



State Certification Examination Authorization Data (EAD) Form

ACADEMY NAME: _____ COUNTY: _____

ACADEMY #: (Include prefix) _____ CURRICULUM CODE: _____

COMMANDER: _____ PHONE NUMBER: _____

COMMANDER EMAIL ADDRESS: _____ # OF STUDENTS: _____

List, ***alphabetically*** by last name, students who are eligible to take the SCE. **Please enter the student's email address that was originally entered on the SF115unv-Student Enrollment form; if that has changed, please check the box below.**

	Last Name	First Name	Diff. Email	Email Address	SAT	Medical	Employing Agency
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Commander Signature

Date

Compliance Specialist Signature

Date

Ohio Peace Officer Training Commission
SCE Coordinator

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	Last Name	First Name	Diff. Email	Email Address	SAT	Medical	Employing Agency
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Commander Signature

Date

Compliance Specialist Signature

Date

**Ohio Peace Officer Training Commission
SCE Coordinator**

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	Last Name	First Name	Diff. Email	Email Address	SAT	Medical	Employing Agency
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Commander Signature

Date

Compliance Specialist Signature

Date

**Ohio Peace Officer Training Commission
SCE Coordinator**