TENNESSEE
PEACE OFFICER STANDARDS AND TRAINING COMMISSION

CONFIRMATION OF PSYCHOLOGICAL EVALUATION

APPLICANT:_____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 have been certified by a Tennessee licensed health care provider qualified in the psychiatric or psychological field as being free from any impairment, as set forth in the current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) of the American Psychiatric Association at the time of the examination, that would, in the professional judgment of the examiner, affect the applicant's ability to perform an essential function of the job, with or without a reasonable accommodation. 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 the intent to deceive, makes any false statement on this document commits the offense of perjury pursuant to T.C.A. § 39-16-702.

_____
(Signature of Psychologist/Psychiatrist)

_____ _____
(License Number) (State of License)

_____
(Name of Psychologist/Psychiatrist – Please Print)

_____ _____ _____
(Street Address) (ZIP) (Telephone)

_____ _____
(Date of Psychological Examination) (Today's Date)

RDA #1494
IN-1779 10/4/13