



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 different, please check the box below.

| | LAST NAME | FIRST NAME | M.I. | EMAIL ADDRESS | SAT | MEDICAL | EMPLOYING AGENCY |
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| 20. | | | | | | | |

Commander Signature

Date

Compliance Specialist Signature

Date

**Ohio Peace Officer Training Commission
SCE Coordinator**

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| | LAST NAME | FIRST NAME | M.I. | EMAIL ADDRESS | SAT | MEDICAL | EMLOYING AGENCY |
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Commander Signature

Date

Compliance Specialist Signature

Date

**Ohio Peace Officer Training Commission
SCE Coordinator**

● P.O. Box 309 ● London, Ohio 43140 ● PHONE: 800-346-7682 ●
OPOTCSCECoordinator@OhioAGO.gov

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| | LAST NAME | FIRST NAME | M.I. | EMAIL ADDRESS | SAT | MEDICAL | EMPLOYING AGENCY |
|-----|-----------|------------|------|---------------|-----|---------|------------------|
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Commander Signature

Date

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