



**PENNSYLVANIA STATE POLICE  
LETHAL WEAPONS TRAINING ACT**  
8002 Bretz Drive  
Harrisburg, Pennsylvania 17112-9748  
[www.lethalweapons.state.pa.us](http://www.lethalweapons.state.pa.us)

## PSYCHOLOGICAL EXAMINATION

### LETHAL WEAPONS ACT 235 APPLICANT INFORMATION

LAST NAME		FIRST NAME		MIDDLE INITIAL
STREET ADDRESS		CITY/BORO	STATE	ZIP CODE
SOCIAL SECURITY NUMBER	DATE OF BIRTH	GENDER	DATE OF EXAM	

### NOTICE AND INSTRUCTIONS TO EXAMINING PSYCHOLOGIST

This examination is to determine the psychological fitness of the applicant to appropriately handle a lethal weapon. A "lethal weapon" is any 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 be required to exercise physical control in a situation of high psychological and emotional stress as an Act 235 Agent.

The above named applicant must be individually examined by a psychologist, who is licensed by the Pennsylvania State Board of Psychologist Examiners. The examination shall include the following elements, all of which must be conducted by the same psychologist. **Form not to be altered:**

- I. Interview and History – The psychologist must individually interview the applicant and include a separate typed description of the applicant's personal, educational, employment, psychological history (current or past counseling, psychotropic medication, psychological hospitalization, etc.), and criminal history to include arrest history, as well as any ARD or expunged dispositions. Please provide details and explanations for any positive findings regarding criminal and psychological history. Failure to address all required topics may result in the return of the documentation for more information.
- II. Required Personality Test – The applicant shall be administered any full length, current standard form of the Minnesota Multiphasic Personality Inventory (MMPI) by the licensed psychologist or paraprofessional employed by and under the direct control and supervision of the licensed psychologist. Explanation must be provided in the report for any clinical scale above 65T and/or elevated supplemental scale. Individual T Scale scores must be provided on the attached tables and interpreted by the licensed psychologist within the description report being submitted.
- III. 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 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.

This examination form must be forwarded by the examining psychologist to the following address within 15 days of the date of examination, **even if the applicant is found psychologically at risk**. Please mail or fax to:

Pennsylvania State Police  
Lethal Weapons Certification  
8002 Bretz Drive  
Harrisburg, PA 17112-9748  
Fax - (717)-346-7781

DATE OF EXAM / /

**M.M.P.I. PERSONALITY TEST (ALL SCALES REQUIRED)**

STANDARD 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															

**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.

\_\_\_\_\_  
SIGNATURE – PENNSYLVANIA LICENSED EXAMINING PSYCHOLOGIST

\_\_\_\_\_  
DATE

PSYCHOLOGIST PRINTED NAME	TELEPHONE NUMBER	FAX NUMBER	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,

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

\_\_\_\_\_, a licensed psychologist, as required by the Act.  
PRINT NAME OF PSYCHOLOGIST

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

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

\_\_\_\_\_  
DATE