



State of New Jersey

DEPARTMENT OF LAW AND PUBLIC SAFETY
OFFICE OF THE ATTORNEY GENERAL
POLICE TRAINING COMMISSION
PO BOX 085
TRENTON, NJ 08625-0080

MIKIE SHERRILL
Governor

DR. DALE G. CALDWELL
Lt. Governor

JENNIFER DAVENPORT
Attorney General

JOHN F. CUNNINGHAM
Administrator

PSYCHOLOGICAL CERTIFICATION
FORM (Please Print)

Candidate's Name: _____

Last Four of SS # _____

Candidate'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

PTC - 9 (Rev. 04/2026)

