Alaska Police Standards Council
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ALASKA POLICE STANDARDS COUNCIL PSYCHOLOGICAL EVALUATION FORM

F-11

This form must be submitted to ASPC no later than 30 days after the evaluation or hire of an officer. Information contained in this form will be used by the council for purposes of determining the applicant's eligibility for employment and certification.

Last Name, First, Middle	Date of Birth
Agency	Position

13 AAC 85.010(a)(6) requires that a person hired as a **police officer** "is certified by a licensed psychiatrist or psychologist to be mentally capable of performing the essential functions of the job of police officer and is free from any emotional disorder that may adversely affect the person's performance as a police officer."

13 AAC 85.210(a)(6) requires that a person hired a **probation, parole, or correctional officer** "has taken the Department of Correction's psychological screening examination and is mentally capable of performing the essential functions of the job of probation, parole, or correctional officer and is free from any emotional disorder that may adversely affect the person's performance as a probation, parole, or correctional officer," and **13 AAC 85.210(c)(3)** requires that "the person must take the Department of Corrections' psychological screening examination and the person must undergo an examination by a licensed psychiatrist or psychologist."

I, the undersigned, certify that I have completed a psychological exam for _____ (Officer Name) on _____ (Date of Exam).

At the time of the examination:

- ☐ I certify the above police officer meets the requirements of 13 AAC 85.010(a)(6).
- ☐ I certify the above probation, parole, or correctional officer meets the requirements of 13 AAC 85.210(a)(6).
- ☐ At this time and for the position marked above, the applicant does not meet the requirements of 13 AAC 85.010(a)(6) or 13 AAC 85.210(a)(6).

Comments:

Examiner's signature	Address		
Printed Name	Phone and email address		
Date	License Type	License # and State	License Expiration

The Alaska Professional Licensing website: https://www.commerce.alaska.gov/cbp/main/Search/Professional

I certify that I have reviewed this form and verified the examiner holds a current license as required.

Agency Head/Designee Signature _____

Agency Head Printed Name _____

Date _____