



Ohio School Resource Officers Association
presents:



Customizing an Active Shooter Response Presentation for YOUR School

Thursday, October 25, 2018
Hilliard Joint Safety Services Building
5171 Northwest Parkway
Hilliard, Ohio 43026 (Central Ohio)

Presenters:

Nick Keisel- Director of Safety and Security for Reynoldsburg City Schools
Officer Nicole Riley- Reynoldsburg PD

Who Should Attend

- School Resource Officers
- D.A.R.E. Officers
- Crime Prevention Officers
- Community Liaison Officers

Agenda

7:30 a.m. - 8:00 a.m. Registration
8:00 a.m. – 12:30 p.m. Training

Cost: Registration fee for this workshop is \$40 for OSROA members or \$70 for non-members. The fee includes morning refreshments and class materials.

The \$70 fee also includes a one-year membership in the Ohio School Resource Officers Association. Cancellations must be made 72 business hours prior to the training.

COURSE DESCRIPTION

With active shooter incidents occurring in the nation and around the globe, many schools, churches, and businesses are requesting local jurisdictions to provide training for their staff. This course will inform, assist and prepare law enforcement professionals who would like to create or enhance an active shooter community-based response program.

Discussion will center on the evolution of mass shootings as a criminal behavior, including analysis and a lessons-learned approach to the tragedies at Columbine High School, Virginia Tech and Sandy Hook Elementary. Instructors will provide examples of how to use trends, research, statistics and best practices to develop a plan of action. Discussion will also include amendments to ORC 3737.73 and school-based safety drill requirements.

Submit registration form (on the reverse page) to: Ohio School Resource Officers Association, 6277 Riverside Drive, 2N, Dublin, OH 43017.
Phone: 614-718-3210 Fax: 614-761-9509, or osroa@osroa.org

OHIO SCHOOL RESOURCE OFFICERS ASSOCIATION
6277 Riverside Dr. 2N, Dublin, Ohio 43017
Fax: 614-761-9509 Attn: Eileen or e-mail to osroa@osroa.org

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REGISTRATION FORM

Please print clearly to avoid misprint of nametags and certificates:

Today's date:	
Registrant's Name and Title:	
Department Name:	
Department Address:	
County:	
Department Phone:	
Registrant's e-mail address:	
<input type="checkbox"/> Invoice at the membership fee (registrant is or will be a current OSROA member at the time of the training.) <input type="checkbox"/> Invoice registrant at the non-membership fee.	
PO# (If applicable)	
Send a second copy of this invoice for payment purposes to: (if applicable)	