

MMPIs are required for all Level III Commissioned Security and Level IV Personal Protection Officers.

Be sure to complete the form PSP-13 and have it signed by the doctor.

These are not the only doc that conduct MMPIs. You may use any qualified doc you choose.

Dr. Paul Sterling McCollum, Ph.D. | Counseling Psychologist

MMPI \$125.00 Cash (Tell them you are one of Ken Lewis' students at P³ Training and Consulting.)

3510 N Saint Marys Street, Suite 200, San Antonio, Texas, 78212-3164

(210)-733-1892

NPI 1598777443

Dr. Paul Sterling McCollum help people with physical, emotional and mental health issues, improve their sense of well-being, alleviate feelings of distress and resolve crises. He also provides assessment, diagnosis, and treatment of more severe psychological symptoms.

Counseling psychologists mainly focuses on: Healthy aspects and strengths of clients (whether being seen as individuals, couples, families, groups or organizations; Environmental/situational influences (how cultural, gender and lifestyle issues shape people's experiences and concerns); Issues of diversity and social justice (e.g., advocacy); The role of career and work in peoples' lives.

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**Dr. Bruce Weinerheimer, Ph.D., BCBA**

Psychologist - Intellectual and Developmental Disabilities in Austin, Texas

All MMPIs are accomplished via ZOOM. (Tell them you are one of Ken Lewis' students at P<sup>3</sup> Training and Consulting.)

Ask for pricing.

(512) 970-3975

NPI 1427178094.

Bruce Weinheimer is a provider established in Austin, Texas and his medical specialization is Psychologist with a focus in intellectual and developmental disabilities.



**ADMINISTRATION OF MINNESOTA MULTIPHASIC PERSONALITY INVENTORY  
 For a Commissioned Security Officer or Personal Protection Officer License**

**Private Security Applicant Information**

\_\_\_\_\_  
 Last Name:  
 \_\_\_\_\_  
 First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
 \_\_\_\_\_  
 Social Security Number:  
 \_\_\_\_\_  
 Email Address:  
 \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_ State: \_\_\_\_\_

I am a (choose one) [  ] Licensed Psychologist, [  ] Licensed Psychiatrist and on (date) \_\_\_\_\_ I administered the Minnesota Multiphasic Personality Inventory of the above-named individual and have interpreted the results and have determined that the applicant is not disqualified from either of the above licenses by reason of a mental health condition.

**Psychologist or Psychiatrist Information**

\_\_\_\_\_  
 Last Name:  
 \_\_\_\_\_  
 First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
 \_\_\_\_\_  
 State and License Number:  
 \_\_\_\_\_  
 Business Address:  
 \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_

I verify the information provided above is true and correct, and I understand that this is an official Government record and that any false statement made on this document, or any other supplement provided to DPS may result in criminal prosecution.

Administering Psychologist's or Psychiatrist's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**THIS DOCUMENT IS NOT PUBLIC INFORMATION AND IS VALID UNLESS WITHDRAWN OR  
 INVALIDATED AND IS VALID ONLY IF SIGNED BY A LICENSED PSYCHOLOGIST OR  
 PSYCHIATRIST.**

This form and any attachments may be forwarded electronically to:  
<https://www.dps.texas.gov/rsd/contact/psb.aspx>

**Applicant is not required to submit page 2.**