

ADDITIONAL TESTING METHODS

If the licensed psychologist is unable to determine the applicant's psychological capability to exercise appropriate judgment and restraint as a certified police officer after conducting the required interview and personality test, the psychologist is directed to employ whatever other psychological measuring instrument(s) and/or technique(s) are deemed necessary to form his/her professional opinion.

The use of any such instrument(s) and/or technique(s) requires a full and complete typed explanation. Please complete any additional testing prior to submitting results.

PROFESSIONAL OPINION

PSYCHOLOGICALLY CAPABLE - I have examined the applicant, and it is my professional opinion that this person is **psychologically capable** of exercising appropriate judgment and restraint as a certified police officer in Pennsylvania.

PSYCHOLOGICALLY UNFIT - I have examined the applicant, and it is my professional opinion that this person is **psychologically unfit** to exercise appropriate judgment and restraint as a certified police officer in Pennsylvania.

I hereby certify that the information and statements contained in the tables above and in the attached examination report are true and correct, and that I am signing this document with the full understanding that any false information or statement will subject me to criminal penalties of Title 18, Crimes code, Section 4904, relating to unsworn falsification to authorities.

This examination form must be forwarded to the employing police department or certified Act 120 police academy by the examining psychologist, **regardless of the results of the examination**, pursuant to 37 Pa. Code § 203.15(b)(4)(ii).

SIGNATURE – PENNSYLVANIA LICENSED EXAMINING PSYCHOLOGIST

DATE

PSYCHOLOGIST PRINTED NAME

LICENSE NO.

TELEPHONE NO.

STREET ADDRESS

CITY/BORO

STATE

ZIP CODE

RELEASE OF PSYCHOLOGICAL INFORMATION

Having applied for certification/training as a police officer in Pennsylvania and having subjected myself to a psychological examination by a licensed psychologist, as required by the Act, I reserve the right to have the data and conclusions of the psychologist remain confidential except to those whom I designate. Accordingly, I hereby authorize the psychologist named above to release all information related to my psychological examination to the Municipal Police Officer's Education and Training Commission (MPOETC), or official designee, **AND** to any additional police departments and/or academies listed below, for purposes consistent with the application process pursuant to this Act. No other release of this information, explicit or implied, is granted at this time.

NAME OF MUNICIPAL POLICE DEPARTMENT AND/OR CERTIFIED ACT 120 ACADEMY (Print)

ADDRESS

CITY

STATE

ZIP CODE

FAX

EMAIL

SIGNATURE – APPLICANT

DATE