



**TENNESSEE
PEACE OFFICER STANDARDS AND TRAINING COMMISSION
CONFIRMATION OF PSYCHOLOGICAL EVALUATION**

NAME OF APPLICANT: _____ **REFERRING AGENCY:** _____

TO THE HEAD OF LAW ENFORCEMENT AGENCY

This form should be presented to the psychologist/psychiatrist providing psychological evaluation for the purpose of police officer certification. Upon completion of psychological evaluation, **the examining professional should check the appropriate confirmation statement and sign this form in the space provided. This form should then be forwarded to the law enforcement agency.** This form should then be attached to the Application for Certification—Police Officer, and should be forwarded to the POST Commission. A copy of this report and the confidential results of the evaluation should be kept in the agency's file. **DO NOT SEND CONFIDENTIAL EVALUATION TO THE POST COMMISSION.**

TO THE EXAMINING PSYCHOLOGIST/PSYCHIATRIST

Pursuant to Tennessee Code Annotated, Section 38-8-106 and/or Section 8-8-102, applicants for police certification must be free from any disorder as described in the current edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association that would in the professional judgement of the examiner, impair the subject's ability to perform any essential function of the job or would cause the subject to pose a direct threat to public safety. Applicants must be certified as meeting these criteria by a Tennessee Licensed Health Care Provider qualified in the psychiatric or psychological fields. Upon completion of evaluation, please **sign the appropriate statement and return this document to the law enforcement agency.**

CONFIRMATION STATEMENT BY THE EXAMINING PROFESSIONAL

I have evaluated tests administered to the referenced individual and find that this officer is:

- QUALIFIED NOT QUALIFIED

to be certified under the provisions of Tennessee Code Annotated, Section 38-8-106 and/or Section 8-8-102. The results of my evaluation are being forwarded to the employing agency.

Any person who, with intent to deceive, makes any false statement on this document commits the offense of perjury pursuant to T.C.A. § 39-16-702.

(Psychologist/Psychiatrist Signature)

(Name of Psychologist/Psychiatrist—Please Type)

(License Number)

(State of License)

(Street Address)

(City/State/Zip Code)

(Telephone)

(Date of Psychological Examination)

(Today's Date)