



**South Carolina Criminal Justice Academy
Registration Section
5400 Broad River Road
Columbia, SC 29212**

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:
