



Iowa Law Enforcement Academy
MMPI-2 Clinic Results Form

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.

Name of test taker: _____ Date of Birth: ___/___/___

Date MMPI-2 administered: ___/___/___

Name of evaluating psychologist: _____

Rank this applicant below (*select only 1*)

- Suitable for Law Enforcement
 Not Suitable for Law Enforcement
 Invalid test result – Retest needed
 Recommend referral for further evaluation

Psychologist's Signature: _____

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

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

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.

Name of test taker: _____ Date of Birth: ___/___/___

Date of referral appointment: ___/___/___

Name of evaluating psychologist: _____

Rank this applicant below (*select only 1*)

- Suitable for Law Enforcement
 Not Suitable for Law Enforcement

Psychologist's Signature: _____

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