

DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF CRIMINAL JUSTICE
POLICE TRAINING COMMISSION

PSYCHOLOGICAL CERTIFICATION FORM
(Please Print)

Candidate's Name: _____

Last Four of SS # _____

Candidates's Employing Agency: _____

Agency Address: _____

PTC-Approved School

Candidate Will Attend: _____

Name of Course: _____ Course Dates: _____

Examiner's Name: _____

Examiner's Address: _____

Based upon the psychological examination, the above-named individual:

(Check one)

Has passed a psychological examination in accordance with Police Training Commission Rules.

Has not passed a psychological examination in accordance with Police Training Commission Rules.

Examiner's Signature and License No.

Date