



STATE OF TENNESSEE
PEACE OFFICER STANDARDS AND TRAINING COMMISSION
3025 LEBANON ROAD
NASHVILLE, TENNESSEE 37214-2217
PHONE: 615-741-4461 - FAX: 615-532-0502

Medical Waiver for In-Service Request Form

Please complete before printing/submitting

Agency's name: _____

Agency's address: _____

Date of request: _____ Officer's PSID #: _____ Officer's DOB: _____

Officer's full legal name: _____

Date medical leave began: _____

Date medical leave ended: _____

Did officer complete required in-service training? (Y or N): _____ Hours Completed: _____

Printed name of Agency Head or General Departmental Instructor submitting request

Signature of Agency Head or General Departmental Instructor submitting request

This form should be completed on behalf of officers who did not complete in-service requirements for the year due to medical reasons.
Please attach a physician's statement when submitting this form but do not submit medical records.