mile Time	END STANDARD
Sit-ups (1 min.)	17	24	26	7	15	17				
Push-ups (1 min.)	7	13	15	4 (modified)	11 (modified)	13 (modified)				
1.5 Mile Run	17:38	15:06	14:16	21:31	18:17	17:13				
(60+)	<u>Entry</u>	<u>Basic</u>	<u>End</u>	<u>Entry</u>	<u>Basic</u>	<u>End</u>	OVERALL (P/F)	OVERALL (P/F)	OVERALL (P/F)	
Sit-ups (1 min.)	13	19	20	2	7	8				
Push-ups (1 min.)	5	13	15	1 (modified)	7 (modified)	8 (modified)				
1.5 Mile Run	20:12	17:00	15:56	23:32	20:02	18:52				

Students must pass at least two events at “End” and one event at “Basic” to be eligible for peace officer certification. For second attempts, students only need to test in events previously not passed. Students have the option of retesting a “Basic” score.

 Fitness Instructor Signature Date Commander Signature Date

 Fitness Instructor Signature Date Commander Signature Date

 Fitness Instructor Signature Date Commander Signature Date

Check here if only passed the BASIC STANDARD



Basic Peace Officer Academy Psychological Testing Information



Psychological testing is required prior to acceptance into Lake County Sheriff's Office/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



Basic Peace Officer Academy Model Release



For and in consideration of my engagement as a model by Lake County Sheriff's Office and 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



Basic Peace Officer Academy Drug Screening Acknowledgement

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.

Initial test analyte	Initial test cutoff concentration	Confirmatory test analyte	Confirmatory test cutoff concentration
Marijuana metabolites	50 ng/ml	THCA	15 ng/ml
Cocaine metabolites	150 ng/ml	Benzoylcegonine	100 ng/ml
Opiate metabolites- Codeine/Morphine	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.



Basic Peace Officer Academy Drug Screening Acknowledgement



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



Basic Peace Officer Academy Drug Screen Cost

Lakeland
COMMUNITY COLLEGE

Applicants are responsible for the cost of \$53.00 for the nine panel Drug Screening. Payable at time of the drug screening. Lakeland will only receive results of Drug screening test(s) from University Hospitals. Locations are listed in the application process.

University Hospital is offering a cost of \$63.00 for a basic physical. This is only an option. You may schedule a physical with your family healthcare provider, who may have a better understanding of your medical history. The Health Data form located in the application packet must be completed as per the instructions and is a requirement to attend the police academy.



University Hospitals Occupational Health Services

Who We Are:

University Hospitals Occupational Health Services; offering occupational, environmental and preventative medicine services.

Pricing for Services:

- | | |
|---------------------|---------|
| • Basic Physical | \$63.00 |
| • 9 Panel Drug Test | \$53.00 |

Thank you for providing us the opportunity to offer these services for Lakeland Community College.

Seth A. Baumberger
Account Manager
University Hospitals
Occupational Health Services
Seth.baumberger@uhhospitals.org

UH Occupational Health Clinic Locations

With multiple locations throughout Northern Ohio, it's easy to find a University Hospitals Occupational Health Clinic close to home or work.

Location	Hours
UH Occupational Health – Ashland 2212 Mifflin Avenue, Suite 215 Ashland, OH 44805 Main Office: 567-261-0265 Fax: 419-281-4244 Get Directions	Monday – Friday: 8 a.m. – 4:30 p.m.
UH Occupational Health – Beachwood 3619 Park East Drive, Suite 205 Beachwood, OH 44122 Main Office: 216-545-1148 Fax: 216-201-8316 Get Directions	Monday – Friday: 7:30 a.m. – 4 p.m.
UH Occupational Health – Chardon 510 Fifth Avenue Chardon, OH 44024 Appointment Scheduling: 855-525-3622 Main Office: 440-901-6209 Fax: 440-279-1527 Get Directions	Monday – Friday: 7:30 a.m. – 4 p.m.
UH Occupational Health – Medworks 39000 Center Ridge Road North Ridgeville, OH 44039 Main Office: 440-500-7175 Fax: 440-329-7492 Get Directions	Monday – Thursday: 7:30 a.m. – 4 p.m. Fridays: 7:30 a.m. – 3 p.m. Appointment only. Pricing may vary.
UH Occupational Health – Mentor UH Mentor Health Center 9000 Mentor Avenue Suite #205 Mentor, OH 44060 Appointment Scheduling: 855-525-3622 Main Office: 440-578-7552 Fax: 440-701-7648 Get Directions	Monday – Friday: 7:30 a.m. – 4 p.m.
UH Occupational Health – Parma 6115 Powers Blvd., Suite 200 Parma, OH 44129 Main Office: 440-292-4981 Fax: 440-743-4940 Get Directions	Monday – Friday: 7:30 a.m. – 4 p.m.
UH Occupational Health – Streetsboro 9318 State Route 14 Streetsboro, OH 44241 Main Office: 234-703-2889 Fax: 330-297-8561 Get Directions	Monday – Friday: 7:30 a.m. – 4 p.m.



Basic Peace Officer Academy Refund Policy



Tuition will be refunded in full until **May 13, 2026**, minus direct expenses (such as uniforms, shirts, physical conditioning uniform, ORC books, First Aid book, etc.).

Tuition will be refunded at 50% until **May 18, 2026**, minus direct expenses (such as uniforms, shirts, physical conditioning uniform, ORC books, First Aid book, etc.).

Application Fees are non-refundable.

No refund after **May 18, 2026.**

I understand there are absolutely **NO** refunds after May 18, 2026 – whether I withdraw/resign (for any reason including injury), dismissed for violation of Academy or OPOTC rules and regulations, or failing a OPOTC Proficiency Assessment.

Applicant's Printed Name

Applicant's Signature

Witness Printed Name

Witness Signature

Date



Basic Peace Officer Academy Fingerprinting Instructions

Lakeland
COMMUNITY COLLEGE

Fingerprinting conducted at the:

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

HOURS:

Monday – Thursday
8:00a – 4:00p

Closed on Friday, Saturday, and Sunday.

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

Fingerprinting must be completed between **December 26, 2025 and April 15, 2026.**

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: rharps@lakecountyohio.gov website: 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

Lakeland ID Number (LID)

0	0								
---	---	--	--	--	--	--	--	--	--

Last Name: _____ First Name: _____

The Charles E. Schell Foundation, Fifth Third Bank Trustee student loan was established to aid students in securing an education that may otherwise be unattainable. This loan is interest-free and without security.

Qualifications of student candidates for the loan are:

- Citizens 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 Armed Forces
- Honest, upright, intelligent and of practical appearance
- Maintaining a minimum 2.0 GPA on a 4.0 scale

Terms of the loan:

- Repayment of this loan will begin 30 days from the end of the student’s program (Basic Police Academy Students) or the end of the semester in which the loan was disbursed (all other students).
- Repayment will not exceed 10 years.
- The loan will be interest-free throughout its life.

If you meet all the above qualifications 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.

A separate application is required for each semester you request funds.

Complete this application and return:*

- | | |
|---|--|
| By Fax: 440.525.7704 | |
| By Mail: Lakeland Community College | • 7700 Clocktower Drive • Kirtland, OH 44094-5198 |
| By Secure Upload: Visit lakelandcc.edu/financialaid | • Under RelatedLINKS (right side of page), select Financial Aid Documents Secure Upload link (myLakeland login credentials required) |
| In Person: Lakeland Student Service Center | • located in Building A-1003 |

**Please do not send documents through email as it is not a secure format.*



**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>Lake County Sheriff's Office Basic Police Academy</u> Start of Class: <u>May, 18, 2026</u> Cost:	
<input type="checkbox"/> In-County: <u>\$5,950.00</u> <input type="checkbox"/> Out-of-County: <u>\$6,350.00</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) <input type="checkbox"/> No (Provide Information Below)	
Parents' Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married	Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married
Parents' number of dependent children ____.	Your number of dependent children ____.
Father's gross monthly income _____.	Spouse's monthly income _____.
Explanation of Need: (Please attach additional typed page explaining the following: <ul style="list-style-type: none"> • Explain why you need financial help to attend the Police Academy • Your reasons for wanting to attend the Police Academy • Your career and job aspirations or goals • Your participation in volunteer or service projects in the community • Unusual expenses or circumstances 	
Signature of Applicant: _____	Date: _____



**Basic Peace Officer Academy
Application and Instruction Checklist**
Disclosure of Prior Basic Police Academy enrollment



Have you ever enrolled and/or attended a basic police academy? If so, complete the following:

Name of Academy: _____

Address: _____

City: _____ State: _____

Telephone number: _____

Commander's name: _____

Date(s) attended: _____

Graduate: _____. IF NO, explain reason for not graduating: _____

_____.

Were you ever disciplined in the academy: _____. IF YES, explain why and what disciplinary action did you receive:

_____.

The above information is truthful and accurate.

Applicant Printed Name: _____

Applicant Signature: _____

Date: _____

Witness: Signature: _____

Date: _____



Basic Peace Officer Academy



Emergency Contact Sheet

Personal Information:

Name: _____
(LAST) (FIRST) (MIDDLE)

Address: _____
(STREET ADDRESS) (Apt/Unit #)

(CITY) (ZIP CODE)

Cell Phone: _____ Social Security (Last 5) #: _____

Date of Birth: _____ Sex: Male Female
(MM/DD/YEAR)

Ohio Driver's License Number: _____ Expiration Date: _____

Automobile 1: _____
Make Model Color year License Plate Lic/ State

Automobile 2: _____
Make Model Color year License Plate Lic/ State

Allergies: _____

Medications/Inhalers: _____

1st Emergency Contact Name: _____

Relationship: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

2nd Emergency Contact Name: _____

Relationship: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

I understand that in the case of an emergency, Lake County Sheriff's Office, Lakeland Community College, or Basic Police Academy personnel may notify my emergency contacts.

Signature

Date