OHIO COLLABORATIVE
LAW ENFORCEMENT AGENCY CERTIFICATION

PEER TO PEER ASSISTANCE LOG			
Peer Name:		**Email Address:**	**Phone:**
Peer Address for reimbursement			
Service Agency:		**Agency Phone #:**	**County**:
Agency Contact:			
Agency Address:			
Date/Time	**Assistance Provided**	**Comments**	**Total Time**
		Mileage Reimbursement (if applicable)	
		Travel Time (if applicable)	
		Total Hours x $25	
		Total Reimbursement Due	

Peer Signature _____ Date _____

SUBMISSION INSTRUCTIONS FOR COMPLETED SERVICES

If you are assigned to more than one (1) law enforcement agency, please utilize one form per agency assignment.

Submit completed form to: Ohio Association of Chiefs of Police
Attn.: Joel Brown
6277 Riverside Drive, Suite 2N
Dublin, OH 43017
joel.brown@oacp.org (preferred method)

To be submitted within seven (7) calendar days of the conclusion of provider services, as agreed upon by the service provider (Peer to Peer) and the law enforcement agency.

Prior authorization shall be obtained from the approving authority (OACP) for any request, per law enforcement agency, exceeding eight (8) hours. The approving authority shall request a written justification for hours in excess of eight (8).