

**COMMONWEALTH OF PENNSYLVANIA  
PSYCHOLOGICAL EXAMINATION  
LETHAL WEAPONS TRAINING ACT**

**NOTICE TO EXAMINING PSYCHOLOGIST**

This examination is to determine the psychological fitness of the applicant to appropriately handle a lethal weapon. A "lethal weapon" includes, but is not limited to, a firearm, nightstick, billy club, or other weapon calculated to produce serious bodily harm or death. The applicant who you are about to examine is applying for certification as a privately employed agent who will be vested with a position of public/private trust. He/she may, at some future time, be required to exercise significant physical strength and undergo high emotional stress. The examining psychologist is required to comment, in the narrative form in the space provided, on the applicant's social comprehension, judgment, impulse control, potential for violence, or any psychological trait that might render him/her psychologically at risk to handle a lethal weapon. **NOTE: THIS FORM MUST BE PRINTED IN INK OR TYPEWRITTEN; PHOTOCOPIES WILL NOT BE ACCEPTED.**

<b>SOCIAL SECURITY NUMBER</b> - -			<b>APPLICANT</b>			
1. LAST NAME	FIRST	MIDDLE	2. DATE OF BIRTH (MO.-DAY-YEAR)			
3. STREET ADDRESS		CITY/BORO	STATE	ZIP CODE	4. DATE OF EXAM	

**INSTRUCTIONS**

The above-named applicant must be personally examined by a Pennsylvania-licensed psychologist, who is licensed by a State Board of Psychologist Examiners. The examination shall include the following elements, all of which must be conducted by the same psychologist:

1. **Interview and History** - The psychologist must personally interview the applicant, which shall include a summary of the applicant's personal, educational, employment, and criminal history, if any.
2. **Required Personality Test** - The applicant shall be administered any current standard form of the Minnesota Multiphasic Personality Inventory (MMPI) which shall be administered by the licensed psychologist or paraprofessional employed by and under the direct control and supervision of the licensed psychologist.
3. **Other Testing Methods** - If a licensed psychologist is unable to certify the applicant's psychological capability or risk to exercise appropriate judgment, and restraint in the handling of a lethal weapon at this time, after conducting the aforesaid test, the psychologist is directed to personally employ whatever other psychological measuring instrument(s) and/or technique(s) deemed necessary to form his/her professional opinion. The use of any such instrument(s) and/or technique(s) requires a full and complete written explanation to the Department.

5.

**INTERVIEW AND HISTORY**

SHALL INCLUDE A BRIEF SYNOPSIS OF APPLICANT'S PERSONAL, EDUCATIONAL, EMPLOYMENT, AND CRIMINAL HISTORY, IF ANY. USE ADDITIONAL PLAIN WHITE PAPER IF NECESSARY.

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 \_\_\_\_\_

6.

**STANDARD**

**M.M.P.I. PERSONALITY TEST (Required)**

SCALE:

? L F K HS D HY PD MF PA PT SC MA SI MAC

RAW SCORE

K - Corrected

T - Score


**RELEVANT M.M.P.I. SUPPLEMENTAL SCALES**

THE EXAMINING PSYCHOLOGIST SHALL DETERMINE THE APPROPRIATE SUPPLEMENTAL SCALES TO BE USED AND RECORD THE "T" SCORE AND SCALE NAME FOR THOSE SCALES CHOSEN BELOW.

Scale Name

T Score


(OVER)

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