

TEXAS COMMISSION ON LAW ENFORCEMENT

6330 E. Highway 290, STE. 200

Austin, Texas 78723-1035

Phone: (512) 936-7700

<http://www.tcole.texas.gov>

JAIL 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. First Name | 4. M.I. | 5. Suffix (Jr., etc.) |
| 6. Date of Birth | 7. Home or Permanent Mailing Address | 8. City | 9. State | 10. Zip Code |
| 11. Phone Number (include area code) | | 12. E-mail | | |
| 13. Date of Course 5900 Completion: | | 14. Training Provider: | | |
| 15. Date of Red Cross Course Completion (or equivalent): | | 16. Training Provider: | | |

CURRENT DEPARTMENT INFORMATION

| | | | | |
|-------------------------|-----------------------|----------------------------|------------------|--|
| 17. TCOLE Agency Number | 18. Appointing Agency | 19. Agency Mailing Address | | |
| 20. City | 21. County | 22. Zip Code | 23. Phone Number | |

Successful completion of the Jail Mental Health Officer training course #5900 and passing score on an examination for this proficiency course; ALSO,

221.11 To qualify for a mental health officer proficiency certificate, an applicant must meet the following requirements:

- (1) currently appointed as a peace officer, county jailer or justice of the peace;
- (2) at least two years experience as a peace officer, county jailer or justice of the peace;
- (3) if not currently a commissioned peace officer or county jailer an applicant must meet the current enrollment standards;
- (4) if an applicant is a commissioned peace officer, an applicant must not ever have had a license or certificate issued by the commission suspended or revoked;
- (5) if an applicant is a commissioned peace officer or county jailer an applicant must have met the continuing education requirements for the previous training cycle;
- (6) successful completion of a training course in emergency first aid and lifesaving techniques (Red Cross or equivalent); and

I, the applicant, attest that I meet the requirements for issuance of the Mental Health Officer Proficiency Certificate 221.11, including Proficiency Certificate Requirements 221.1(b), and have included the non-refundable \$35 fee.

I, the applicant, am fully aware that this application is a government document and, under penalties of perjury, I declare the foregoing information to be true and correct.

____ INITIAL APPLICATION

Signature of Applicant

Date

____ DUPLICATE CERTIFICATE