



# PUBLIC SAFETY TRAINING CENTER LAW ENFORCEMENT ADVANCED TRAINING PROGRAMS

## OPOTC TRAINING INFORMATION FORM

*TYPE OR PRINT LEGIBLY IN BLACK OR DARK BLUE INK - FILL IN ALL SECTIONS*

**NAME:** \_\_\_\_\_ **SSN:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
LAST FIRST MIDDLE NAME (FULL)

**HOME ADDRESS:** \_\_\_\_\_  
STREET CITY STATE ZIP COUNTY

**HOME PHONE:** (\_\_\_\_) \_\_\_\_\_ **CELL PHONE:** (\_\_\_\_) \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

**D.O.B. (MM/DD/YYYY)** \_\_\_\_\_ **MALE** **FEMALE**

**PLACE OF BIRTH:** \_\_\_\_\_ **U.S. CITIZEN:** No Yes  
CITY COUNTY STATE

**DRIVER'S LICENSE NUMBER:** \_\_\_\_\_ **ISSUING STATE:** \_\_\_\_\_

**LICENSE EXPIRATION DATE:** \_\_\_\_\_ **CURRENTLY SUSPENDED?** No Yes

**AGENCY INFORMATION:**  
**EMPLOYING AGENCY:** \_\_\_\_\_ **PHONE:** (\_\_\_\_) \_\_\_\_\_

**AGENCY ADDRESS:** \_\_\_\_\_  
STREET CITY STATE ZIP COUNTY

**DATE OF APPOINTMENT/EMPLOYMENT:** \_\_\_\_\_ **POSITION/TITLE:** \_\_\_\_\_

**PLEASE CHECK APPROPRIATE BOX:**

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

**PLEASE CHECK ONLY THE HIGHEST LEVEL OF EDUCATION:**

High School Diploma                      GED

**ACADEMY FOR WHICH YOU ARE ENROLLING:**

**Choose one:**      Corrections Academy                      Court Officer Bailiff Firearms Training  
                          20 Hr. Private Security Firearms                      Private Security Firearms Re-qualification

**Private Security Firearms Only**

**Choose one:**      Utilizing my own weapon and ammo                      Utilizing Tri-C's weapon and ammo  
**Choose one:**      Semi-Automatic    Revolver

*My signature signifies that all information contained in this application and any accompanying documentation is factual and is a true representation of me.*

\_\_\_\_\_  
 STUDENT SIGNATURE

\_\_\_\_\_  
 DATE

# PUBLIC SAFETY TRAINING CENTER: ADVANCED TRAINING REGISTRATION

## REGISTRATION OPTIONS

### BY FAX: (216) 987-0639

Credit card or Department purchase order only

### SCAN TO EMAIL: Carrie.Havens@Tri-C.edu

Credit card or purchase order only

### IN-PERSON:

Credit card, purchase order, check or money order at our Western Campus, Public Safety Training Center located at:  
7029 Homewood Avenue  
Parma Heights, Ohio 44130

### BY MAIL:

Credit card, purchase order, check or money order to:

Cuyahoga Community College  
KeyBank PSTC, ATTN: Carrie Havens  
11000 Pleasant Valley Road  
Parma, Ohio 44130-5113

\*Tri-C is not responsible for lost or misdirected mail

### BY PHONE: (216) 987-3033

Police Agility Exam, Written Cognitive, and/or Pre-Screening Psychological Assessments ONLY.

Credit card *only*- have your payment information available

## REGISTRATION INFORMATION

### APPLICANTS WILL NOT BE SENT NOTIFICATIONS OR CONFIRMATIONS.

### REGISTRATION / CANCELLATION DEADLINES:

Police Agility Exam, Written Cognitive, and/or Pre-Screening Psychological Assessments each have deadlines of 4PM the Wednesday prior to the Assessment date. ALL OTHER Advanced Training courses have deadlines of one (1) week prior to their start dates.

### REFUND POLICY:

Participants will receive a full refund if cancelled by the registration deadline date. There will be NO refunds thereafter. If you register for the test and do not cancel by the registration deadline, you WILL be billed for the test.

### PARKING:

Available in front & back lots of the KeyBank Public Safety Training Center building on Western Campus.

### DIRECTIONS TO CAMPUS:

Exit I-71 at Bagley Road and go East  
Exit I-77 at Pleasant Valley Road and go West  
Exit the Ohio Turnpike at Exit 10 to I-71 North  
The Campus is located at the corner of Pleasant Valley and York Roads.

## PERSONAL INFORMATION

Name \_\_\_\_\_  
Last First FULL Initial

Social Security Number- last 4 digits REQUIRED

Address \_\_\_\_\_  
Number Street Apt. No.

City State Zip County

Home Phone    -    -      
Area Code

Cell Phone    -    -      
Area Code

Email \_\_\_\_\_

Date of Birth:   -   -    
Month Day Year

Have you ever been convicted of a sexual related offense or a violent crime against a minor?  Yes  No

Gender:  Male  Female  
U.S. Citizen:  Yes  No  
Are You a Veteran:  Yes  No

Ethnic Background:  
 BLACK  AMERICAN INDIAN OR ALASKAN  
 WHITE (NON-HISPANIC)  ASIAN, PACIFIC ISLANDER, OR INDIAN SUBCONTINENT  
 HISPANIC  OTHER

## EMPLOYMENT INFORMATION

Complete this area if you are testing for a Department/Agency

Department Name \_\_\_\_\_

Address \_\_\_\_\_  
Number Street

City State Zip County

Phone    -    -      
Area Code Ext.

Fax    -    -      
Area Code

## PAYMENT INFORMATION

Bill Department, (via attached P.O. or 3rd Party Authorization Form)  Check or Money Order (enclosed & payable to Cuyahoga Community College)

Mastercard Account Number \_\_\_\_\_ Security Code \_\_\_\_\_  
 Visa Name on Card \_\_\_\_\_ Exp. Date \_\_\_\_\_  
 Discover Signature \_\_\_\_\_  
 Amer. Express

## IMPORTANT PAYMENT INFORMATION

Effective July 15, 2014, a 2.4 percent service fee will apply to all payments made by credit card for Cuyahoga Community College (Tri-C®) tuition, fees and other student account charges.

COURSE NO.	COURSE TITLE	START DATE	FEE
	20 Hr. Private Security Firearms Qualification		\$250.00

Signature (required) \_\_\_\_\_

TOTAL \_\_\_\_\_



If you answer yes to any of the below questions you cannot take this course.

NO      YES

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.)
2. Are you a fugitive from justice?
3. Have you ever been convicted of a felony offense of violence as defined in ORC 2901.01?
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?
5. Have you ever been convicted of any felony offense involving a drug of abuse?
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?
7. Are you drug dependent, in danger of drug dependence, or a chronic alcoholic?
8. Are you under adjudication from any court for mental incompetence?
9. Have you been adjudicated by a court as a mental defective?
10. Have you been committed by a court to a mental institution?
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?
12. Have you ever been convicted of a crime that had a possible sentence of more than one year?
13. Are you an alien, illegally or unlawfully in the United States?
14. Have you been discharged from the Armed Forces under dishonorable conditions?
15. Have you renounced your United States citizenship?
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?
- 17a. Have you been convicted of a misdemeanor crime of domestic violence?
- 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).

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