

**COMMONWEALTH OF PENNSYLVANIA
MUNICIPAL POLICE OFFICERS' EDUCATION & TRAINING COMMISSION
PSYCHOLOGICAL EXAMINATION**

NOTICE TO EXAMINING PSYCHOLOGIST

This examination is to determine the psychological capability of the applicant to be certified as a police officer in Pennsylvania. The applicant who you are about to examine is applying for certification and will be vested with a position of public trust. He/she may, at some future time, be required to exercise significant physical strength and undergo high emotional stress. The examining psychologist is required to comment, in narrative form in the space provided, on the applicant's social comprehension, judgement, impulse control, potential for violence, or any psychological trait that might render him/her psychologically at risk to be certified.

NOTE: THIS FORM MUST BE PRINTED IN INK OR TYPEWRITTEN; PHOTOCOPIES WILL NOT BE ACCEPTED.

1. SOCIAL SECURITY NUMBER	2. DATE OF BIRTH (MO-DAY-YEAR)	3. DATE OF EXAM
4. NAME (PRINT) LAST	FIRST	MIDDLE
5. STREET ADDRESS		CITY/BOROUGH
		STATE
		ZIP CODE

INSTRUCTIONS

THE ABOVE-NAMED APPLICANT MUST BE PERSONALLY EXAMINED BY A LICENSED PSYCHOLOGIST. The examination shall include the following elements, all of which must be conducted by the same psychologist:

- a. Interview and History - The psychologist must personally interview the applicant, and provide a summary of the applicant's personal, educational, employment, and criminal history.
- b. Required Personality Test - The applicant shall be administered any current standard form of the Minnesota Multiphasic Personality Inventory (M.M.P.I.) which shall be administered by the licensed psychologist or a paraprofessional employed by and under the direct control and supervision of the licensed psychologist.
- c. Other Testing Methods - If a licensed psychologist is unable to certify the applicant's psychological capability or risk to exercise appropriate judgement and restraint to be certified as a police officer, after conducting the required test, the psychologist is directed to personally employ whatever other psychological measuring instrument(s) and/or technique(s) deemed necessary to form his/her professional opinion. The use of any such instrument(s) and/or technique(s) requires a full and complete written explanation to the commission.

INTERVIEW AND HISTORY

(SHALL INCLUDE A BRIEF SYNOPSIS OF THE APPLICANT'S PERSONAL, EDUCATIONAL, EMPLOYMENT, AND CRIMINAL HISTORY. USE ADDITIONAL PLAIN WHITE PAPER IF NECESSARY.)

M.M.P.I. PERSONALITY TEST (Required)

<u>STANDARD SCALE</u>	?	L	F	K	HS	D	HY	PD	MF	PA	PT	SC	MA	SI	MAC
RAW SCORE															
K - Corrected															
T - Score															

RELEVANT M.M.P.I. SUPPLEMENTAL SCALES

THE EXAMINING PSYCHOLOGIST SHALL DETERMINE THE APPROPRIATE SUPPLEMENTAL SCALES TO BE USED, AND RECORD THE "T" SCORE AND SCALE NAME FOR THOSE SCALES CHOSEN BELOW.

Scale Name															
T - Score															

ADDITIONAL TEST(S)

(IF ADDITIONAL TESTS ARE ADMINISTERED, EXPLAIN TYPE OF TEST AND SPECIFICALLY STATE RESULTS. USE ADDITIONAL PLAIN PAPER IF NECESSARY).

SUMMARY

- I have examined the above-named applicant, and it is my professional opinion that this person is psychologically capable of exercising appropriate judgement and restraint to be certified as a police officer in Pennsylvania.

- I have examined the above-named applicant, and it is my professional opinion that this person is psychologically at risk for exercising appropriate judgement and restraint to be certified as a police officer in Pennsylvania. (Please comment on reservations.)

PSYCHOLOGIST VERIFICATION

I hereby certify that the information and statements contained in this examination form are true and correct, and that I am signing this document with the full understanding that any false information or statement will subject me to criminal penalties of 18 Pa.C.S. §4904, relating to Unsworn falsification to authorities.

_____ DATE	_____ SIGNATURE OF EXAMINING PSYCHOLOGIST			
A. NAME OF EXAMINING PSYCHOLOGIST (PRINT)	B. LICENSE NO.	C. STATE		
D. STREET ADDRESS	CITY/BORO	STATE	ZIP CODE	E. TELEPHONE NO.
				- -

RELEASE OF PSYCHOLOGICAL INFORMATION

Having applied for certification as a police officer in Pennsylvania I, _____, have duly subjected myself to a psychological examination by _____, a licensed psychologist, as required by the Act. I hereby reserve the right to have the data and conclusions of the psychologist remain confidential except to those whom I designate.

NAME OF APPLICANT
NAME OF PSYCHOLOGIST

I hereby grant release for the aforesaid information to the police department employing me and the Municipal Police Officers' Education and Training Commission, or official designee, for purposes consistent with the application process pursuant to this Act. No other release of this information, explicit or implied, is granted at this time.

SIGNATURE - APPLICANT	SOCIAL SECURITY NO.	SIGNATURE - EXAMINING PSYCHOLOGIST	DATE
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FORM PROCESSING

THIS EXAMINATION FORM MUST BE FORWARDED TO THE **EMPLOYING POLICE DEPARTMENT** BY THE EXAMINING PSYCHOLOGIST WITHIN 15 DAYS OF THE DATE OF EXAMINATION, even if the applicant is found unfit, and forwarded by that department with an application for certification to the Municipal Police Officers' Education and Training Commission.