

ADDITIONAL TESTING METHODS

If the licensed psychologist is unable to determine the applicant's psychological capability or risk to exercise appropriate judgment and restraint in the handling of a lethal weapon after conducting the aforesaid test, the psychologist is directed to 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 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 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.

PSYCHOLOGICALLY AT RISK - I have examined the 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 in report).

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 Pennsylvania State Police by the examining psychologist** via mail, fax or email within 15 days of the date of examination, **even if the applicant is found psychologically at risk**, pursuant to 37 Pa. Code § 21.11(4)(iv).

**PENNSYLVANIA STATE POLICE
LETHAL WEAPONS TRAINING ACT
8002 Bretz Drive
Harrisburg, Pennsylvania 17112-9748
Fax 717-346-7781
Email: RA-MPOLETHALWEAPCERT@pa.gov**

SIGNATURE – PENNSYLVANIA LICENSED EXAMINING PSYCHOLOGIST

DATE

PSYCHOLOGIST PRINTED NAME	TELEPHONE NO.	FAX NO.	LICENSE NO.
STREET ADDRESS	CITY/BORO	STATE	ZIP CODE

RELEASE OF PSYCHOLOGICAL INFORMATION

Having applied for certification under the Lethal Weapons Training Act (Act) to carry a lethal weapon as an incidence of employment, and having duly subjected myself to a psychological examination by a licensed psychologist, as required by the Act, I hereby grant release of the aforesaid information to the Commissioner, Pennsylvania State Police, or official designees, for purposes consistent with the application process pursuant to this Act including authorizing the Commissioner or his designees to release the aforesaid information to any third party with whom his designees must consult in order to carry out their duties under the Act or other applicable law. No other release of this information, explicit or implied, is granted at this time.

SIGNATURE – APPLICANT

DATE