South Carolina Criminal Justice Academy
Instructional Standards & Support Section
Academic Testing
5400 Broad River Road
Columbia, SC 29212
803-896-7956
803-896-8746 (fax)

Application for Written Test Accommodations

Please print legibly (black or blue ink only) or type.

PART I

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 test 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

- ☐ Chronic Health Problem
- ☐ Hearing Disability
- ☐ Learning Disability
- ☐ Temporary Accidental Injury
- ☐ Visual Disability
- ☐ Physical 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 its impact on your ability to meet all the Academy's written test requirements.

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

Have you ever been diagnosed with a disability, but did not require an accommodation? ☐ Yes ☐ No

If so, what disability? _____

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 examination facility? ☐ **Yes** ☐ **No**

Have you ever received a classroom or test 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

I certify that the above information is true and accurate. If the test accommodations granted to me include a deviation from the standard testing time scheduled, I agree that from the time I begin the examination until I have completed it I will not communicate in any way with any other individuals taking the examination, nor will I communicate in any way with any of these individuals about the content of the examination.

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 examination procedures. If clarification and/or further information regarding my disability or requested accommodation is needed, I authorize the South Carolina Criminal Justice Academy to contact the professional(s) who diagnosed the disability and I authorize those entities to communicate with the South Carolina Criminal Justice Academy for the purpose or providing such clarification and/or further information. I understand that false information contained in this application may be cause for loss of a certification or denial of possible certification.

Signature: _____ **Date:** _____

PART II
Please print legibly (black or blue ink) or type.

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 for Written Testing:

_____

_____

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
Instructional Standards & Support Section
Attention: Manager, Academic Testing Unit
5400 Broad River Road
Columbia, SC 29212

Disposition for Written Test Accommodations – To Be Completed By Academy personnel

Reviewer(s):

	Signature/Title:	Date:
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

Accommodations will be granted? ☐ Yes ☐ No

Explanation:

_____

_____

_____

_____

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_____

Signature/Title: _____ Date: _____

Comments:

_____

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