



State Certification Examination Authorization Data (EAD) Form

ACADEMY NAME: _____ COUNTY: _____

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

COMMANDER: _____ PHONE NUMBER: _____

COMMANDER EMAIL ADDRESS: _____ # OF STUDENTS: _____

List students approved to take the SCE in alphabetical order by last name. Enter the email address originally provided on the SF115unv-Student Enrollment form. If the email has changed, enter the updated email address and check the "Diff Email" box.

	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**