

SHERIFF'S OFFICE



MICHAEL G. MASTRONARDY  
SHERIFF

BRIAN J. KLIMAKOWSKI  
UNDERSHERIFF

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**OCEAN COUNTY POLICE ACADEMY**  
659 Ocean Avenue  
Lakewood, New Jersey 08701

## STATEMENT OF PSYCHOLOGICAL TESTING

Candidates Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Candidates Employing Agency: \_\_\_\_\_

Agency Address: \_\_\_\_\_

Psychiatrist/Psychologist Name: \_\_\_\_\_

Psychiatrist/Psychologist Address: \_\_\_\_\_

Based upon the pre-employment psychological evaluation and clinical assessment conducted, the above named individual is determined to:

- MEET the minimum requirements of psychological suitability for Law Enforcement employment.
- DOES NOT MEET the minimum requirements of psychological suitability for Law Enforcement employment.

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Signature of Examiner)

\_\_\_\_\_  
(Date of Examination)

\_\_\_\_\_  
(Name of Examiner)

\_\_\_\_\_  
(Title of Examiner)