

**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 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. State	9. Zip Code

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

If yes, check one  Peace Officer  County Corrections  Telecommunicators  School Marshal

**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"/> Telecommunicator	<input type="checkbox"/> School Marshal
<input type="checkbox"/> Juvenile Probation Officer <input type="checkbox"/> Public Security Off.				

**ACADEMY / DEPARTMENT INFORMATION**

11. TCOLE Number	12. Agency/Academy Name	13. Mailing Address		
14. City	15. County	16. Zip Code	17. Phone Number	

**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, AND IS VALID ONLY IF SIGNED BY A LICENSED PSYCHOLOGIST OR PHYSICIAN.