



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

Application for 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 disability from a qualified professional appropriate for evaluating the disability. Review of a request for 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: _____

Social Security Number: _____

Nature of Disability

- | | |
|---|--|
| <input type="checkbox"/> Chronic Health Problem | <input type="checkbox"/> Temporary Accidental Injury |
| <input type="checkbox"/> Hearing Disability | <input type="checkbox"/> Visual Disability |
| <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Physical Disability |
| <input type="checkbox"/> Other Disability | |

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

How long ago was your disability first professionally diagnosed? The most recent documentation concerning your disability must be included with this request.

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

What accommodation(s) are you requesting? Please explain how each accommodation request will assist you in alleviating your disability.

Do you require wheelchair access at the facility? **Yes** **No**

If your request is for classroom accommodation(s), have you ever received a classroom accommodation(s) in the past?

Secondary or elementary school **Yes** **No** Year(s): _____

If yes, accommodation(s) received:

College **Yes** **No** Year(s): _____

If yes, accommodation(s) received:

Post Graduate **Yes** **No** Year(s): _____

If yes, accommodation(s) received:

Prior attendance at South Carolina Criminal Justice Academy: **Yes** **No** Year(s): _____

If yes, accommodation(s) received:

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 accommodation with regard to training procedures and/or housing during my training. If clarification and/or further information regarding my disability or requested accommodation the documentation provided is needed, I authorize the South Carolina Criminal Justice Academy to contact the professional(s) who diagnosed the disability 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 the Practitioner.

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

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 Disability: _____

Name of Test(s) Used: _____

Length of Time with Condition: _____

Recommended Accommodation(s): _____

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 Accommodations Request – To Be Completed By Academy personnel

Reviewer(s):

Signature/Title:

Date:

1. _____
2. _____
3. _____
4. _____
5. _____

Accommodations will be granted? Yes No

Explanation of Accommodations Granted:

Signature/Title: _____

Date: _____

Comments:
