

**OHIO STATE HIGHWAY PATROL  
NOMINATION OF POLICE EXECUTIVE TO ATTEND  
THE PUBLIC SAFETY LEADERSHIP ACADEMY**

**INSTRUCTIONS:** This nomination form should be signed by a Commissioner, Superintendent, Chief of Police, or by a Sheriff. The Chief of Police, Sheriff, or Superintendent may be nominated by a Director, Mayor, or Commissioner. This nomination form should be accompanied with the completed course application form.

I hereby nominate the below-named representative of this law enforcement agency to attend a session of the Public Safety Leadership Academy at the Ohio State Highway Patrol Training Academy in Columbus, Ohio.

**Nominee:** \_\_\_\_\_  
*Print or Type*

**Title or Rank:** \_\_\_\_\_  
*Print or Type*

**Agency:** \_\_\_\_\_  
*Print or Type*

To my knowledge, I believe the police executive nominated is qualified to attend the Public Safety Leadership Academy. The nominee meets the following requirements:

1. A full-time officer of a duly constituted law enforcement agency of a municipality, county or state, having at least one year of supervisory experience;
2. Holds a minimum rank of lieutenant or the equivalent;
3. Is of excellent moral character;
4. Displays professional integrity and the mark of a good public servant.

I hereby assure that the law enforcement agency making this nomination for a representative to attend the Public Safety Leadership Academy maintains a workers' compensation insurance program. This agency understands that the exclusive rights and remedies for any injury suffered by the nominee that is the result of an accident and arises out of and in the course of the nominee's employment shall be liable under this agency's workers' compensation insurance program.

I certify that I have reviewed the course application form and that it reflects information which is accurate to the best of my knowledge.

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*Signature of Nominating Official*

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<hr/> <p><i>Date</i></p>	<hr/> <p><i>Name and Title (Print of Type)</i></p>			
	<hr/> <p><i>Agency</i></p>			
	<hr/> <table border="0" style="width: 100%;"><tr><td style="width: 33%; text-align: center;"><i>City</i></td><td style="width: 33%; text-align: center;"><i>State</i></td><td style="width: 33%; text-align: center;"><i>Zip Code</i></td></tr></table>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
<i>City</i>	<i>State</i>	<i>Zip Code</i>		

Return the nomination form along with the course application to  
Tanya Benner at [tbenner@dps.state.oh.us](mailto:tbenner@dps.state.oh.us).

Ensure timely submission for appropriate consideration. Forms received after the deadline date will not be accepted for entry into the course.