



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 ☐ Further evaluation required
☐ Not Suitable for Law Enforcement ☐ Invalid test result – Retest needed

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).