

TEXAS COMMISSION ON LAW ENFORCEMENT

6330 E. Highway 290, STE. 200
Austin, Texas 78723-1035
Phone: (512) 936-7700
<https://www.tcole.texas.gov>

LICENSEE PSYCHOLOGICAL AND EMOTIONAL HEALTH DECLARATION (L-3)

Occupations Code § 1701.306; Commission Rules §§ 217.1, 217.7, 221.35, 227.4

INDIVIDUAL INFORMATION (TO BE COMPLETED BY ACADEMY OR AGENCY)

1. TCOLE PID	2. INDIVIDUAL LAST NAME	3. INDIVIDUAL FIRST NAME	4. M.I.	5. SUFFIX (Jr., etc.)
6. HOME MAILING ADDRESS	7. CITY	8. STATE	9. ZIP CODE	10. EMAIL
11. LICENSE TYPE SOUGHT (FOR STUDENT SEEKING ENROLLMENT IN ACADEMY – DO NOT CHECK IF SEEKING APPOINTMENT)				
<input type="checkbox"/> PEACE OFFICER	<input type="checkbox"/> COUNTY JAILER	<input type="checkbox"/> TELECOMMUNICATOR	<input type="checkbox"/> SCHOOL MARSHAL	
12. APPOINTMENT TYPE(S) SOUGHT (FOR LICENSEE SEEKING APPOINTMENT WITH AGENCY – DO NOT CHECK IF SEEKING ENROLLMENT)				
<input type="checkbox"/> PEACE OFFICER	<input type="checkbox"/> RESERVE OFFICER	<input type="checkbox"/> COUNTY JAILER	<input type="checkbox"/> TELECOMMUNICATOR	
<input type="checkbox"/> SCHOOL MARSHAL	<input type="checkbox"/> PUBLIC SECURITY OFFICER	<input type="checkbox"/> JUVENILE PROBATION OFFICER		

ACADEMY OR AGENCY INFORMATION (TO BE COMPLETED BY ACADEMY OR AGENCY)

13. TCOLE NUMBER	14. ACADEMY OR AGENCY NAME	15. EMAIL		
16. MAILING ADDRESS	17. CITY	18. STATE	19. ZIP CODE	20. PHONE NUMBER

INDIVIDUAL ACKNOWLEDGEMENT AND RELEASE (TO BE COMPLETED BY INDIVIDUAL)

21. I hereby authorize the release of my Personal History Statement and any other background investigation documents to the examining practitioner. I also hereby authorize the release of the results of this psychological examination and any other relevant information to the above requesting academy or law enforcement agency and the Texas Commission on Law Enforcement.		
INDIVIDUAL NAME (TYPE OR PRINT)	INDIVIDUAL SIGNATURE	DATE

Attention Requesting Academy or Agency and Examining Practitioner: State Law and Commission Rules require that a psychological examination be performed by a psychologist or psychiatrist licensed in Texas, except in exceptional circumstances when, upon prior approval by TCOLE, it may be performed by a qualified physician licensed in Texas. The chief administrator of the requesting agency must request prior approval in writing and must receive written approval from TCOLE before a psychological examination performed by a physician is acceptable.

Requesting Academy or Agency: After the above sections are completed, submit this form along with a description of job duties for the license or appointment sought, a copy of the individual's Personal History Statement, and any background investigation documents (if applicable) by mail or email to the practitioner selected by the academy or agency.

Examining Practitioner: The psychological examination must be conducted pursuant to professionally recognized standards and methods. The examination process must consist of a review of the description of job duties for the license or appointment sought, a review of the Personal History Statement, and a review of any background investigation documents (if applicable). The examination must consist of at least two instruments, one which measures personality traits and one which measures psychopathology, and a face-to-face interview conducted after the instruments have been scored. Given the nature of law enforcement and the potential consequences to the agency, the individual, and the public, the purpose of the psychological examination is to determine whether the individual is in satisfactory psychological and emotional health to serve as the type of law enforcement officer for which the license or appointment is sought.

PSYCHOLOGICAL AND EMOTIONAL HEALTH EXAMINATION (TO BE COMPLETED BY PRACTITIONER)

22. PRACTITIONER LICENSE TYPE				
<input type="checkbox"/> PHYSICIAN		<input type="checkbox"/> PSYCHOLOGIST		<input type="checkbox"/> PSYCHIATRIST
23. PRACTITIONER LAST NAME	24. PRACTITIONER FIRST NAME	25. LICENSE NUMBER	26. EMAIL	
27. MAILING ADDRESS		28. CITY	29. STATE	30. ZIP CODE
				31. PHONE NUMBER
32. DESCRIPTION OF TESTS OR METHODOLOGIES PERFORMED AND CONCLUSIONS, INCLUDING ANY EXISTING CONDITIONS (ATTACH ADDITIONAL PAGES AS NEEDED)				
33. DATE PSYCHOLOGICAL EXAMINATION PERFORMED:				
34. I certify that I have completed a psychological and emotional health examination of the above-named individual pursuant to professionally recognized standards and methods. I have concluded that the individual:				
<input type="checkbox"/> IS in satisfactory psychological and emotional health to serve as the type of licensee for the license or appointment sought.		<input type="checkbox"/> IS NOT in satisfactory psychological and emotional health to serve as the type of licensee for the license or appointment sought.		
PRACTITIONER NAME (TYPE OR PRINT)		PRACTITIONER SIGNATURE		DATE
STATE LAW AND COMMISSION RULES REQUIRE THAT A PSYCHOLOGICAL EXAMINATION BE PERFORMED BY A PSYCHOLOGIST OR PSYCHIATRIST LICENSED IN TEXAS, OR BY A QUALIFIED PHYSICIAN LICENSED IN TEXAS WITH PRIOR APPROVAL FROM TCOLE. THIS FORM IS ONLY VALID IF SIGNED BY THE APPROPRIATE PRACTITIONER.				

Examining Practitioner: After completing the above examination section, return this form and any additional documents by mail or email to the requesting academy or law enforcement agency. If the individual is determined to not be in satisfactory psychological or emotional health to serve, please submit this form to TCOLE at fitforduty@tcole.texas.gov.

Requesting Academy or Agency: If the individual is determined to not be in satisfactory psychological or emotional health to serve, submit this form to TCOLE at fitforduty@tcole.texas.gov within 30 days of the examination.

For school marshal applicants and licensees, this L-3 Form remains valid for 90 days from the date signed by the practitioner, unless withdrawn or invalidated. For all other applicants and licensees, this L-3 Form remains valid for 180 days from the individual's graduation date from the academy, if accepted by the appointing agency, or is valid for 180 days from the date signed by the practitioner, unless withdrawn or invalidated.

THIS DOCUMENT IS CONFIDENTIAL AND NOT SUBJECT TO DISCLOSURE
UNDER THE PUBLIC INFORMATION ACT, GOVERNMENT CODE CHAPTER 552.