



CLEVELAND HEIGHTS POLICE ACADEMY

OPEN ENROLLMENT APPLICATION PROCEDURES



Congratulations on your decision to apply to the Cleveland Heights Police Academy. The Cleveland Heights Police Academy has been in continuous operation since 1973, when the Academy received its commission from the state of Ohio. On January 5th, 2024, The Ohio Attorney General certified the Cleveland Heights Police Academy as a STAR Academy, which places our training program among the best in the State of Ohio.

Police officers from more than 130 police departments across the state of Ohio received their training at the Cleveland Heights Police Academy. Over the Past 51 years, more than 5,000 police officers have been trained by the Cleveland Heights Police Academy, and we have also trained officers from Canada and Turkey.

The first step in your police career starts with reading/completing the enclosed open enrollment application.

1. **Read this informational packet in its ENTIRETY.**
2. Complete the page of the application titled "Cleveland Heights Police Academy, Student Applicant Information Form."
3. The two-page Student Disclosures and Statement of Understanding must be completed and witnessed.
4. Complete the Student Health Data Form. Make sure that both you and your Physical Examiner/Doctor sign and date in the appropriate spaces.
5. The Student Health Data Form needs to be completed by your physical examiner. Make sure your examiner completes the form in its entirety and signs the bottom of the form, with the address of your examiner. Make sure the correct title of the physical examiner appears after the physical examiner's signature. The state of Ohio will only accept physicals completed by an MD, DO, PA, or CNP. The title must appear after the examiner's signature.
6. **You must complete FEMA courses 100c Incident Command System and 700b National Incident Management System prior to returning your application.** See attached page for instructions.
7. Police Academy credit card payment form. If you plan on paying your tuition using a credit card, please complete the attached form and send it back with your completed packet so your payment can be processed with our treasury department.

The final page of the packet describes the physical conditioning standards required by the state of Ohio. This page also lists the entry standards you must pass in order to be accepted into the police academy program. These standards are non-negotiable and strictly enforced by the state of Ohio and the Academy. It is important that you are aware of these standards before entering the academy application process. The physical conditioning form is yours to keep. You do not have to return it with your application.

Once you have completed the application, you should mail it to the Cleveland Heights Police Academy at 2595 Noble Rd., Cleveland Heights, Ohio, 44121. Or, you may **make an appointment** to drop it off in person. **If you would like to turn in your application in-person, you must contact the Academy at 216-291-3836 to make an appointment during business hours.** Approximately 8-10 weeks before the start of the academy, we will contact you with dates for the pre-assessment physical fitness test. At that time, we will be mailing/emailing you additional information about the Academy.



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The upcoming Ohio Peace Officer Training Commission-approved Basic Training school **is scheduled to begin Wednesday, January 7, 2026**. Classroom hours will be Monday through Friday from 8:00am to 5:00pm (0800 to 1700 hours) with a requirement of one weekend (Saturday and Sunday) in order to complete the Driving topic of the curriculum. Those dates will be discussed during orientation.

Each student will be required to take the final State Certification Exam (SCE) upon the completion of the academy and graduation dates will be announced at a later time. If you are accepted into the Academy, there will be two **mandatory orientation days** (prior to the first day of class) **on Monday, January 5, 2026 and Tuesday, January 6, 2026**, from 8:00am to 5:00pm (0800 to 1700 hours).

Other important information:

- Attendance for the duration of the Academy is mandatory, with NO absences. You must be totally and absolutely committed to meeting the attendance requirement. If there is any doubt about your ability to meet the attendance requirement, you may wish to postpone your application until you are able to fully commit to training. The duration of the Academy will be approximately 22 weeks.
- The State of Ohio requires that all police academy students meet certain Physical Conditioning requirements in order to successfully graduate from the Academy. Students must be physically fit, and any physical injuries or medical conditions must be fully healed prior to attending the Academy.
- ANY felony convictions (including any arrests or convictions that you or an attorney has had expunged or sealed by a court) will prohibit you from attending the Academy.
- Certain misdemeanors including, but not limited to, domestic violence will also prohibit you from attending the Academy. Any crime reduction or plea agreement in which the original charge was domestic violence will prohibit you from attending the Academy. Any misdemeanor committed in the last 3 years will prohibit you from attending the academy.
- Academy applicants must complete a 1.5 mile qualifying run, along with push-ups and sit-ups, before being offered admission to the Academy. This initial pre-assessment physical fitness test is based on the 15th percentile of the Cooper Standards for physical conditioning. Students must meet or surpass the 50th percentile of the Cooper Standards for physical conditioning during their final physical condition test towards the end of the academy school. The standards are included with this application. The Cooper Standards are based upon your age and your gender. You will be notified by mail/email of the location, date and time of your qualifying fitness test. The qualifying fitness test usually takes place approximately four to eight weeks prior to the start of the academy.
- On or about October 1st, 2026, after you have already submitted your application, you will receive notification from the police academy with information about dates and times for the physical conditioning test. You will also receive information about completing a background check.
- Tuition for the police academy is \$6,000 and is payable to the City of Cleveland Heights after you have been accepted. Information regarding veteran's benefits can be obtained by contacting the police academy staff. The academy accepts payment in the form of cash, check, money order, or credit card. The credit card payment form is attached to this packet.
- The 740-plus hour training course meets the training requirements for Ohio Peace Officer Certification.



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- Class size is limited and applications are accepted on a first-come, first-serve basis. Open enrollment applicants should complete and submit the enclosed admission packet. Due to limited class size, it is advised that you should complete your application as soon as possible.
- If you are accepted into the police academy, you will receive a police academy uniform. Students will be issued a duty belt, holster, magazine pouch, rubber training gun, handcuffs and pouch. Students will also be issued a handgun (for the Firearms training portion ONLY) and 3 magazines. The handgun which you will be provided will be a full-size handgun designed for police use. Students will have the option between a Glock 17 or Glock 19 handgun. Commissioned officers will use the weapon provided by their agency, along with any gear they require/provide. If a student requests to use a personally owned firearm, they will have to submit a request to the Academy Commander, have it inspected by the Academy staff, and it must be approved prior to the beginning of firearms training.
- **Students will be required to provide their own flashlight and pouch.** The police academy will provide 9mm pistol ammunition ONLY and the use of a shotgun and shotgun ammunition. You must also wear black leather shoes or duty boots. Boots **are not** provided by the academy.
- After acceptance into the police academy, students can expect to take all of the following under guidelines provided by the Ohio Attorney General: a background check, and drug screening.

Congratulations, again, and thank you for your decision to apply to the Cleveland Heights Police Academy. I look forward to meeting you, and I am always available to answer any questions that you might have. You can reach me at the Cleveland Heights Police Academy at (216) 291-3836.

Sincerely,

Cmdr. Matthew J. Lasker
Police Academy Commander
Phone: (216) 291-3836
Email: academy@clevelandheights.gov



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OPEN ENROLLMENT APPLICATION PROCEDURES



FEMA 100c Incident Command System and 700b National Incident Management System Instructions

1. Google IS-100.C:Introduction to the Incident Command System, ICS. This should give you a result page with that option.
2. Click on that option. You should be at the FEMA Emergency Management Institute web page.
3. Open the Interactive Web Based Course link. You are now ready to take the course.
4. Once you complete the course, click the Take Final Exam Online link. A LOGIN.gov sign in or create account link page will open.
5. If you have a FEMA SID account number, continue through the LOGIN.gov link. If you do not have a FEMA SID number scroll down to the sign up for a FEMA SID account.
6. Once you have a SID number, create or sign in through LOGIN.gov.
7. Take the test and print your certification. You can send it with your application or email it to tohaire@clevelandheights.gov
8. Repeat the process by Googling IS-700.B National Incident Management System, NIMS and follow the same steps.



Cleveland Heights Police Academy

Student Applicant Information Form

Name: _____

Mailing Address: _____

Email Address: _____

Home/Cell phone number: _____



STUDENT DISCLOSURES AND STATEMENT OF UNDERSTANDING

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

Previous Name(s) or Alias: _____

Student SSN (Last 5): _____ Student DOB: _____ School Number: _____

School Name: _____

Please answer the following questions by checking either "Yes" or "No:"

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

- 17a. Have you been convicted of a misdemeanor crime of domestic violence? _____ YES _____ NO
- 17b. 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
18. Do you currently have criminal charges pending in any jurisdiction? _____ YES _____ NO
19. Do you currently possess a valid driver's license and have driving privileges in the state of Ohio? Ohio DL # _____ YES _____ NO
- 20a. Have you been awarded and do you possess a high school diploma? _____ YES _____ NO
- 20b. If you answered no to 20a, have you been awarded and do you possess a certificate of high school equivalency? (Explain.) _____ YES _____ NO

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

If I provide false information on this form, I may be discharged from this school, and may be charged with a crime.

If a criminal or delinquency charge is filed against me while I am a student of this school, I MUST report it to the Commander 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 be suspended from this school until the case is complete, and at that time, my ability to be reinstated to the school 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 to attend the school.

I hereby grant OPOTC consent to disclose to the Commander 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 school.

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 on 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

CITY OF CLEVELAND HEIGHTS POLICE DEPARTMENT

POLICE ACADEMY
2595 NOBLE ROAD
CLEVELAND HEIGHTS, OHIO 44121
(216) 291-3836

POLICE ACADEMY CREDIT CARD PAYMENT

DATE: _____

REASON FOR PAYMENT: _____

NAME: _____

PHONE NUMBER: _____

AMOUNT OF PAYMENT: _____

NAME ON CREDIT CARD: _____

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____

3 DIGIT SECURITY CODE: _____



	Males (age 29and younger)		Females (age 29and younger)	
	Entrance Minimum	Final Assessment	Entrance Minimum	Final Assessment
Sit-ups (1 min.)	32	40	23	35
Push-ups (1 min.)	19	33	9	18
1.5 mile run (time)	14:34	11:58	17:49	14:07
	Males (age 30-39)		Females (age 30-39)	
	Entrance Minimum	Final Assessment	Entrance Minimum	Final Assessment
Sit-ups (1 min.)	28	36	18	27
Push-ups (1 min.)	15	27	7	14
1.5 mile run (time)	15:13	12:25	18:37	14:34
	Males (age 40-49)		Females (age 40-49)	
	Entrance Minimum	Final Assessment	Entrance Minimum	Final Assessment
Sit-ups (1 min.)	22	31	13	22
Push-ups (1 min.)	10	21	5	11
1.5 mile run (time)	15:58	13:11	19:32	15:24
	Males (age 50-59)		Females (age 50-59)	
	Entrance Minimum	Final Assessment	Entrance Minimum	Final Assessment
Sit-ups (1 min.)	17	26	7	17
Push-ups (1 min.)	7	15	4 (modified)	13 (modified)
1.5 mile run (time)	17:38	14:16	21:31	17:13
	Males (age 60+)		Females (age 60+)	
	Entrance Minimum	Final Assessment	Entrance Minimum	Final Assessment
Sit-ups (1 min.)	13	20	2	8
Push-ups (1 min.)	5	15	1 (modified)	8 (modified)
1.5 mile run (time)	20:12	15:56	23:32	18:52

Peace Officer Basic Training

Student Handbook



Ohio Peace Officer Training Commission

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

Things to Know

The Ohio Peace Officer Training Commission

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

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

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

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

The Ohio Peace Officer Training Academy

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

Your Academy

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

Academy Requirements

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

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

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

Missing Class Topics or Portions of Class Topics

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

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

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

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

Appointed Students and Open Enrollment Students

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

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

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

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

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

Things to Do

Required Forms

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

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

Affirmations

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

A. Statement of understanding.

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

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

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

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

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

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

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

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

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

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

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

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

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

C. I understand that OPOTC provides class curriculum and assumes no responsibility other than the opportunity to learn under supervision, and as such I waive any and all claims that I may have against OPOTC, the Attorney General's Office, the State of Ohio, and its employees and agents, including but not limited to any and all liability claims or demands for personal injury, sickness, or death, as well as property damages and expenses, of any nature whatsoever which may be incurred while participating in the above referenced program or in any medical procedure arising out of or related to my participation in such program, including but not limited to any training conducted at the OPOTC approved school and at any and all state training locations from any cause whatsoever, including any claims or demands based upon negligence. I release OPOTC, the Attorney General's Office, the State of Ohio, and its employees and agents, from any and all liability, and I further agree to indemnify the OPOTC, the Attorney General's Office, the State of Ohio, and its employees and agents, from any loss, liability, damage, or cost, including reasonable attorney's fees, that may occur due to my participation in the above referenced program or in any medical procedure arising out of or related to my participation in such program, whether or not such loss, liability, damage, or cost results from the negligence or other action, except intentional acts. I understand and intend that this release of liability shall be effective and binding upon my heirs, next of kin executors, administrators and assigns in the event of my death. Authorization for use or disclosure of drug screen information.

1. I consent to submit to a drug screen and to furnish a sample of my urine for analysis to a testing facility designated by the commander in order to be eligible to attend peace officer basic training.
2. I authorize and give full permission to have the laboratory or other testing facility to release any and all documentation relating to such screen to the above listed commander or designee. I further agree to and hereby authorize the release of the results of said tests to the commander, their designee, or the OPOTC.
3. I understand that my sample will be screened for the following substances and concentrations:

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

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



DAVE YOST

OHIO ATTORNEY GENERAL



Ohio Peace Officer Training Commission
Office 800-346-7682

STUDENT HANDBOOK ACKNOWLEDGMENT AND VERIFICATION

My signature below indicates that I have received, read and agree to abide by the Ohio Revised Code, the Ohio Administrative Code, the Peace Officer Basic Training Student Handbook, and the above-listed forms, and that if any of the information contained in the Handbook needs additional information or explanation, that information or explanation is detailed below.

ADDITIONAL INFORMATION OR EXPLANATION:

(Attach additional documentation if needed)

Student's Name (please print)

Student's Signature

Date

Witness Name (please print)

Witness Signature

Date

Cleveland Heights Police Academy

School Name

BAS26-

School Number



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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: _____

Complete if applicable:

Appointing/Employing Agency _____ Agency County _____

Agency Email _____

Date of Appointment/Employment _____ Position/Title _____

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

Education: _____ High School Diploma _____ GED

Student Status:

Peace Officer	<input checked="" type="checkbox"/> Basic Training	_____ Refresher	_____ Prior-Equivalent
Private Security	_____ Academic	_____ Revolver	_____ Shotgun _____ Semi-Auto Pistol _____ REQ
Corrections	_____ Basic Training	_____ Prior Equivalent	
Public Safety	_____ Basic Training		

Commander's Signature _____ Date _____ School Name _____ School Number _____

OPOTC Use Only

_____ Approved _____ Open Enrollment _____ Withdrawn _____ Failed _____ Dismissed

Private Security Requal Due Date: _____ Date Approved: _____

Last Date of Class: _____ Exam Date: _____ Certification Specialist Initials: _____

Certificate Number: _____ Date Certificate Issued: _____



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Student Health Data

Name: _____ Age: _____ Sex: Male _____ Female _____
Last First Middle

School Name: Cleveland Heights Police Academy School Number: BAS26-

Commander Name: Matthew J. Lasker Commander Email: Academy@clevelandheights.com

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.**