



7.

**ADDITIONAL TEST(S)**

IF ADDITIONAL TESTS ARE ADMINISTERED, EXPLAIN TYPE OF TEST AND SPECIFICALLY STATE RESULTS. USE ADDITIONAL PLAIN WHITE PAPER IF NECESSARY.

8.

**SUMMARY**

- I have examined the above-named applicant, and it is my professional opinion that this person is psychologically capable of exercising appropriate judgment and restraint in the handling of a lethal weapon at this time so as not to preclude his/her admission to an approved Lethal Weapons Training Course.
- I have examined the above named applicant, and it is my professional opinion that this person is psychologically at risk for exercising appropriate judgment and restraint in the handling of a lethal weapon at this time. (Please comment on reservations.)

9.

**PSYCHOLOGIST VERIFICATION**

I hereby certify that the information and statements contained in this examination form 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.

\_\_\_\_\_  
DATE

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

A. NAME OF PENNSYLVANIA EXAMINING PSYCHOLOGIST (PRINT)

B. LICENSE NO.

C. STREET ADDRESS

CITY/BORO

STATE

ZIP CODE

D. TEL. NO. (INCL. AREA)

10.

**RELEASE OF PSYCHOLOGICAL INFORMATION**

Having applied for certification under the Lethal Weapons Training Act to carry a lethal weapon as an incidence of employment,

I \_\_\_\_\_, have duly subjected myself to a psychological examination by  
NAME OF APPLICANT

\_\_\_\_\_, a licensed psychologist, as required by the Act. I hereby reserve the right to  
NAME OF PENNSYLVANIA PSYCHOLOGIST

have the data and conclusions of the psychologist remain confidential except to those whom I designate. I hereby grant release of the aforesaid information to the Commissioner, Pennsylvania State Police, or official designee, 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.

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

\_\_\_\_\_  
SOC. SEC. NO.

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

\_\_\_\_\_  
DATE

**FORM PROCESSING**

This examination form must be forwarded by the examining physician to the following address within 15 days of the date of examination, even if the applicant is found unfit.

Lethal Weapons Certification  
Pennsylvania State Police  
8002 Bretz Drive  
Harrisburg, PA 17112-9748