

Declaration of Psychological and Emotional Health

Name: _____
Last First MI

Social Security Number: _____

Date of Birth: _____

Psychologist's Declaration for **ORIGINAL APPLICATION** as a Personal Protection Officer Authorization

I certify that I have completed a psychological evaluation of the above named individual, including the Minnesota Multiphasic Personality Inventory and find this individual to be in satisfactory emotional health to perform the duties of a personal protection officer as required by the provisions of Chapter 1702 Occupations Code.

Name of Psychologist: _____

Address: _____
City State Zip

Telephone (area code + number): _____

Texas State Board of Examiner of Psychologists License Number: _____

Signature of Examining Psychologist: _____

Date: _____

This declaration is NOT public information and is valid for one year unless withdrawn or invalidated, and is valid only if signed by a licensed psychologist, pursuant to Title 10, Chapter 1702 Occupations Code, as amended.