

TEXAS COMMISSION ON LAW ENFORCEMENT

6330 E. Highway 290, STE. 200
Austin, Texas 78723-1035
Phone: (512) 936-7700
<https://www.tcole.texas.gov>

FITNESS-FOR-DUTY EXAMINATION (FFDE)

Occupations Code § 1701.167; Commission Rules §§ 211.1, 211.29, 217.1, 227.6

LICENSEE INFORMATION (TO BE COMPLETED BY AGENCY)

1. TCOLE PID	2. LICENSEE LAST NAME	3. LICENSEE FIRST NAME	4. M.I.	5. SUFFIX (Jr., etc.)
6. HOME MAILING ADDRESS	7. CITY	8. STATE	9. ZIP CODE	10. EMAIL
11. LICENSE TYPE(S)				
<input type="checkbox"/> PEACE OFFICER <input type="checkbox"/> RESERVE OFFICER <input type="checkbox"/> COUNTY JAILER <input type="checkbox"/> PUBLIC SECURITY OFFICER				
<input type="checkbox"/> TELECOMMUNICATOR (DRUG SCREEN OR PSYCHOLOGICAL ONLY) <input type="checkbox"/> SCHOOL MARSHAL (PSYCHOLOGICAL ONLY)				

AGENCY INFORMATION (TO BE COMPLETED BY AGENCY)

12. TCOLE AGENCY No.	13. AGENCY NAME	14. AGENCY EMAIL		
15. AGENCY MAILING ADDRESS	16. CITY	17. STATE	18. ZIP CODE	19. AGENCY PHONE NUMBER
20. AGENCY CONTACT NAME				

FFDE REQUEST INFORMATION (TO BE COMPLETED BY AGENCY)

21. TYPE OF FITNESS-FOR-DUTY EXAMINATION REQUESTED		
<input type="checkbox"/> MEDICAL EXAMINATION (BY PHYSICIAN LICENSED IN TEXAS)	<input type="checkbox"/> PSYCHOLOGICAL EXAMINATION (BY PSYCHOLOGIST OR PSYCHIATRIST LICENSED IN TEXAS)	
22. DEADLINE FOR LICENSEE TO SUBMIT TO REQUESTED EXAMINATION:		
23. REASONS FOR EXAMINATION: Description of circumstances or suspected conditions or impairments that indicate the licensee may not be able to effectively perform essential job functions or may pose a direct threat to themselves or others. Provide all relevant evidence necessitating the examination (attach if needed). Attach a description of the licensee's job duties and any prior relevant examinations or remediation efforts.		
24. I, the chief administrator of the above-named agency, certify that the information contained in this form is true and correct.		
CHIEF ADMINISTRATOR NAME (TYPE OR PRINT)	CHIEF ADMINISTRATOR SIGNATURE	DATE

LICENSEE ACKNOWLEDGEMENT AND RELEASE (TO BE COMPLETED BY LICENSEE)

25. I have received notice of this requested fitness-for-duty examination and the reasons for the examination. I understand that I must be examined by the type of practitioner for the requested examination specified above within the time specified above. Additionally, I hereby authorize the release of the results of this examination and any other relevant information to the above requesting law enforcement agency and the Texas Commission on Law Enforcement.		
LICENSEE NAME (TYPE OR PRINT)	LICENSEE SIGNATURE	DATE
FAILURE TO SUBMIT TO THE REQUESTED EXAMINATION WITHIN THE TIME SPECIFIED ABOVE OR FAILURE TO SIGN THIS ACKNOWLEDGEMENT AND RELEASE MAY BE CONSIDERED A REFUSAL TO SUBMIT TO THE EXAMINATION, WHICH MAY RESULT IN THE SUSPENSION OF OR OTHER ACTION AGAINST YOUR LICENSE.		

Requesting Agency: After the above sections are completed, submit this form by mail or email to the appropriate practitioner. If the licensee refused to sign the Acknowledgement and Release section, submit this form to TCOLE at fitforduty@tcole.texas.gov within 30 days of the examination deadline with an explanation that the licensee refused to sign.

FITNESS-FOR-DUTY EXAMINATION (TO BE COMPLETED BY PRACTITIONER)

26. PRACTITIONER LICENSE TYPE				
<input type="checkbox"/> PHYSICIAN		<input type="checkbox"/> PSYCHOLOGIST		<input type="checkbox"/> PSYCHIATRIST
27. PRACTITIONER LAST NAME	28. PRACTITIONER FIRST NAME	29. LICENSE NUMBER	30. EMAIL	
31. MAILING ADDRESS		32. CITY	33. STATE	34. ZIP CODE
35. PHONE NUMBER				
36. DESCRIPTION OF TESTS OR METHODOLOGIES PERFORMED AND CONCLUSIONS, INCLUDING ANY EXISTING CONDITIONS OR RESTRICTIONS (ATTACH ADDITIONAL PAGES AS NEEDED)				
37. DATE EXAMINATION PERFORMED:				
38. I certify that I have completed an examination of the above-named licensee pursuant to professionally recognized standards and methods. I have concluded that the licensee:				
<input type="checkbox"/>		<input type="checkbox"/>		
is able to perform all essential job functions and does not pose a direct threat to himself or others.		is not able to perform all essential job functions or poses a direct threat to himself or others.		
PRACTITIONER NAME (TYPE OR PRINT)		PRACTITIONER SIGNATURE		DATE
STATE LAW AND COMMISSION RULES REQUIRE THAT A MEDICAL EXAMINATION BE PERFORMED BY A PHYSICIAN LICENSED IN TEXAS AND THAT A PSYCHOLOGICAL EXAMINATION BE PERFORMED BY A PSYCHOLOGIST OR PSYCHIATRIST LICENSED IN TEXAS. THIS FORM IS ONLY VALID IF SIGNED BY THE APPROPRIATE PRACTITIONER FOR THE FITNESS-FOR-DUTY EXAMINATION REQUESTED.				
39. If it is concluded that the licensee is not able to perform all essential job functions or poses a direct threat to himself or others, describe any recommended applicable treatment programs that, if successfully completed by the licensee, would likely result in the rehabilitation of the licensee within a reasonable time.				

Examining Practitioner: After completing the above section, return this form and any additional documents to the requesting law enforcement agency by mail or email. If the licensee refused to submit to the examination, submit this form to back to the requesting agency with an explanation that the licensee refused to submit to the requested examination.

Requesting Agency: If the licensee is finally determined to not be able to perform all essential job functions or poses a direct threat to himself or others, submit this form to TCOLE at fitforduty@tcole.texas.gov within 30 days of the final determination. If the licensee failed to submit to the requested examination, submit this form to TCOLE at fitforduty@tcole.texas.gov within 30 days of the examination deadline with an explanation that the licensee refused to submit to the requested examination.

THIS DOCUMENT IS CONFIDENTIAL AND NOT SUBJECT TO DISCLOSURE
UNDER THE PUBLIC INFORMATION ACT, GOVERNMENT CODE CHAPTER 552.