

Stark State College
Law Enforcement Academy



Stark State
COLLEGE

Application Guidelines

Keep updated and share with friends!

- LEAinfo@starkstate.edu

Police Science and Criminal Justice Offerings at Stark State College

- **Police Science**

- [Career Enhancement Certificate](#)

- **Police Science (eligible for financial aid)**

- [One-Year Certificate](#)

- [Associate of Applied Science – Police Science](#) (eligible for financial aid)

- [Associate of Arts – Criminal Justice](#) (eligible for financial aid)

Requirements for Admission



- **20 1/2 years of age**
- **Good physical condition**
- **No documented mental health issues**
- **No active protection orders**
- **No person having any of the following situations may attend basic training (and if these matters include occurrences that are sealed or expunged, they must be reported to OPOTC for review).**
 - a. Any felony conviction;
 - b. Any person currently registering as a sex offender, child-victim offender, or arson offender;
 - c. Any person under indictment or otherwise charged with an offense under ORC Chapter 2925, Drug Offenses; Chapter 3719, Controlled Substances, or Chapter 4729, Dangerous Drugs, that involves the illegal possession, use, sale, administration, or distribution of or trafficking in a drug of abuse – if they are convicted of that offense, they are disqualified for a three year period;
 - d. Any person under indictment or otherwise charged with a misdemeanor offense of violence – if they are convicted of that offense, they are disqualified for a three year period;
 - e. Any person under indictment or otherwise charged with a violation of ORC 2903.14, Negligent Assault; f. Any person with a conviction or guilty to an offense under ORC Chapter 2913, Theft and Fraud, or a municipal ordinance that is substantially similar is disqualified for a three year period.

Costs

- **Tuition and fees (24 credit hours)**
 - **\$800.00 lab fee for CJS140 and CJS240**
- **Equipment**
 - **See Application Process Guidelines**
- **Uniform**
 - **See Application Process Guidelines**
- **Textbooks**
 - **See Application Process Guidelines**



How to Apply: Step 1

Apply to Stark State College

- Complete an online application for Stark State College.
- Contact your high school and ask them to submit an official copy of your high school transcript directly to the Registration Office, or submit your GED certificate to the Registration Office.
- If you are seeking financial aid, contact the Financial Aid Office for assistance and complete a Free Application for Federal Student Aid (FAFSA) form on-line.
- Take the Stark State Orientation online at <http://www.starkstate.edu/orientation>
- Take the ACCUPLACER placement assessment. You do not need to take the ACCUPLACER test if you have taken the ACT test within the last two years; you may submit your ACT scores to the Admissions Office instead. You must score high enough to not require Critical Analysis.

Stark State Admissions



Admissions ▾ Academics ▾ Locations ▾ Experience Stark State Workforce training About ▾ News Info for ▾

A banner image showing a group of diverse students smiling and talking outdoors on a sunny day.

Home | Admissions | New students

Admissions

- Application
- Request info
- Visit campus

New students

Start on your path to career success today! To apply for admission, follow these steps.

Six easy steps

1. Apply for admission
2. Submit your documents
3. Placement assessment
4. Apply for financial aid
5. Complete student orientation
6. Schedule an appointment

Contact us

Office of Admissions
Stark State College
6200 Frank Ave. NW
North Canton, OH 44720

M-W: 8 a.m. – 6:30 p.m.
TH-F: 8 a.m. – 4:30 p.m.

888-513-0358 • 1-800-797-8275

Live Chat

How to Apply: Step 2



Complete and Submit the Ohio Peace Officer Training Academy Forms

- The forms can be obtained by emailing LEAinfo@starkstate.edu, navigating to the Law enforcement Academy web site, or reporting to the Gateway Center (Admissions).
- Each form must be typed, printed, and completed with the appropriate signature(s). The forms are displayed in PDF format, which may be completed onscreen and printed. **All “✓” fields and student signatures must be complete with a BLUE ink pen.**
- The “School Name” or “Academy Name” on each form should be entered as “Stark State College LEA.” The “School Number” should be left BLANK.

Instruction for completing packet

- Type personal information prior to printing
- Some fields will auto-fill
- Use proper Capitalization
 - Correct: "John Doe"
 - Incorrect "JOHN DOE"
 - Incorrect: "john doe"
- Use full middle name
- School name must be "Stark State College LEA"
- School number is left blank
- Sign and check (✓) in [blue ink](#)
- Do Not print double sided



Ohio Peace Officer Training Commission
 Office 800-346-7682
 Fax 740-845-2675
 P.O. Box 309
 London, OH 43140
 www.OhioAttorneyGeneral.gov

Student Handbook Acknowledgement and Verification

My signature below indicates 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

 School Name

 School Number

Sign in
 blue ink
 With a
 witness

Typed
 prior to
 printing



Student Enrollment/Certification Record

Student information:

Name: Last _____ First _____ Middle _____ Alias: _____

Home Address: No./Street and/or P.O. Box _____ City _____ Country Name _____ State _____ Zip _____

Phone Number: _____ - _____ - _____ Male Female DOB: _____ SSN (Last 5): _____

Email: _____

Operator's License Number: _____ State: _____ Expiration Date: _____

Complete if applicable & attach SF400 Notice of Appointment:

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 type="checkbox"/> Basic Training	<input type="checkbox"/> Refresher	<input type="checkbox"/> Prior- Equivalent
_____	<input type="checkbox"/> Academic	<input type="checkbox"/> Revolver	<input type="checkbox"/> Shotgun <input type="checkbox"/> Semi Auto Pistol <input type="checkbox"/> REQ
Full-Service Facility	<input type="checkbox"/> Correction Officer	<input type="checkbox"/> Prior Equivalent	
Jailer	<input type="checkbox"/> 12-Day Facility	<input type="checkbox"/> 12-Hour Facility	
Court Officer	<input type="checkbox"/> Basic Training		

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

OPOTC use only

Approved DNC Open Enrollment Private Security Requal Due Date: _____
Approval Date: _____ Exam Date: _____
Certification Officer's Initials: _____ Last Date of Class: _____
Certificate Number: _____ Date Certificate Issued: _____

Type this page.
Check marks may
be typed.



Make
sure to
include
education



Check this box



Typing this page
should auto-
complete the
remaining
pages.

Do not
forget to
type the
school name





REQUEST FOR NATIONAL WEBCHECK®

All information must be typed or printed.

This completed form is to be returned to the commander by the student.

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 entered.

TO BE COMPLETED BY STUDENT

I am scheduled to attend an Ohio Peace Officer Training Commission-approved Program to be held at:

_____ beginning on _____
(Academy Name) (Date)

As part of the enrollment process, the 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 Name)

Previous Name(s) or Alias: _____

Date of Birth: _____ Social Security Number: _____

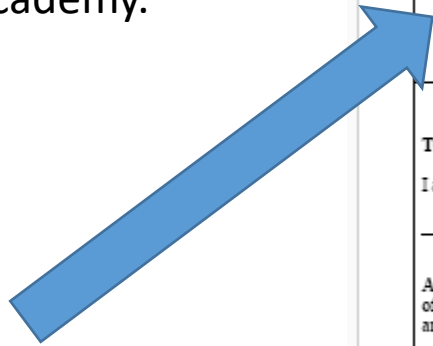
Address (including P.O. Box, if applicable): _____

City: _____ State: _____ Zip Code: _____

Name of Fingerprinting Agency: _____

Signature of Person Being Fingerprinted: _____ Date Fingerprinted: _____

Webcheck cannot be completed more than 150 days prior to the first day of the academy.



These are the instructions for the person taking your fingerprints



DAVE YOST
OHIO ATTORNEY GENERAL



Ohio Peace Officer Training Commission
Office 800-346-7682
Fax 740-645-2675

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**

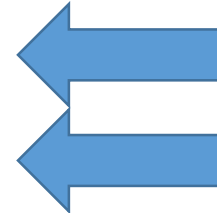
TO ADMINISTRATOR(S) AND/OR STAFF OF:

(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).



Stark State College

Your Name

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 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)

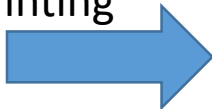
Student ID Number _____

Date _____



Complete this information, include your SSC Student ID number.

Type prior to printing



DAVE YOST
OHIO ATTORNEY GENERAL



Ohio Peace Officer Training Commission
Office 800-346-7682
Fax 740-845-2675

Student Health Data

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

School Name: _____ School Number: _____

Commander Name: _____ Commander Email: _____

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, _____

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 | _____ | _____ |
| _____ | _____ | 2. Major impairment of the senses | _____ | _____ |
| _____ | _____ | 3. Asthma or Breathing difficulties | _____ | _____ |
| _____ | _____ | 4. Heart attack; Angina Pectoris | _____ | _____ |
| _____ | _____ | 5. Stroke | _____ | _____ |
| _____ | _____ | 6. Hemorrhage | _____ | _____ |
| _____ | _____ | 7. Hypertension | _____ | _____ |
| _____ | _____ | 8. Allergies _____ | _____ | _____ |
| _____ | _____ | 9. Dizziness/Fainting | _____ | _____ |
| _____ | _____ | 10. Back/Neck injury or recurrent pain | _____ | _____ |
| _____ | _____ | 11. Pregnancy | _____ | _____ |
| _____ | _____ | 12. Communicable diseases | _____ | _____ |
| _____ | _____ | 13. Amputation/Prosthetic devices | _____ | _____ |
| _____ | _____ | 14. Bone/joint injury or recurrent pain | _____ | _____ |
| _____ | _____ | 15. Taking medication | _____ | _____ |
| _____ | _____ | 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 _____

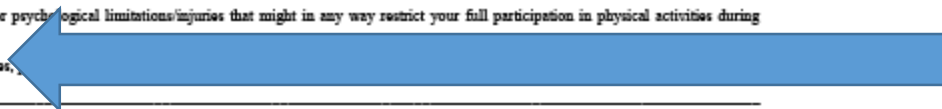
Address _____

Date of Examination _____

City, State, Zip _____

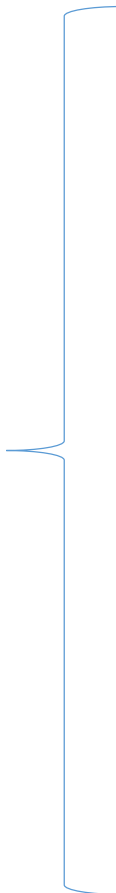
*Please give completed form back to the student to return to the commander or send to the above noted commander's email address.

Check with blue ink



Assure physician's portion is legible and complete prior to leaving their office

This section is complete by a MD, DO, PA, or CNP.



No
Chiropractor!

Cannot be more than 150 days prior to first day of academy



Drug Screen

- Your drug screen must be completed at Aultworks no more than 150 day prior to the first day of the academy
- The results will be sent directly to the college.
- The student is responsible for the cost of the test.
- Link for locations
<https://aultman.org/home/services/support-services/aultworks/aultworks-locations/#/>

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 2,000ng/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

How to Apply: Step 3

- Attend physical fitness admissions test

Physical Fitness Pre-testing will be conducted the first Tuesday of each month. Two sessions will be offered, 8:00am and 4:30pm. Students will meet at the training academy for sit-ups and push-up and the run will be conducted at the Kent/Stark track. Please dress for the weather and bring plenty of water to drink. Students can take the test as many times as they would like. A passing score must be recorded within 150 days of the first day of the academy the student wishes to attend. Students must be in good physical condition to take the test. Students must show a photo identification to take the test.

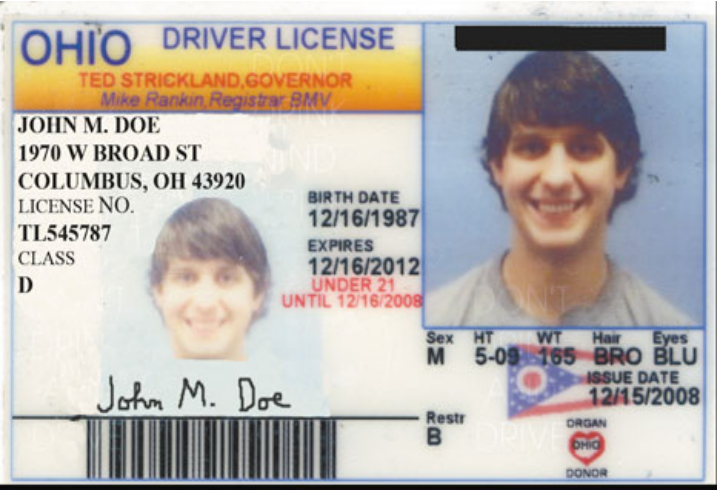
The pre-test must be passed prior to the application deadline so plan accordingly!

PHYSICAL FITNESS STANDARDS 15%

(15 th Percentile*)	Age and Gender Minimum Scores	
	Males (≤29)	Females (≤29)
Sit-ups (1 min)	32	23
Push-ups (1 min)	19	9
1.5 Mile Run	14:34	17:49
	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
	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
	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
	Males (60+)	*Females (60+)
Sit-ups (1 min)	13	2
Push-ups (1 min)	5	1* modified
1.5 Mile Run	20:12	23.32

Valid Driver's License copy

**Photocopy your
valid driver's
License and
submit with the
forms**



SUBMIT YOUR APPLICATION



Complete the Application Checklist and attach it as a cover page to your forms. Return the completed application to the Gateway Center (Admissions) where they will assure all steps are completed. You will then turn the completed application to the Student Services drop box located at the end of the counter in the “M” building.

If your forms are improperly completed, handwritten, or have other errors, you will be required to submit a new application.

If your forms are properly completed, your next step is to attend an open interview.

Obtain deadlines by emailing LEAinfo@starkstate.edu

How to Apply: Step 4



- Attend and open interview session with the Academy Commander
 - The interview sessions are listed in the reply email from LEAinfo@starkstate.edu

Applicants must complete and pass all steps of the application process to be admitted to the academy.



How to Apply: Step 5

- Attend the mandatory orientation meeting
 - Times and location listed in LEAinfo@starkstate.edu reply materials
 - Accept the conditions outlined in the Academy Handbook
- Applicants must complete and pass all steps of the application process to be admitted to the academy.

Important Information

- Begin to work out, continue to work out.
 - Do not depend on in-class PT time to stay fit, it is not enough!
 - For proper push-up and sit-up procedure see this video:
 - <http://www.ohioattorneygeneral.gov/Media/Videos/Physical-Fitness-and-Conditioning>
- Every ***minute*** of the academy is mandatory.
 - Every minute missed must be made up
 - Students are required to pay for make-up sessions
 - Current rate is about \$38.00 per hour.
 - Make-ups are conducted at half-hour intervals.
 - Only absences with valid excuses will be permitted make-up sessions.
- Failure of any skill on the second attempt disqualifies you for the state exam.
- Please refer to the Application Process Guidelines that accompanies this PowerPoint.