

**TEXAS COMMISSION ON LAW ENFORCEMENT**

6330 E. Highway 290, STE 200, Austin, Texas 78701-1035

Phone: (512) 938-7700

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

**LICENSEE PSYCHOLOGICAL AND EMOTIONAL HEALTH DECLARATION (L-3)**  
**Commission Rule 217.01, 217.1, 217.7, 221.35**

**INDIVIDUAL INFORMATION**

1. TCOLE PID <b>07980335</b>	2. Last Name <b>VILLARREAL</b>	3. First Name <b>MEDARDO</b>	4. M.I.	5. Suffix (Jr., etc.)
6. Home Mailing Address <b>3812 W. MANZANILLO</b>		7. City <b>WESLACO</b>	8. State <b>TEXAS</b>	9. Zip Code <b>78596</b>

Is this exam for a student enrolling in an academy?  Yes  No.

If yes, check one  Peace Officer  County Corrections  Telecommunicators  School Marshal

**Attention Requesting Agency:** State Law and Commission Rule require that this psychological examination be performed by a licensed psychologist or a psychiatrist except in an exceptional circumstance when, upon prior approval by the Commission, it may be performed by a qualified licensed physician. The Chief Administrator of the requesting agency must request prior approval in writing and must receive specific written approval before an examination under exceptional circumstances is acceptable.

**APPOINTMENT (Do not check if student)**

10. <input type="checkbox"/> Peace Officer <input type="checkbox"/> Reserve Officer <input type="checkbox"/> County Jailer <input type="checkbox"/> Telecommunicator <input type="checkbox"/> School Marshal
<input type="checkbox"/> Juvenile Probation Officer <input type="checkbox"/> Public Security Off.

**ACADEMY / DEPARTMENT INFORMATION**

11. TCOLE Number <b>511481</b>	12. Agency/Academy Name <b>LRGVDC REGIONAL POLICE ACADEMY</b>	13. Mailing Address <b>301 WEST RAILROAD</b>		
14. City <b>WESLACO</b>	15. County <b>WALKER</b>	16. Zip Code <b>78596</b>	17. TCOLE NUMBER <b>(0000) 0000 0000</b>	

**Attention Examining Professional:** State Law and Commission Rule require that this psychological examination be performed by a licensed psychologist or a psychiatrist except in an exceptional circumstance when, upon prior approval by the Commission, it may be performed by a qualified licensed physician. The agency must request prior approval in writing and must receive specific written approval before an examination under exceptional circumstances is acceptable.

**STATEMENT OF EXAMINER: (Please check the appropriate box and provide the requested information)**

I am a  Licensed Psychologist,  Psychiatrist, and I certify that I have completed a psychological examination of the above named individual pursuant to professionally recognized standards and methods. I have concluded that, on this date, the individual IS in satisfactory psychological and emotional health to perform the duties, accept the responsibilities and meet the qualifications established by the appointing agency.

Examiner **GREGORIO PINA, III, Ph.D.** **2-2180**  
 Name (type or print) State License Number

**1000 COMMERCIAL BOWNE QUITE ROAD, M. ALLEN** **TEXAS** **78596**  
 Street City State Zip

Phone Number: **(956) 687-7004** Date of Examination(s) **JANUARY 23, 2015**

*Gregorio Pina, III* **JAN. 23, 2015**  
 Signature Date

**THIS DECLARATION IS NOT PUBLIC INFORMATION AND IS VALID UNLESS WITHDRAWN OR INVALIDATED, AND IS VALID ONLY IF SIGNED BY A LICENSED PSYCHOLOGIST OR PHYSICIAN**



MCALLEN PRIMARY CARE CL  
110 E. SAVANNAH #101  
MCALLEN TX 78503

TERMINAL I.D.: 08549563  
MERCHANT #: 700000114539001  
DOCTOR: MCALLEN PRIMARY CARE

VISA  
\*\*\*\*\*9226  
PAYMENT  
BATCH: 000105  
DATE: FEB 06, 15  
RRN: 00000000  
INVOICE: 291970  
TIME: 15:05  
AUTH NO: 050723

TOTAL \$60.00

MEDARDO VILLARREAL

<b>RECEIPT</b>		DATE <u>2-6-15</u>	No. <u>500621</u>
RECEIVED FROM <u>Medardo Villarreal</u>		<u>\$60.00</u>	
		DOLLARS	
<input type="radio"/> FOR RENT		<u>PHY DIS</u>	
<input type="radio"/> FOR			
ACCOUNT		<input type="radio"/> CASH	
PAYMENT	<u>60.00</u>	<input type="radio"/> CHECK	FROM _____ TO _____
BAL DUE	<u>7</u>	<input type="radio"/> MONEY ORDER	
		<input checked="" type="radio"/> CREDIT CARD	BY <u>M Villarreal</u>



TEXAS COMMISSION ON LAW ENFORCEMENT  
OFFICER STANDARDS AND EDUCATION

6300 E. Highway 290, STE. 200  
Austin, Texas 78723-1035  
Phone: (512) 936-7700  
<http://www.tcleose.state.tx.us>



L-2  
DECLARATION OF MEDICAL CONDITION  
Commission Rule §215.15 (c), 217.1(a)(11), 217.7(e)

INDIVIDUAL INFORMATION

1. TCLEOSE PID or SSN [REDACTED]	2. Last Name Villarreal	3. First Name Medardo	4. M.I. N/A	5. Suffix (Jr., etc.) Sr.
7. City Weslaco		8. State Texas	9. Zip Code 78596	

Is this exam for a student enrolling in an academy?  Yes  No

If yes, check one  Peace Officer  County Corrections

APPOINTMENT (Do not check if student)

10.  Peace Officer  Reserve Officer  County Jailer  Public Security Officer

DEPARTMENT / ACADEMY INFORMATION

11. TCLEOSE Number 511481	12. Appointing Agency or Academy LRGVDC Regional Police Academy	13. Mailing Address 301 West Railroad
14. City Weslaco	15. County Hidalgo	16. Zip Code 78596
		17. Phone Number (956) 682-3481

**Attention Examining Professional:** The above information must be completed by the requesting agency prior to the examining professional completing and signing this form.

NEW APPLICANTS MUST COMPLETE BOTH EXAMS  
LICENSEE(S) OFFICER(S) WITH MORE THAN A 180 DAY BREAK IN SERVICE NEED(S) DRUG SCREEN ONLY

I certify that I have completed my examination of the examinee and I have concluded that on this date, the examinee is found:

Check the appropriate box(s)

- PHYSICAL EXAM** - To be physically sound and free from any defect which may adversely affect the performance of duty appropriate to the type of license sought.
- DRUG SCREEN** - To show no trace of drug dependency or illegal drug use after a physical examination, blood test or other medical test.

Audrey Jones, DO \_\_\_\_\_ H-5779 \_\_\_\_\_  
Physician's Name (type or print) State License Number

110 E. SAVANNAH AVE - STE. A-204 MCALLEN TX 78503  
Mailing Address Street City State Zip

(956) 686-4040 \_\_\_\_\_ 2-6-15 \_\_\_\_\_  
Phone Number Date of Examination(s)

[Signature] \_\_\_\_\_ 2-6-15 \_\_\_\_\_  
Physician's Signature Date

**THIS DECLARATION IS NOT PUBLIC INFORMATION AND IS VALID UNLESS WITHDRAWN OR INVALIDATED, AND IS VALID ONLY IF SIGNED BY A LICENSED PHYSICIAN.**

date 1 1 23 15

No. 850855

received from Medbnda Villarreal

\$200.00

amount Two Hundred Dollars

dollars

for payment of Psych. Eval for Law Enforcement

cash

money order

credit card

check # \_\_\_\_\_

amount due	200	00
amount paid	200	00
balance	0	

from \_\_\_\_\_

signature Lucy Perin

2 885WS