



PLA Intake Questionnaire for Criminal Justice

Name: _____ AU ID: _____ Program: _____ Catalog Year: _____

Prior Learning Assessment	Applicable Credits	Completion of Training (MM/YYYY)	Documentation Status (MM/YYYY)	Applied to Official Evaluation (MM/YYYY)
Ohio Peace Officer Training Academy (OPOTA) & Ohio State Highway Patrol (OSHP)	<ul style="list-style-type: none"> • 3 CJ 200 • 3 CJ 240 • 3 CJ 331 • 3CJ 362 • 3 HSEC 250 • 3 SOC 301 <p style="text-align: right;">Total: 18 credits</p>			
OPOTA/OSHP Field Training	<ul style="list-style-type: none"> • 12 CJ 403 <p style="text-align: right;">Total: 12 credits</p>			
ODRC Pre-Service Training*	<ul style="list-style-type: none"> • 3 SOC 111 • 3 SOC 301 <p style="text-align: right;">Total: 6 credits</p>			
ODRC Annual Correctional Officer Training*	<ul style="list-style-type: none"> • 3 General Electives <p style="text-align: right;">Total: 3 credits</p>			
ODRC Executive Leadership Program*	<ul style="list-style-type: none"> • 5 General Electives <p style="text-align: right;">Total: 5 credits</p>			
ODRC Correctional Management Program*	<ul style="list-style-type: none"> • 3 General Electives <p style="text-align: right;">Total: 3 credits</p>			
ODRC New Exempt Training*	<ul style="list-style-type: none"> • 3 General Electives <p style="text-align: right;">Total: 3 credits</p>			
Active Duty DD-214	<ul style="list-style-type: none"> • 3 CCI • 2 General Electives <p style="text-align: right;">Total: 5 credits</p>			
Police Executive Leadership College (PELC)	<ul style="list-style-type: none"> • 3 General Electives <p style="text-align: right;">Total: 3 credits</p>			

*Maximum of 30 PLA credits awarded for ODRC training.

Experience Abroad (i.e. study abroad, mission trips, military service)	<ul style="list-style-type: none"> • FL 229 (non-credit bearing but fulfills CCI requirement) <p style="text-align: right;">Total: 0 credits</p>			
Other (specify):	<ul style="list-style-type: none"> • • • • <p style="text-align: right;">Total: credits</p>			
Total PLA Credits:				

Advisor: _____

Signature: _____

Date: _____

Program Director: _____

Signature: _____

Date: _____

Registrar: _____

Signature: _____

Date: _____