

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 and Regs.

\_\_\_\_\_  
\_ Examiner's Signature and License No.

\_\_\_\_\_  
Date