



PROFESSIONAL PSYCHOLOGICAL SERVICES, P.C.
A Clinical and Forensic Psychology Practice Group

Psychological Suitability Evaluation

Please Print Clearly and Read the Statement of Understanding. Initial Each Paragraph after Reading

FULL LEGAL NAME _____ DOB _____ AGE _____ SEX _____

ADDRESS _____ Email _____

CITY & STATE _____

SOCIAL SECURITY #Last 4 digits only***-**-_____ DRIVER'S LICENSE # _____

EMPLOYED BY _____ PHONE _____

Provisions for Psychological Evaluation/Certification

**Initial
Below**

I am seeking a position for which I am required to undergo a psychological evaluation that requires proof of satisfactory completion of the Minnesota Multiphasic Personality Inventory (MMPI-2) as administered and reviewed by a licensed psychologist. I understand that time to complete the test is usually about 1–1 ½ hours but could take less or more time. The test is not time limited. I also understand that the fee for administration, review of test results, and a brief interview is \$250.00 which is non-refundable. I understand the results of the test may or may not get the results I hope for. I know and agree that the psychologist completing this evaluation will only sign a “Declaration of Psychological and Emotional Health” if the results of my test administration are valid and within normal limits. _____

I understand the test administration and certification of “fitness” is a statutory requirement for licensure as a Personal Protection Officer and I agree that I am not a patient or a client of the psychologist. The psychologist’s only role is to form an opinion based on the results of the test. I also understand and agree that having taken the test does not guarantee that the psychologist will find me psychologically fit for the position of PPO. I understand that this is an assessment of suitability for a job that may not be suitable for the average person. A finding of lack of psychological suitability/fitness does not mean that an applicant has a mental disorder. Instead, it means that the person’s general psychological functioning is not suitable for the requirements of an armed position such as the one I am seeking. _____

I know that these are “high stakes” evaluations and persons want to show themselves in the best way possible. I understand the MMPI includes measures of my being open and straightforward in my responses. Therefore, I know that any effort to present myself in an overly positive manner may invalidate test results and the Declaration of Suitability would not be signed. I also understand that if the psychologist finds my psychological profile to be outside of the range of suitability, the Declaration of Suitability will not be signed. Therefore, to provide the best chance to produce test results that are valid, I agree to be open and straightforward in answering questions in the MMPI. I know that being open and straightforward is necessary and being defensive or attempting to overlook faults or minimize problems may invalidate the test. **I understand the certification will not be signed if test results are invalid or are outside the acceptable “normal” range.** I understand that if my test results do not indicate I am suitable for PPO certification, it does not necessarily mean that I have a mental disorder or that I will not be suitable at another time. I understand that the psychologist will discuss the test results with me. _____

If results of the test are not valid, I understand that for an additional charge of \$100.00, I may retest one more time at this office and I will be notified of result by email when scoring and review has been completed. _____

DO NOT SIGN THIS CONSENT FORM UNTIL ANY QUESTIONS YOU MAY HAVE ARE ANSWERED. QUESTIONS MAY BE ASKED IN ADVANCE OF SCHEDULING. CALL US AT THE NUMBER LISTED BELOW OR EMAIL DR. BRANAMAN, timb@ppstexas.com. APPOINTMENTS WILL THEN BE SCHEDULED.

Signature

Date