



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.**

	*LAST NAME	FIRST NAME	M.I.	EMAIL ADDRESS	✓ if SAT	OPOTC Use Only
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Commander Signature

Date

Compliance Officer Signature

Date

**Ohio Peace Officer Training Commission
SCE Coordinator**

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	*LAST NAME	FIRST NAME	M.I.	EMAIL ADDRESS	✓ if SAT	OPOTC Use Only
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Commander Signature

Date

Compliance Officer Signature

Date

**Ohio Peace Officer Training Commission
SCE Coordinator**

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	*LAST NAME	FIRST NAME	M.I.	EMAIL ADDRESS	✓ if SAT	OPOTC Use Only
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70.						

Commander Signature

Date

Compliance Officer Signature

Date

**Ohio Peace Officer Training Commission
SCE Coordinator**