



**OHIO COLLABORATIVE
LAW ENFORCEMENT AGENCY CERTIFICATION**

THIS APPLICATION MUST BE SUBMITTED AND APPROVED PRIOR TO BEING SCHEDULED FOR REQUIRED TRAINING

RESOURCE APPLICATION

☐ **Assessor**

☐ **Peer to Peer**

☐ **Both**

Thank you for your interest. To qualify to attend the training class and become an assessor and/or peer to peer resource, you must complete this application and meet the following criteria:

- Have three or more years of administrative or supervisory experience or have at least 3 years' experience with comparable certification program (sworn or civilian).
- Have authorization from your agency's Chief Executive Officer, if applicable.
- Not have been suspended or subjected to termination in the last 36 months.
- Be from an agency that is certified or actively pursuing Ohio Collaborative certification status, if applicable.
- Be willing to attend refresher training as directed by the Office of Criminal Justice Services.

Last Name _____ First Name _____ M.I. _____

Rank/Job Title _____ Total law enforcement experience: _____ (years)

Agency Name _____ # of Sworn Employees _____

- 1) In the last twenty-four (24) months, have you been named as a defendant in a legal action by an outside agency such as the Department of Justice, County Prosecutor or other? Yes or No
- 2) If you answered yes to the previous question, did that legal action result in any punitive measures (criminal convictions or civil judgments) or consent decrees being levied against you or your law enforcement agency? Yes or No
- 3) If you answered yes to the previous question, please explain _____

4) Is your agency Ohio Collaborative certified? Y N

5) If no, is your agency in the process? Y N

6) If no, please explain? _____

Agency Address _____ City _____ Zip _____

Phone _____ Cell Phone _____

Fax _____ Email _____

Applicant Signature _____ Date _____

CEO/Approving Authority _____ Date _____

Please include a brief resume that includes your assignments and responsibilities throughout your law enforcement career. If retired, include a letter of good standing from the agency from which you retired or from the respective stakeholder association.

Complete this application and email it with your resume to:

ohiocollaborative@dps.ohio.gov