



**South Carolina Criminal Justice Academy**  
**Registration Section**  
**5400 Broad River Road**  
**Columbia, SC 29212**  
**803-896-8360 (fax)**

**Application for Food Accommodations**

**PART I**

**Please print legibly (black or blue ink only) or type. To be completed by Candidate.**

This completed form and required documentation must be mailed to the address as listed above. Requests must be supported by documentation certifying the food allergy from a qualified professional appropriate for evaluating the food allergy. Review of a request for food accommodations will be deferred until the necessary documentation is submitted. Attach additional pages as necessary.

Accommodations are requested for the following class: \_\_\_\_\_

Date Class Begins: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Mailing Address: \_\_\_\_\_  
Address City Zip

Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Nature of Food Allergy: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To document your need for food accommodation as completely as possible, please attach, in addition to professional documentation, a personal statement describing in detail your food allergy and the food accommodations requested.

How long ago was your food allergy first professionally diagnosed?

- less than 1 year       1-2 years       2-4 years       5 or more years

What food accommodation(s) are you requesting?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Certification and Authorization**

Under penalties of perjury, I hereby certify that the above information is true and accurate. I understand that false information contained in this application may be cause for loss of a certification or denial of possible certification.

**Signature:** \_\_\_\_\_

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

I understand the South Carolina Criminal Justice Academy will use the information obtained by this authorization to determine eligibility for a reasonable food accommodation during my training. If clarification and/or further information regarding my food allergy is needed, I authorize the South Carolina Criminal Justice Academy to contact the professional(s) who diagnosed the food allergy and/or the professional(s) who provided the documentation attached to this request and I authorize those entities to communicate with the South Carolina Criminal Justice Academy for the purpose of providing such clarification and/or further information.

**Signature:** \_\_\_\_\_

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

**PART II**

**Please print legibly (black or blue ink) or type. To be completed by Practitioner.**

Requests shall be supported by documentation certifying the food allergy from a qualified professional appropriate for evaluating the food allergy.

Practitioner's Name: \_\_\_\_\_  
Last First Middle

Office Address: \_\_\_\_\_  
Address City Zip

Office Phone Number: \_\_\_\_\_ Office Fax Number: \_\_\_\_\_

Type of Practice \_\_\_\_\_

Patient's Full Name: \_\_\_\_\_  
Last First Middle

Date Patient First Consulted: \_\_\_\_\_ Date Patient Last Seen: \_\_\_\_\_  
mm/dd/yyyy mm/dd/yyyy

Diagnosis of Food Allergy: \_\_\_\_\_

Name of Test(s) Used: \_\_\_\_\_

Length of Time with Allergy: \_\_\_\_\_

Recommended Food Accommodation(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the patient/candidate need any emergency medical treatment or medicine with them during training in case of accidental exposure?

YES NO

If yes, please list emergency medical treatment and/or medicine:

\_\_\_\_\_  
\_\_\_\_\_

Please note:

I hereby certify that the above information is true and is given pursuant to the authorization to release information by my patient. Under penalties of perjury, I declare that the foregoing statements and those in any accompanying documents or statements are mine and that they are true. I hereby certify that I personally examined and evaluated the patient whose name appears on this form and, as a result of that evaluation, that I have completed this portion of this application and that I may be asked to verify the above information at any time.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Practitioner's License Number:** \_\_\_\_\_

**Submit this form to the following address:**

**South Carolina Criminal Justice Academy  
Registration Section  
5400 Broad River Road  
Columbia, SC 29212  
(803) 896-8360 (fax)**

**Disposition for Food Accommodations Request – To Be Completed By Academy personnel**

Reviewer(s):

Signature/Title:

Date:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Food Accommodations will be granted?       Yes       No

Explanation of Food Accommodations Granted:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature/Title: \_\_\_\_\_

Date: \_\_\_\_\_

Comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_