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# NORTH CAROLINA DEPARTMENT OF JUSTICE

# **CRIMINAL JUSTICE EDUCATION & TRAINING COMMISSION**



Criminal Justice Standards Division

# **Request for Accommodation**

I.	Accommodation Policy	1			
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II.	Instructions				
If you believe you will require an accommodation by the school to assist you in meeting any Commission-mandated course requirements or essential job functions, please complete this form, including as much information as you think will be helpful to the school and the Commission staff in making a determination, and submit it to your course instructor. The school will forward this form and any additional requests for accommodations of to the Commission staff for approval.  Because of the high risk of harm to the public and the officer, the essential job functions must be accomplished without deviating from the minimum standards. However, all requests for accommodation will be considered and evaluated to determine if the proposed accommodation is reasonable and, with the accommodation, you can perform the essential job functions of a law enforcement officer.					
III.	Student Information				
Name		70	2011		
Last F	Last Four of SSN		Middle Phone #		
IV.	School/Agency Inform	ation			
Accre	dited School/Agency Nam	e		_	
Schoo	ol Director Name		Email		

### V. Reason for Accommodation

1. Please describe your reason for accommodation needs and how you think it may limit your course participation: The student shall submit signed documentation from a physician or other qualified professional no more than 3 years old confirming the need for the accommodation.

### VI. Proposed Accommodation

2. Please provide the information requested below for each course requirement for which you believe you will require an accommodation. You should consult with your school director if you have any questions about course requirements or schedule testing dates. Course objectives will be provided to the student by the school director upon request. (If necessary, use additional pages.)

## VII. Acknowledgment & Consent

I **do not** request/require an accommodation.

I understand and acknowledge that the determination of whether these proposed accommodations meet the minimum standards of this course, as illustrated by the essential job functions, will be made after the Commission reviews the materials I submit. In order to assist the school and Commission staff in making its determination, I hereby consent to the release of information to the school and Commission staff all information contained on this form and any other information I have provided to the school concerning my request for accommodation.

Date	Student				
	Student	Print Full Name			
	Student	Signature			
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Reviewed By					
Received Date		Approved Date			
State Exam Location		State Exam Date			

(Rev. 09-2022)