

# Stark State College Law Enforcement Academy



# Application Guidelines

Keep updated and share with friends!

- [LEAinfo@starkstate.edu](mailto: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



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### Admissions

[Application](#)

[Request info](#)

[Visit campus](#)

### 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

## 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

[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](mailto: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.
- 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
- 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](http://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:

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(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  
with a  
witness

Typed  
prior to  
printing



**DAVE YOST**  
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:  Last  First  Middle  Alias:

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 & 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: ☐ Basic Training ☐ Refresher ☐ Prior-Equivalent

Private Security: ☐ Academic ☐ Revolver ☐ Shotgun ☐ Semi-Auto Pistol ☐ REQ

☐ Basic Training ☐ Prior Equivalent

Court Officer: ☐ Basic Training

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:

Type this page.  
Hand written

documents will not  
be accepted.

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

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 740-845-2675

P.O. Box 309  
London, OH 43140  
www.OhioAttorneyGeneral.gov

### 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: \_\_\_\_\_



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**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).

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 \_\_\_\_\_

Stark State College

Your Name

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

### Student Health Data

Name:    Age:  Sex: Male ☐ Female ☐

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, please

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	
<input type="checkbox"/>	<input type="checkbox"/>	1. Uncorrected visual deficiency	<input type="checkbox"/>	<input type="checkbox"/>	9. Dizziness/Fainting
<input type="checkbox"/>	<input type="checkbox"/>	2. Major impairment of the senses	<input type="checkbox"/>	<input type="checkbox"/>	10. Back/Neck injury or recurrent pain
<input type="checkbox"/>	<input type="checkbox"/>	3. Asthma or Breathing difficulties	<input type="checkbox"/>	<input type="checkbox"/>	11. Pregnancy
<input type="checkbox"/>	<input type="checkbox"/>	4. Heart attack; Angina Pectoris	<input type="checkbox"/>	<input type="checkbox"/>	12. Communicable diseases
<input type="checkbox"/>	<input type="checkbox"/>	5. Stroke	<input type="checkbox"/>	<input type="checkbox"/>	13. Amputation/Prosthetic devices
<input type="checkbox"/>	<input type="checkbox"/>	6. Hemorrhage	<input type="checkbox"/>	<input type="checkbox"/>	14. Bone/joint injury or recurrent pain
<input type="checkbox"/>	<input type="checkbox"/>	7. Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	15. Taking medication
<input type="checkbox"/>	<input type="checkbox"/>	8. Allergies <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	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  
  
License Number  Issuing State   
  
Address  
  
City, State, Zip

Printed/Typed Name with Title (MD, DO, PA or CNP)  
  
Phone Number   
  
Date of Examination

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

Check  
boxes

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

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

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

No  
Chiropractor!

# Drug Screen

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

- 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/#/>

# 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 <sup>th</sup> Percentile*)	Age and Gender Minimum Scores	
<b>Sit-ups (1 min)</b> <b>Push-ups (1 min)</b> <b>1.5 Mile Run</b>	<b>Males (≤29)</b>	<b>Females (≤29)</b>
	32	23
	19	9
	14:34	17:49
<b>Sit-ups (1 min)</b> <b>Push-ups (1 min)</b> <b>1.5 Mile Run</b>	<b>Males (30-39)</b>	<b>Females (30-39)</b>
	28	18
	15	7
	15:13	18:37
<b>Sit-ups (1 min)</b> <b>Push-ups (1 min)</b> <b>1.5 Mile Run</b>	<b>Males (40-49)</b>	<b>Females (40-49)</b>
	22	13
	10	5
	15:58	19:32
<b>Sit-ups (1 min)</b> <b>Push-ups (1 min)</b> <b>1.5 Mile Run</b>	<b>Males (50-59)</b>	<b>Females (50-59)</b>
	17	7
	7	4* modified
	17:38	21:31
<b>Sit-ups (1 min)</b> <b>Push-ups (1 min)</b> <b>1.5 Mile Run</b>	<b>Males (60+)</b>	<b>*Females (60+)</b>
	13	2
	5	1* modified
	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. Submit Checklist/Application and appropriate documents to the Gateway Center (Admissions) in the “M” building or the drop box to the left of the door at the Training Academy.**

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

**Obtain deadlines by emailing [LEAinfo@starkstate.edu](mailto: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](mailto: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](mailto: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 \$40.00 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.