

COUNCIL ON LAW ENFORCEMENT EDUCATION AND TRAINING
NOTIFICATION OF PSYCHOLOGICAL EVALUATION FOR
ARMED SECURITY GUARD/ARMED PRIVATE INVESTIGATOR/BAIL ENFORCER

Title 59, Section 1750.3A of the Oklahoma Statutes requires that:

1. Each applicant for an armed security guard/armed private investigator/bail enforcer licenser be administered any current standard form of the Minnesota Multiphasic Personality Inventory (MMPI) or other psychological evaluation instrument approved by CLEET.
2. The response data shall be evaluated by a psychologist licensed by the State of Oklahoma.
3. It shall be the responsibility of the applicant to bear the cost of the evaluation.
4. If the licensed psychologist is unable to certify the applicant's psychological capability to exercise appropriate judgment, restraint, and self-control, after evaluating the data, the psychologist shall employ whatever other psychological measuring instruments or techniques deemed necessary to form a professional opinion. The use of any psychological measuring instruments or techniques shall require a full and complete written explanation to CLEET.
5. The psychologist shall forward a written psychological evaluation, on a form prescribed by CLEET, within fifteen (15) days of the evaluation, even if the applicant is found to be psychologically AT RISK.
6. CLEET may utilize the results of the psychological evaluation for up to six (6) months from the date of evaluation.
7. Applicants who have been found ATRISK must wait at least one (1) year from the date of being found psychologically at risk to reapply for licensing.

NOTICE TO EXAMINING PSYCHOLOGIST

The applicant whose data you are about to examine, is applying for a license as an Armed Security Guard or Armed Private Investigator or Bail Enforcer, who will be vested with a position or public/private trust and will be authorized to carry a firearm. CLEET will only accept original form reflecting original signatures using black or blue ink only.

INSTRUCTIONS

Complete this form and return to: CLEET Private Security, 2401 Egypt Road, Ada, Oklahoma 74820-0669.

Psychological Test Affidavit

Applicant Name: _____ SSN: _____

Psychologist Name: _____ State License Number: _____

Address: _____ City: _____ Telephone: _____

Test: MMPI Other (List additional instruments): _____

- I have examined the above named applicant's test data, and it is my professional opinion, based on available data, that this person is psychologically **CAPABLE** of exercising appropriate judgment, restraint, and self-control.
- I have examined the above named applicant's test data, and it is my professional opinion, based on available data, that this person is psychologically **AT RISK** of exercising inappropriate judgment, restraint, and self-control.
- I have examined the above named applicant's test data, and it is my professional opinion, based on available data, that this person requires **FURTHER TESTING** before a conclusive determination can be made.

Signature of Psychologist

Date

Date tested

Date determined to be CAPABLE for an armed license: _____

Date determined to be ATRISK for an armed license: _____

Date determined that FURTHER TESTING was needed: _____

Sworn and Subscribed before me this _____ day of _____, 20_____

(SEAL)

Signature Notary Public

Printed Name of Notary

My Commission Expires: _____

My Commission Number: _____

Release of Psychological Information

I, _____, hereby willingly subject myself to a psychological evaluation by a licensed psychologist as required by 59 O.S. 1750.3 (A). I hereby reserve the right to have the psychological data and conclusions for the psychologist remain confidential except on this form to the school listed below or CLEET. No other release of this information, explicit or implied, is granted at this time.

School Name: _____

Signature of Applicant

Date