

**COMMISSION ON LAW ENFORCEMENT STANDARDS
DECLARATION OF ACCOMMODATION(S) FORM**

Candidate's Name: _____

Social Security Number: _____

Training Academy: _____

Training Dates: Start Date: _____ Finish Date: _____

VISION

In order to meet the Commission's minimum vision standards, I am required to wear/use corrected lenses.

HEARING

In order to meet the Commission's minimum hearing standards, I am required to wear/use:

Hearing aid in right ear

Hearing aid in left ear

Hearing aids in both ears

DISORDERS, DISEASES, PHYSICAL DEFECTS, ORGANIC OR FUNCTIONAL CONDITIONS

In order to meet the Commission's minimum medical standards, I am required to wear/use the following accommodation (includes medications):

<u>Description:</u>

I have been advised and acknowledge that I **shall** wear/use the above-declared accommodation(s) in all phases of training, and as a condition of meeting the Commission's minimum employment standards necessary for certification.

NONE

I declare I do not need any accommodation in order to meet the Commission's minimum medical standards, including medications.

I hereby certify that all statements made on this Declaration of Accommodation(s) Form are true and complete, and I understand that any misstatements of material facts will subject me to disqualification or dismissal from the Commission basic training program.

Signature of Candidate	Date
Signature of Training Director	Date