MPO-212 (3/2018) SUPERCEDES ALL PREVIOUS VERSIONS OF THE MUNICIPAL POLICE OFFICER PSYCHOLOGICAL EXAMINATION FORM.

MUNICIPAL POLICE OFFICERS' EDUCATION AND TRAINING COMMISSION
8002 Bretz Drive
Harrisburg, Pennsylvania 17112-9748
http://www.psp.pa.gov/MPOETC

PSYCHOLOGICAL EXAMINATION

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

NOTICE AND INSTRUCTIONS TO EXAMINING PSYCHOLOGIST

THIS EXAMINATION MUST BE ADMINISTERED BY A LICENSED PSYCHOLOGIST WHO IS LICENSED BY THE PENNSYLVANIA STATE BOARD OF PSYCHOLOGIST EXAMINERS. THIS EXAMINATION IS TO DETERMINE THE PSYCHOLOGICAL FITNESS OF THE APPLICANT TO BE CERTIFIED AS A POLICE OFFICER IN PENNSYLVANIA. THE APPLICANT WHO YOU ARE ABOUT TO EXAMINE 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 SIGNIFICANT PHYSICAL STRENGTH AND UNDERGO HIGH EMOTIONAL STRESS.

LAST NAME	FIRST NAME	MIDDLE INITIAL

STREET ADDRESS	CITY/BORO	STATE	ZIP CODE

SOCIAL SECURITY NUMBER	DATE OF BIRTH	GENDER	DATE OF EXAM

INTERVIEW AND HISTORY

The psychologist must individually interview the applicant and attach a separate, typed record of the individual interview that addresses each of the areas listed below. Provide details and explanations of any positive findings of criminal and/or psychological history.

-PERSONAL, EDUCATIONAL, AND EMPLOYMENT HISTORIES

-MENTAL HEALTH STATUS AND HISTORY (CURRENT AND/OR PAST COUNSELING, DIAGNOSES, PSYCHOTROPIC MEDICATION USE, PSYCHIATRIC HOSPITALIZATION IN SPECIALTY OR GENERAL HOSPITAL, ETC.)

-CRIMINAL HISTORY TO INCLUDE ARREST HISTORY, INCLUDING ANY ARD OR EXPUNGED DISPOSITIONS

Failure to address all required topics will result in the return of the documentation for more information.

MMPI-2 PERSONALITY TEST (ALL SCALES REQUIRED)

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.

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

MMPI2 - RF

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

RELEVANT MMPI SUPPLEMENTAL SCALES

THE EXAMINING PSYCHOLOGIST SHALL DETERMINE THE APPROPRIATE SUPPLEMENTAL SCALES AND RECORD THE CHOSEN SCALES AND "T" SCORE AND SCALE NAME BELOW.

SCALE NAME															
T SCORE															

ADDITIONAL TESTING METHODS

If the licensed psychologist is unable to determine the applicant's psychological capability to exercise appropriate judgment and restraint as a certified police officer after conducting the required interview and personality test, the psychologist is directed to employ whatever other psychological measuring instrument(s) and/or technique(s) are 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. Please complete any additional testing prior to submitting results.

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.	TELEPHONE 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