



NH POLICE STANDARDS & TRAINING PSYCHOLOGICAL TESTING REIMBURSEMENT APPLICATION

Applications must be filled out in complete detail and signed by the agency head. The reimbursement up to \$300.00 will be approved by the Director prior to funds being distributed. **A paid invoice must be attached to this application.**

Date of Application: _____

Department: _____

Address: _____

Did you budget for this psychological test? Yes No

Cost of Examination: _____

Name of Applicant: _____

Have you hired this Applicant? Yes No

Signature of Agency Head

Date

+++++

Director Recommendation: Approve Deny

Date of Director Approval/Denial _____