PSYCHOLOGICAL EXAMINATION COMPLIANCE VERIFICATION DOCUMENT

(ATTACH THIS FORM TO THE L-3 DOCUMENT)

TCOLE Rule 217.1(b)(12)

By signature below, I attest that I am a [ ] Texas-licensed psychologist or a [ ] Texas-licensed psychiatrist,

and I certify that during my examination of (Name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ that I:

1. Conducted my examination pursuant to professionally recognized standards and methods;

2. Reviewed a job description for the position sought;

3. Reviewed their personal history statement;

4. Reviewed the background documents and reports;

5. Used at least two evaluation instruments; one which measures personality traits, specifically, (test):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and one that measures psychopathology, specifically, (test): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

6. Conducted a face-to-face interview AFTER the instruments were scored and reviewed.

Examiner Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Examiner Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State License #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_