



OPOTC State Certification Examination Special Accommodations Request and Checklist

Student Information

Student Name: _____

School Name: _____ School Number: _____

Last Day of OPOTC Topics: _____ Curriculum Code: _____

School Commander: _____ Phone Number: _____

School Commander Email Address: _____

Request Information Checklist

The following information **must** be included in order for the request to be considered:

A specific diagnosis/evaluation including but not limited to an IEP or MFE and documentation from a licensed professional

Attach the credentials to include the Medical License Number of the licensed professional evaluator which qualify him/her for making this diagnosis

Proof that the diagnosis/evaluation took place within the past **three** years

Please select the special accommodation being requested:

Oral examination only

Extended time only

Oral examination and extended time

This request is time sensitive. Please refer to your respective commander manual, under Special Accommodations Testing Request, for more information. The OPOTC SCE Coordinator will evaluate all requests and contact the School Commander once a determination has been made.

School Commander Signature

Date

****Please email this form to: OPOTCSCECoordinator@OhioAttorneyGeneral.gov**

OPOTC Use Only

Comments:

Approved

Denied

OPOTC SCE Coordinator

Date

EX735
Revised 12/10/20

Ohio Peace Officer Training Commission
SCE Coordinator

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