

TEXAS COMMISSION ON LAW ENFORCEMENT OFFICER STANDARDS AND EDUCATION 6330 U.S. Highway 290 East, Suite 200 Austin, Texas 78723 Phone: (512) 936-7700 http://www.tcleose.state.tx.us



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DECLARATION OF PSYCHOLOGICAL AND EMOTIONAL HEALTH Commission Rule §217.1 9(a)(12)

APPLICANT INFORMATION

1. First Name	2. M. I.	3. Last Name		4. Suffix (Jr., etc.)		5. TCLEOS	E PID or SSN
6. Home Mailing Address		7. City		8. St	ate	9. Zip Code	

<u>Attention Requesting Agency</u>: State Law and Commission Rule require that this psychological examination be performed by a **licensed psychologist** or a **psychiatrist** except in an exceptional circumstance when, upon prior approval by the Commission, it may be performed by a qualified licensed physician. The Chief Administrator of the requesting law enforcement agency must request prior approval in writing and must receive specific written approval before an examination under exceptional circumstances is acceptable.

APPOINTMENT AND DEPARTMENT INFORMATION

10. Peace Officer	Reserve Officer	Temp/County Jailer	Public Security Officer
11. TCLEOSE Agency Number	12. Appointing Agency	13. Agency	/ Mailing Address
14. City	15. County	16. Zip Code	17. Phone Number

<u>Attention Examining Professional</u>: State Law and Commission Rule require that this psychological examination be performed by a **licensed psychologist** or a **psychiatrist** except in an exceptional circumstance when, upon prior approval by the Commission, it may be performed by a qualified licensed physician. The law enforcement agency must request prior approval in writing and must receive specific written approval before an examination under exceptional circumstances is acceptable.

STATEMENT OF EXAMINER: (Please check the appropriate box and provide the requested information)

I am a [] Licensed Psychologist, [] Psychiatrist, and I certify that I have completed a psychological examination of the above named individual pursuant to professionally recognized standards and methods. I have concluded that, on this date, the individual <u>IS</u> in satisfactory psychological and emotional health to perform the duties, accept the responsibilities and meet the qualifications established by the appointing agency.

Examiner:					
Printed Name			State License Number		
Mailing Address:					
	Street	City	State	Zip	
Phone Number:_					
Date of Examination(s)			Signature	Date	

THIS DECLARATION IS NOT PUBLIC INFORMATION AND IS VALID UNLESS WITHDRAWN OR INVALIDATED, AND IS VALID ONLY IF SIGNED BY A LICENSED PSYCHOLOGIST OR PHYSICIAN.