



OHIO DEPARTMENT OF PUBLIC SAFETY
OHIO STATE HIGHWAY PATROL

APPLICATION FOR NHSTA-FUNDED TRAINING

Complete this application and return to: **Ohio State Highway Patrol
Academy Registrar
740 East 17th Avenue
Columbus, OH 43211
FAX (614) 387-7667**

We must be in receipt of this application before the student can be confirmed. All courses contingent on minimum enrollment.

STUDENT'S LAST NAME		STUDENT'S FIRST NAME		MI
STUDENT'S RANK		JOB DESCRIPTION		
<input type="checkbox"/> FULL TIME	<input type="checkbox"/> PART TIME	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	DORM ROOM REQUESTED: <input type="checkbox"/> YES <input type="checkbox"/> NO
AGENCY NAME		AGENCY E-MAIL FOR CONFIRMATION		
AGENCY STREET ADDRESS, CITY, ZIP CODE			COUNTY	
PHONE NUMBER		FAX NUMBER		
TRAINING OFFICER		AGENCY HEAD		
SIGNATURE OF AGENCY HEAD				

Your agency will be billed after completion of the course. No payments will be accepted prior to course completion.

COURSE INFORMATION:

- _____ ADAP
- _____ ADAP Refresher
- _____ ADAP Judges & Prosecutors Seminar
- _____ Basic Traffic Crash Investigation
- _____ Intermediate Traffic Crash Investigation
- _____ Technical Traffic Crash Investigation
- _____ Pedestrian Crash Investigation
- _____ Motorcycle Crash Investigation
- _____ Electronic Speed Measuring Devices (ESMD)
- _____ Electronic Speed Measuring Devices (ESMD) Instructor Certification
- _____ ESMD Judges & Prosecutors Seminar

Course Number and Course Dates: _____

Indicate if you wish the officer reenrolled in a subsequent course if the requested date is filled: Yes No