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)