TEXAS COMMISSION ON LAW ENFORCEMENT

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

LICENSEE PSYCHOLOGICAL AND EMOTIONAL HEALTH DECLARATION (L-3) Commission Rule 217.01, 217.1, 217.7, 221.35

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	3. State	9. Zip Code	
Is this exam for a s	tudent enrolling in	an academy?	🗌 Yes	5 🔲 No.				
If yes, check one] Peace Officer [County Correct	tions [] Telecommunicators	🗌 Scho	ol Marshal		
performed by a lice approval by the Co	ensed psycholog mmission, it may must request prio	ist or a psychia be performed by r approval in writ	t rist ex a qual	n Rule require that this cept in an exceptional of ified licensed physician. d must receive specific of	circumst The Cl	ance whe	en, upon prior nistrator of the	
APPOINTMENT (Do not check if student)								
10. 🗌 Peace Office	er 🗌 Reserve 🤅	Officer 🗌 Co	unty Ja	iler 🗌 Telecommuni	cator [School	Marshal	
Juvenile Probati	on Officer 🛛 P	ublic Security Of	f.					
		ACADEMY /	DEPAR	TMENT INFORMATION				
11. TCOLE Number	r 12. Agency/Academy Name				13. Mailing Address			
14. City	L	15. County		16. Zip Cod	e	17. Ph	one Number	
performed by a lice approval by the Co approval in writing acceptable. STATEMENT OF E I am a []Licens examination of the	Ensed psycholog mmission, it may and must receive EXAMINER: (Plea sed Psycholog above named ind this date, the indiv	ist or a psychia be performed by specific written a ase check the a gist, [] Psyc ividual pursuant vidual <u>IS</u> in satist	a qual approva ppropr hiatri to profe factory	ission Rule require that ccept in an exceptional of ified licensed physician. al before an examination iate box and provide t ist, and I certify that I essionally recognized st psychological and emotion	he reque have co andards	ance whe gency mu exception ested inf mpleted a and met ealth to pe	en, upon prior st request prior al circumstances is formation) a psychological hods. I have	

THIS DECLARATION IS NOT PUBLIC INFORMATION AND IS VALID UNLESS WITHDRAWN OR INVALIDATED, AND IS VALID ONLY IF SIGNED BY A LICENSED PSYCHOLOGIST OR PHYSICIAN.