TEXAS COMMISSION ON LAW ENFORCEMENT
OFFICER STANDARDS AND EDUCATION
6330 U.S. Highway 290 East, Suite 200
Austin, Texas 78723
Phone: (512) 936-7700
http://www.tcleose.state.tx.us

L-3
DECLARATION OF PSYCHOLOGICAL AND EMOTIONAL HEALTH
Commission Rule §217.1 9(a)(12)

APPLICANT INFORMATION

1. First Name	2. M. I.	3. Last Name	4. Suffix (Jr., etc.)	5. TCLEOSE PID or SSN

6. Home Mailing Address	7. City	8. State	9. Zip Code

Attention Requesting Agency: State Law and Commission Rule require that this psychological examination be performed by a **licensed psychologist** or a **psychiatrist** except in an exceptional circumstance when, upon prior approval by the Commission, it may be performed by a qualified licensed physician. The Chief Administrator of the requesting law enforcement agency must request prior approval in writing and must receive specific written approval before an examination under exceptional circumstances is acceptable.

APPOINTMENT AND DEPARTMENT INFORMATION

10. ☒ Peace Officer ☐ Reserve Officer ☐ Temp/County Jailer ☐ Public Security Officer

11. TCLEOSE Agency Number	12. Appointing Agency	13. Agency Mailing Address
511339	NAVARRO COLLEGE POLICE ACADEMY	3200 WEST SEVENTH AVE

14. City	15. County	16. Zip Code	17. Phone Number
CORSICANA	NAVARRO	75110	903-874-5018

Attention Examining Professional: State Law and Commission Rule require that this psychological examination be performed by a **licensed psychologist** or a **psychiatrist** except in an exceptional circumstance when, upon prior approval by the Commission, it may be performed by a qualified licensed physician. The law enforcement agency must request prior approval in writing and must receive specific written approval before an examination under exceptional circumstances is acceptable.

STATEMENT OF EXAMINER: (Please check the appropriate box and provide the requested information)
I am a **[ ]** Licensed Psychologist, **[ ]** Psychiatrist, and I certify that I have completed a psychological examination of the above named individual pursuant to professionally recognized standards and methods. I have concluded that, on this date, the individual IS in satisfactory psychological and emotional health to perform the duties, accept the responsibilities and meet the qualifications established by the appointing agency.

Examiner:_____
Printed Name State License Number

Mailing Address:_____
Street City State Zip

Phone Number:_____

_____
Date of Examination(s) Signature Date

THIS DECLARATION IS NOT PUBLIC INFORMATION AND IS VALID UNLESS WITHDRAWN OR INVALIDATED, AND IS VALID ONLY IF SIGNED BY A LICENSED PSYCHOLOGIST OR PHYSICIAN.