



## MUNICIPAL POLICE OFFICERS' EDUCATION AND TRAINING COMMISSION

8002 Bretz Drive  
Harrisburg, Pennsylvania 17112-9748  
[www.mpoetc.state.pa.us](http://www.mpoetc.state.pa.us)

### PSYCHOLOGICAL EXAMINATION

This form is to be used by both municipal police officer applicants and cadet applicants seeking entry to a training academy.

#### MPOETC POLICE OFFICER APPLICANT INFORMATION

LAST NAME	FIRST NAME	MIDDLE INITIAL
STREET ADDRESS	CITY/BORO	STATE
SOCIAL SECURITY NUMBER	DATE OF BIRTH	GENDER

#### NOTICE AND INSTRUCTIONS TO EXAMINING PSYCHOLOGIST

This examination is to determine the psychological fitness of the applicant to be certified as a police officer in Pennsylvania. The applicant is applying for certification and will be vested with a position of public trust. He/she may at some future time be required to exercise acute critical judgment while in conditions of high emotional stress.

The above named applicant must be individually examined by a psychologist, who is licensed by a Pennsylvania State Board of Psychologist Examiners. The examination shall include the following elements, all of which must be conducted by the same psychologist. **Form must not be altered:**

- I. Interview and History – The psychologist must individually interview the applicant and **include a separate typed description** of the applicant's personal, educational, employment histories; mental health status and history (current and/or past counseling, diagnoses, psychotropic medication use, psychiatric hospitalization in specialty or general hospital, etc.), and criminal history to include arrest history, as well as any ARD or expunged dispositions. Please provide details and explanations for any positive findings regarding criminal and psychological history. Failure to address all required topics may result in the return of the documentation for more information.
- II. Required Personality Test – The applicant shall be administered any full length, current standard form of the Minnesota Multiphasic Personality Inventory (MMPI-2 or MMPI2-RF) by the licensed psychologist or paraprofessional employed by and under the direct control and supervision of the licensed psychologist. Individual T-scores must be provided in the attached tables. Explanation must be provided in the report for any clinical scale above 65T. All interpretations and explanations must be provided from available data by the licensed psychologist.
- III. Other Testing Methods – If a licensed psychologist is unable to certify the applicant's psychological capability or risk to exercise appropriate judgment, and restraint as a certified police officer at this time after conducting the aforesaid test, the psychologist is directed to employ whatever other psychological measuring instrument(s) and/or technique(s) deemed necessary to form his/her professional opinion. The use of any such instrument(s) and/or technique(s) requires a full and complete typed explanation.

DATE OF EXAM -

**MMPI-2 PERSONALITY TEST (ALL SCALES REQUIRED)**

<b>STANDARD SCALE:</b>	?	L	F	K	HS	D	HY	PD	MF	PA	PT	SC	MA	SI	MAC
<b>T-Score</b>															

**MMPI2 - RF**

<b>SCALE NAME</b>	CNS	L-r	F-r/ Fp-r	K-r	RC1	RC2	RC3	RC4		RC6	RC7	RC8	RC9	SHY / SAV	SUB
<b>T SCORE</b>															
<b>SCALE NAME</b>	EID	THD	BXD	AGG	AGG-r										
<b>T SCORE</b>															

**RELEVANT MMPI SUPPLEMENTAL SCALES**

THE EXAMINING PSYCHOLOGIST SHALL DETERMINE THE APPROPRIATE SUPPLEMENTAL SCALES TO BE USED AND RECORD THE "T" SCORE AND SCALE NAME FOR THOSE SCALES CHOSEN BELOW.

<b>SCALE NAME</b>															
<b>T SCORE</b>															

**PROFESSIONAL OPINION**

- PSYCHOLOGICALLY CAPABLE** - I have examined the applicant, and it is my professional opinion that this person is **psychologically capable** of exercising appropriate judgment and restraint as a certified police officer in Pennsylvania.
- PSYCHOLOGICALLY UNFIT** - I have examined the applicant, and it is my professional opinion that this person is **psychologically unfit** to exercise appropriate judgment and restraint as a certified police officer in Pennsylvania.

I hereby certify that the information and statements contained in the tables above and in the attached examination report are true and correct, and that I am signing this document with the full understanding that any false information or statement will subject me to criminal penalties of Title 18, Crimes code, Section 4904, relating to unsworn falsification to authorities.

This examination form must be forwarded to the employing police department, or certified Act 120 police academy, or MPOETC by the examining psychologist within 15 days of the date of examination, **even if the applicant is found psychologically unfit**, pursuant to 37 Pa. Code § 21.11(4)(iv).

\_\_\_\_\_  
SIGNATURE - PENNSYLVANIA LICENSED EXAMINING PSYCHOLOGIST

\_\_\_\_\_  
DATE

PSYCHOLOGIST PRINTED NAME \_\_\_\_\_ LICENSE NO. \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY/BORO \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

**RELEASE OF PSYCHOLOGICAL INFORMATION**

Having applied for certification/training as a police officer in Pennsylvania and having subjected myself to a psychological examination by a licensed psychologist, as required by the Act, I reserve the right to have the data and conclusions of the psychologist remain confidential except to those whom I designate. Accordingly, I hereby authorize the psychologist named above to release all information related to my psychological examination to the Municipal Police Officer's Education and Training Commission (MPOETC), or official designee, and to any additional police departments and/or academies listed below, for purposes consistent with the application process pursuant to this Act. No other release of this information, explicit or implied, is granted at this time.

NAME OF MUNICIPAL POLICE DEPARTMENT AND/OR CERTIFIED ACT 120 ACADEMY AND/OR MPOETC (Print) \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ FAX \_\_\_\_\_ EMAIL \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE - APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE - PENNSYLVANIA LICENSED PSYCHOLOGIST

\_\_\_\_\_  
DATE