

**Colorado Sex Offender
Management Board (SOMB)**

INTENT TO APPLY

**as a
POLYGRAPH EXAMINER**

**for the
Adult and Juvenile Provider List**



**Colorado Department of Public Safety
Division of Criminal Justice
Office of the Sex Offender Management Board
700 Kipling Street, Suite 3000, Denver, CO 80215
<https://www.colorado.gov/pacific/dcj>**

Telephone: (303) 239-4526 or 4199 | Fax: (303).239.4491



COLORADO
Department of Public Safety

Who Should Complete this Application?

Individuals who wish to work towards listing status on the Sex Offender Management Board's approved provider list(s) for polygraph status shall submit their written intent to the Board pursuant to:

1. Section 4.100 of the *Standards and Guidelines for the Assessment, Evaluation, Treatment and Behavioral Monitoring of Adult Sex Offenders*, published by the Sex Offender Management Board, revised November 2011, and Section 4.100 of the *Standards and Guidelines for the Evaluation, Assessment, Treatment, and Supervision of Juveniles Who Have Committed Sexual Offenses*, revised December 2014.
2. The Sex Offender Management Board Policy *Intent to Apply for Listing Status and Process 05-23-06*

Please note: Any polygraph examiner wishing to **add** onto his/her current status, **shall** provide an Intent to Apply form. You will receive a letter from our office indicating that your paperwork has been processed and your name will subsequently be published on the Intent to Apply list on the SOMB website. *Applicants should apply as individuals, not partnerships or programs.

How to Complete this Application

- **Please read all of the application in its entirety.** It is updated and changed annually.
- The applicant should request assistance from his/her clinical supervisor in completing this application.
- Within the body of this application, you will be asked to attest to your compliance with training and clinical experience according to very specific sections of the *Standards*. The applicant should first read and understand the *Standards* before completing this application. Within the body of this application, you will be asked to document your training; you may wish to compile these materials in advance.
- When complete, you should return a single-sided hard copy of the application with supplemental information to the address on the cover page, "Attention: SOMB". Save a copy of the completed application, including attached documents for your files.
- Additional copies of the *Standards* or the application materials may be obtained by contacting (303) 239-4526. *Standards* are also available at <http://dcj.somb.state.co.us/>
- Questions may be addressed to the Adult Standards Coordinator at (303) 239-4499 for questions pertaining to the adult portion of this application, and to the Juvenile Standards Coordinator at (303) 239-4197 for questions pertaining to the juvenile portion of this application.
- Standards compliance will be assessed over time through a periodic renewal process (every three years), a monitoring process, and a mechanism to receive and investigate complaints within the policies established for such complaints and via Standards Compliance Reviews according to the SOMB policy and procedure.

Intent to Apply: Polygraph Examiner

Applicant's Name: _____ Date: _____

Home Address: (Street, City, State and Zip Code): _____

Home Telephone Number: _____

Home Email: _____

Please note that the home address is considered CONFIDENTIAL and will only be used if the staff is unable to locate you through your employer. Employer or business name, address, phone, fax, and email information is used for the approved provider list.

Agency: _____

Agency Address (Street, City, State and Zip Code): _____

Agency Telephone Number: _____

Business Email: _____

Supervisor's Name: _____

Agency: _____

Agency Address (Street, City, State and Zip Code): _____

Agency Telephone #: _____

Email: _____

Supervisor's Name: _____

Agency: _____

Agency Address (Street, City, State and Zip Code): _____

Agency Telephone #: _____

Email: _____

I intend to apply to the Sex Offender Management Board's Provider List within one year for approval as: (Please check all that apply)

Adult Associate Level Polygraph Examiner

Juvenile Associate Level Polygraph Examiner

Developmental Disability Specialty

Developmental Disability Specialty

Please note: Any clinical supervision **shall not** be provided by a relative of the applicant.

Intent to Apply Contract

I understand that I will be able to submit my application(s) for approval to the Board within **one year** from the date indicated on this contract. I have read and understand the ‘Qualifications’ section of the Standards (4.700), including the subsections which indicate I may be ineligible for approval if I have a criminal history.

For applicants who have a criminal history, please enclose with this contract a written explanation of the charges and verification of the disposition.

I understand that I must accumulate the required number of exams, specialized training, professional supervision, and other requirements prescribed in the ‘Qualifications’ of the *Standards & Guidelines for the Assessment, Evaluation, Treatment and Behavioral Monitoring of Adult Sex Offenders* and/or the *Standards and Guideline for the Evaluation, Assessment, Treatment and Supervision of Juveniles Who Have Committed Sexual Offenses*. **I further understand that I will not be listed as an approved SOMB polygraph examiner until I meet all of the listed requirements and an application has been submitted and approved by the SOMB.**

My supervision will consist of _____ hours a month of supervision directly related to sex offense-specific polygraph and will include the following types of supervision (group, individual, face-to-face, etc.): _____

My supervisor and I are in agreement that supervision will be governed by the requirements prescribed in the Standards (see Section 4.000).

I am enclosing:

This signed application entitled “**Intent to Apply for the Adult and Juvenile Provider List**”

Applicant’s Name:

Applicant’s signature: _____

Date: _____

Supervisor’s Name:

Supervisor’s signature: _____

Date: _____

How to Submit Fingerprints

Per Colorado Revised Statute 16-11.7-106(2), applicants must submit one set of fingerprints for use by the Colorado Bureau of Investigation (CBI) and for transmittal to the Federal Bureau of Investigation (FBI). Fingerprints are submitted electronically. Additionally, all new applicants are required to submit fingerprints *unless you already have submitted a card to the Domestic Violence Management Board or to the Sex Offender Management Board.*

There are two approved vendors providing fingerprinting services on behalf of CBI and each vendor has multiple locations throughout Colorado. You must initiate the process through the vendor's website. When you register you will need the following information:

Colorado Fingerprinting
<http://www.coloradofingerprinting.com>

IdentoGo
<https://www.identogo.com>

CBI Unique Code: 3906SOBI
Reason Fingerprinted: CONCJ3906

Service Code: 25YH45
Reason Fingerprinted: CONCJ3906

I have completed the fingerprint registration process. I am scheduled to provide my fingerprints on _____.