



# 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
1.				
2.				
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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
21.				
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\_\_\_\_\_  
**Commander Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Compliance Officer Signature**

\_\_\_\_\_  
**Date**

**Ohio Peace Officer Training Commission  
SCE Coordinator**

## State Certification Examination Authorization Data (EAD) Form

	*LAST NAME	FIRST NAME	M.I.	EMAIL ADDRESS
46.				
47.				
48.				
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\_\_\_\_\_  
*Commander Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Compliance Officer Signature*

\_\_\_\_\_  
*Date*

**Ohio Peace Officer Training Commission  
SCE Coordinator**