**Iowa Law Enforcement Academy**

MMPI-2 Clinic Results Form

All evaluations and interviews to be completed by a licensed psychologist who identifies as having expertise in;

1) Psychological testing for law enforcement officers and/or

2) Provides psychological services and counseling to law enforcement officers.

**Section 1 completed, following the evaluation of a MMPI-2.**

Name of test taker: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_\_

Date of testing: \_\_\_/\_\_\_/\_\_\_\_Name of evaluating psychologist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rank this applicant below (*select only 1*)

\_\_\_Suitable for Law Enforcement \_\_\_Invalid test result – Retest needed

\_\_\_Not Suitable for Law Enforcement \_\_\_Referral for further evaluation

Psychologist’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(With your signature, you certify that all foregoing information is true and correct).

**Section 2 completed, when referred for a follow-up interview.**

Complete this portion of this form, when a referral appointment is done.

Name of test taker: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_\_

Date of appointment: \_\_\_/\_\_\_/\_\_\_\_ Name of evaluating psychologist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rank this applicant below (*select only 1*)

\_\_\_Suitable for Law Enforcement

\_\_\_Not Suitable for Law Enforcement

Name of evaluating psychologist:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(With your signature, you certify that all foregoing information is true and correct).

BC/dfh 11/22/2024