

TEXAS COMMISSION ON LAW ENFORCEMENT

6330 E. Highway 290, STE 200
 Austin, Texas 78723-1035
 Phone: (512) 936-7700
<http://www.tcole.texas.gov>

LICENSEE PSYCHOLOGICAL AND EMOTIONAL HEALTH DECLARATION (L-3)
Commission Rule §215.15(c)(2), 217.1(a)(12), 217.7(e)(3), 221.35(a)(5)

INDIVIDUAL INFORMATION

1. TCOLE PID	2. Last Name	3. First Name	4. M.I.	5. Suffix (Jr., etc.)
6. Home Mailing Address		7. City	8. State	9. Zip Code

Is this exam for a student enrolling in an academy? Yes No.

If yes, check one Peace Officer County Corrections

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 agency must request prior approval in writing and must receive specific written approval before an examination under exceptional circumstances is acceptable.

APPOINTMENT (Do not check if student)

10. <input type="checkbox"/> Peace Officer <input type="checkbox"/> Reserve Officer <input type="checkbox"/> County Jailer <input type="checkbox"/> Juvenile Probation Officer
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ACADEMY / DEPARTMENT INFORMATION

11. TCOLE Number 511339	12. Agency/Academy Name Navarro College Police Academy	13. Mailing Address 3200 W. 7th Avenue		
14. City Corsicana	15. County Navarro	16. Zip Code 75110	17. Phone Number 903.875.7560	

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 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: _____
 Name (type or print) 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.
 ONLY VALID IF SIGNED BY A LICENSED PSYCHOLOGIST OR PHYSICIAN.