

PSYCHOLOGICAL EXAMINATION COMPLIANCE VERIFICATION DOCUMENT  
(ATTACH THIS FORM TO THE L-3 DOCUMENT)

TCOLE Rule 217.1(b)(12)

By signature below, I attest that I am a [ ☐ ] Texas-licensed psychologist or a [ ☐ ] Texas-licensed psychiatrist,  
and I certify that during my examination of (Name): \_\_\_\_\_ that I:

1. Conducted my examination pursuant to professionally recognized standards and methods;
2. Reviewed a job description for the position sought;
3. Reviewed their personal history statement;
4. Reviewed the background documents and reports;
5. Used at least two evaluation instruments; one which measures personality traits, specifically, (test): \_\_\_\_\_,  
\_\_\_\_\_, and one that measures psychopathology, specifically, (test): \_\_\_\_\_.
6. Conducted a face-to-face interview AFTER the instruments were scored and reviewed.

Examiner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Examiner Printed Name: \_\_\_\_\_ State License #: \_\_\_\_\_