

## COMMISSION ON LAW ENFORCEMENT STANDARDS AND TRAINING CONFIRMATION OF PSYCHOLOGICAL EVALUATION

**TO THE HEAD OF THE LAW ENFORCEMENT AGENCY:**

This form should be presented to the professional providing psychological evaluation for the purpose of police officer certification. Upon completion of the psychological evaluation, the examining professional should sign the appropriate statement and this form should be returned to the law enforcement agency. This form should then be attached to the Initial Employment Report (Form F-1) and be returned to the Commission on Law Enforcement Standards and Training office. The confidential results of the examination should be kept in the applicant's permanent personnel file.

**TO THE EXAMINING PSYCHOLOGIST OR PSYCHIATRIST:**

No applicant will be eligible for certification if they have any condition listed in the Diagnostic and Statistical Manual IV (DSMIV) or later manual of the American Psychiatric Association which would limit the police officer's ability to cope with the stress of modern day police. Applicants must be certified as meeting these criteria by an individual licensed to practice psychology or psychiatry and qualified to perform such evaluations in the State of Arkansas. Upon completion of the evaluation, please sign the appropriate statement and return this document to the law enforcement agency so that it may be forwarded to the Commission on Law Enforcement Standards and Training office for inclusion in the applicant's file.

Applicant's Name	Referred By (Employing Agency)
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I have examined and/or evaluated tests administered to the above referenced individual. Under the provisions of the Arkansas Commission on Law Enforcement Standards and Training, Specification S-7, I find that this applicant is (RECOMMENDED) (NOT RECOMMENDED) to be certified. The results of this examination are being forwarded to the employing agency.

\*NOTE: Please indicate the recommendation.

Signature of Examining Professional	Street Address
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Date	Telephone Number	City and State
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Department or Agency Submitting	Signature of Department Head
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Date