



**TENNESSEE PEACE OFFICERS STANDARDS AND TRAINING COMMISSION  
CHECKLIST FOR CANDIDATES FOR  
TENNESSEE SHERIFFS' ELECTION**

The following items must be submitted to the Peace Officer Standards and Training Commission (POST) no later than fourteen (14) days before the qualifying deadline.

Please provide contact information should POST require additional information:

✓	Required Documentation	Examples
	1. Proof of United States citizenship	Birth certificate or appropriate immigration form
	2. Proof of qualifying age	Birth certificate or driver's license
	3. Proof of qualifying voter status in the county where you seek elected office	Voter's registration card or driver's license
	4. Proof of one (1) year of residence in the county where you seek elected office	Voter's registration card
	5. Proof of educational achievement	High school diploma or official transcript, GED or degree
	6. Two (2) original fingerprint cards submitted on TBI-issued applicant cards	TBI fingerprint cards
	7. Proof of honorable discharge from Armed Forces (if applicable, submit a copy of the latest DD-214 or NGB-22)	DD-214 or NGB-22
	8. Signed confirmation of psychological evaluation on POST Commission form SF-1116	SF-1116 form
	9. Proof of POST Certification or three (3) years equivalent state or federal experience in the last ten (10) years.	POST Certificate or Certification Number
	10. If not currently POST Certified, proof of basic training, proof of training including hours and curriculum and subjects covered	Syllabus and certificates from training
	11. Executed Affidavit for Election to the Office of Sheriff	Affidavit provided by POST

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

E-Mail: \_\_\_\_\_



AFFIDAVIT FOR ELECTION OR APPOINTMENT TO THE OFFICE OF SHERIFF

STATE OF TENNESSEE
COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_, do hereby swear or affirm that I possess all of the qualifications required for the office of sheriff as set forth in TENN. CODE ANN. § 8-8-102, that I am in compliance with a court order for child support and that I have not defaulted on a repayment or service obligation under any federal family education loan program, the federal Higher Education Act of 1965, as amended, a student loan guaranteed or administered by Tennessee Student Assistance Corporation (TSAC), or any other state or federal educational loan or service-conditional scholarship program. By means of this affidavit, I certify that the following statements are true:

- 1. I am a citizen of the United States;
2. I am at least twenty-five (25) years of age prior to the date of qualifying for election;
3. I am a qualified voter of the county and have been a resident of the county for one (1) full year prior to the date of the qualifying deadline for running as a candidate for sheriff;
4. I have obtained a high school diploma or its equivalent in educational training as recognized by the Tennessee State Board of Education;
5. I have not been convicted of or pleaded guilty to or entered a plea of nolo contendere to any misdemeanor crime of domestic violence or any felony charge or any violation of any federal or state laws or city ordinances relating to force, violence, theft, dishonesty, gambling, liquor or controlled substances;
6. I have been fingerprinted and the Tennessee Bureau of Investigation (TBI) has made a search of local, state and federal fingerprint files for any criminal record;
7. I have not been released, separated or discharged from the Armed Forces of the United States with a Dishonorable or Bad Conduct discharge, or as a consequence of conviction at court martial for either state or federal offenses;
8. I have been certified by a Tennessee licensed health care provider qualified in the psychiatric or psychological fields as being free from any impairment, as set forth in the current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) of the American Psychiatric Association at the time of the examination, that would, in the professional judgment of the examiner, affect the applicant's ability to perform an essential function of the job, with or without a reasonable accommodation;
9. I have at least three (3) years of full-time experience as a POST commission certified law enforcement officer in the previous ten (10) years, or at least three (3) years of full-time experience as a state or federal certified law enforcement officer with training equivalent to that required by the POST commission in the previous ten (10) years; and,
10. I have not been convicted of or pleaded guilty to or entered a plea of nolo contendere to any felony charge or violation of any federal or state laws relating to controlled substance analogues.

TENN. CODE ANN. § 39-16-702 provides that any person who, with the intent to deceive, makes a false statement under oath commits perjury, which is a Class A misdemeanor.

\_\_\_\_\_  
(Print Name of Candidate)

\_\_\_\_\_  
(Signature of Candidate)

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
(Month) (Year)

\_\_\_\_\_  
(Notary Public)

PLEASE REMIT TO:
Peace Officers Standards and Training (POST) Commission
3025 Lebanon Road
Nashville, TN 37214-2217
IN-1776 (Revised 10/2014)



Tennessee Peace Officer Standards and Training Commission  
3025 Lebanon Road  
Nashville, Tennessee 37214-2217  
Phone: 615-741-4461 Fax: 615-532-0502

**Qualification for Election or Appointment to the Office of Sheriff**

This document affirms that the applicant whose name appears below meets all qualifications for certification as issued by the Peace Officers Standards and Training (POST) Commission as required in TCA §8-8-102.

This applicant whose name appears below has presented a signed, sworn affidavit to the POST Commission affirming that all eligibility requirements are met to run for or be appointed to the office of sheriff.

Name of Applicant: \_\_\_\_\_

County of Residence: \_\_\_\_\_

**Mark appropriate boxes below:**

Three (3) years full time experience as a POST Commission certified law enforcement officer in the previous ten (10) years and whose primary source of income was derived from employment as a police officer (TCA §38-8-101).

Certification Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Three (3) years full time experience as a state or federal certified law enforcement officer with training equivalent to that required by the POST Commission in the previous ten (10) years and whose primary source of income was derived from employment as a police officer (TCA §38-8-101).

Affidavit filed with POST Commission

Verified By: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Sworn to and signed before me in \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_,  
\_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary

My Commission Expires: \_\_\_\_\_

Notarized verification shall be filed by the POST Commission with the County Election Commission pursuant to TCA §8-8-102(b)(3)(B).



TENNESSEE  
PEACE OFFICER STANDARDS AND TRAINING COMMISSION

CONFIRMATION OF PSYCHOLOGICAL EVALUATION

APPLICANT: \_\_\_\_\_ AGENCY: \_\_\_\_\_

TO THE HEAD OF LAW ENFORCEMENT AGENCY

This form should be presented to the psychologist/psychiatrist providing psychological evaluation for the purpose of police officer certification. Upon completion of psychological evaluation, the examining professional should check the appropriate confirmation statement and sign this form in the space provided. This form should then be forwarded to the law enforcement agency. This form should then be attached to the Application for Certification – Police Officer, and should be forwarded to the POST Commission. A copy of this report and the confidential results of the evaluation should be kept in the agency's file. DO NOT SEND CONFIDENTIAL EVALUATION TO THE POST COMMISSION.

TO THE EXAMINING PSYCHOLOGIST/PSYCHIATRIST

Pursuant to Tennessee Code Annotated, Section 38-8-106 and/or Section 8-8-102, applicants for police certification must have been certified by a Tennessee licensed health care provider qualified in the psychiatric or psychological field as being free from any impairment, as set forth in the current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) of the American Psychiatric Association at the time of the examination, that would, in the professional judgment of the examiner, affect the applicant's ability to perform an essential function of the job, with or without a reasonable accommodation. Upon completion of evaluation, please sign the appropriate statement and return this document to the law enforcement agency.

CONFIRMATION STATEMENT BY THE EXAMINING PROFESSIONAL

I have evaluated tests administered to the referenced individual and find that this officer is:

QUALIFIED

NOT QUALIFIED

to be certified under the provisions of Tennessee Code Annotated, Section 38-8-106 and/or Section 8-8-102. The results of my evaluation are being forwarded to the employing agency.

Any person who, with the intent to deceive, makes any false statement on this document commits the offense of perjury pursuant to T.C.A. § 39-16-702.

\_\_\_\_\_  
(Signature of Psychologist/Psychiatrist)

\_\_\_\_\_  
(License Number)

\_\_\_\_\_  
(State of License)

\_\_\_\_\_  
(Name of Psychologist/Psychiatrist – Please Print)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(ZIP)

\_\_\_\_\_  
(Telephone)

\_\_\_\_\_  
(Date of Psychological Examination)

\_\_\_\_\_  
(Today's Date)



STATE OF TENNESSEE  
 Department of Education  
 Division of Legislation and Policy  
 ATTN: Duplicate Diplomas  
 6<sup>th</sup> floor, Andrew Johnson Tower  
 710 James Robertson Parkway  
 Nashville, TN. 37243  
 Phone 615-253-2113

**Tennessee Public High Schools only - DUPLICATE DIPLOMA**

**REQUEST:** Send request to address above. No GED requests. GED requests need to go through TN Dept of Labor and Workforce Development, Adult Education Div.

Effective immediately, only written and signed requests will be accepted. The student who is requesting the duplicate diploma must sign the form, and must include the \$10.00 fee - Money Order only (NO CHECKS and NO CASH). NO REQUEST WILL BE COMPLETED WITHOUT THE FEE. Please make Money Order payable to: TREASURER, STATE OF TENNESSEE  
 Please call 615-253-2113 for any questions.

The following is the information needed:

FULL NAME OF STUDENT: (as it was the year you graduated)

\_\_\_\_\_

NAME OF TENNESSEE PUBLIC HIGH SCHOOL ATTENDED:

\_\_\_\_\_

CITY & COUNTY WHERE SCHOOL IS LOCATED:

\_\_\_\_\_

DATE OF GRADUATION (month & year):

\_\_\_\_\_

Signature of Student making request:

\_\_\_\_\_

Current mailing address  
 to mail diploma:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please allow 2-3 weeks for request to be processed.

Telephone: \_\_\_\_\_