TEXAS COMMISSION ON LAW ENFORCEMENT

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

MENTAL HEALTH OFFICER PROFICIENCY CERTIFICATE APPLICATION

Commission Rule(s) 221.1 & 221.11

Non-refundable \$35 fee must be included.

Money order, agency or cashier's check. (5104)

APPLICANT INFORMATION

1. TCOLE PID 2. Last		Name	3. Fir	3. First Name		4. M.I. 5. Suffix (Jr., etc.)		
6. Date of Birth	7. Hon	ne or Permanent Mailing Address	ss 8. City			9. Sta	9. State 10. Zip Code	
11. Phone Number (include area code)			12. E-mail					
13. Date of Course 4201 Completion:			14. Training Provider:					
		CURRENT DEPAR	TMENT	INFORM <i>A</i>	TION			
17. TCOLE Agency Number 18.		18. Appointing Agency	Appointing Agency		19. Agency Mailing Address			
20. City		21. County	21. County		2. Zip Code	23. P	23. Phone Number	
(1) currently (2) at least (3) if not cu (4) if an app commis (5) if an app requirer (6) success (7) success health of	y appointed two years e rrently a corporation is a consideration susper collicant is a coments for the ful completion officer proficer		er or justic county jaile ounty jaile n applicar county ja rgency firs n officer tr	ce of the peace er or justice of er an applicant at must not eve iller an applicant st aid and lifest aining course	the peace; must meet the ear have had a lice at must have meaving technique and pass the ap	current encense or of et the cores (Red Copproved e	nrollr certif ntinui ross exam	ment standards; icate issued by the ing education or equivalent); and ination for mental
	1, includir	I meet the requirements ag Proficiency Certificate						
		ware that this application mation to be true and co		ernment do	cument and,	under	pena	alties of perjury,
Signature of Applic	cant		Date					