



NORTH CAROLINA DEPARTMENT OF JUSTICE
SHERIFFS' STANDARDS DIVISION

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PSYCHOLOGICAL SCREENING EXAMINATION

FORM F-2C
(Rev. 09/01/24)

INSTRUCTIONS: IN LIEU OF SUBMITTING AN APPLICANT'S PSYCHOLOGICAL SCREENING, THE COMMISSION REQUIRES THIS FORM TO BE COMPLETED BY THE LICENSED PSYCHOLOGIST IN ITS ENTIRETY AND SUBMITTED TO THE DIVISION WITH THE CERTIFICATION APPLICATION PACKET.

NAME: _____
DATE OF BIRTH: _____ **SOCIAL SECURITY NUMBER: XXX-XX-** _____
EMPLOYING AGENCY: _____

Psychologist name: _____
Psychologist's license number: _____
Date of examination: _____

Recommendation:
Suitable
Not Suitable

Did the applicant make disclosures of:

Criminal History

- Describe history disclosed _____

Drug Use History

- Describe history disclosed _____

Involuntary Commitments

- Describe history disclosed (include city/county, state) _____

Employment Termination due to misconduct or rule violation

- Describe history disclosed _____

Psychologist's signature: _____ **Date:** _____