



PHILIP D. MURPHY
Governor

TAHESHA L. WAY
Lt. Governor

State of New Jersey
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MATTHEW J. PLATKIN
Attorney General

THOMAS J. EICHER
Executive Director

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 and Regs.

_ Examiner's Signature and License No.

Date