

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

MOVE UP TO FULL OPERATING LEVEL

**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
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<https://www.colorado.gov/dcj>

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COLORADO
Department of Public Safety

APPLICANT NAME: _____

DATE: _____ **Provider #:** _____
(SOMB use only)

**Application to Move Up to Full Operating Level for Placement
on the Sex Offender Management Board's Provider List as a
Polygraph Examiner.
Adult and Juvenile Application**

Please check the category(ies) for which you are applying

- ADULT FULL OPERATING LEVEL POLYGRAPH EXAMINER**
_____ **DEVELOPMENTAL DISABILITIES SPECIALTY**

- JUVENILE POLYGRAPH EXAMINER**
_____ **DEVELOPMENTAL DISABILITIES SPECIALTY**

Background and Identifying Information

Adult and Juvenile Applicants

This information will be used by SOMB staff to conduct a criminal history check, a background investigation, and to document your qualifications.

Applicant Name: _____

Credentials (MA, LCSW, etc.): _____

Aliases: _____

Gender: Male Female Date of Birth: _____

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

Home Phone: _____

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.

Employer Name: _____

Primary Business Address: _____

County of Primary Location: _____

Telephone: _____ Fax: _____ Email: _____

You may list up to five addresses and counties on the provider list. Please list the **full address**, the **County**, and **circle Adult Juvenile or Both**.

1. _____ County: _____

Adult/Juvenile/Both

2. _____ County: _____

Adult/Juvenile/Both

3. _____ County: _____

Adult/Juvenile/Both

4. _____ County: _____

Adult/Juvenile/Both

5. _____ County: _____

Adult/Juvenile/Both

Please list languages, other than English, which you speak *fluently* and in which you can demonstrate clinical proficiency (*this information will be published on the Provider List*):

Qualifications of Full Operating Level Polygraph Examiners

Adult and Juvenile Applicants

It is **strongly** recommended that you reference the following Standards while completing this section.
Adult and Juvenile Standards, Section 4.000

A Polygraph Examiner at the Full Operating Level may conduct polygraph exams on sex offenders **without** supervision and may supervise Associate Level Polygraph Examiners. The following checklist will help you determine if you meet the qualifications for Full Operating Level Polygraph Examiner:

ADULT

_____ You have conducted at least two hundred (200) exams in the past five (5) years, as outlined in the *Standards: Section 4.800 B*

_____ You have completed specialized training as outlined in the *Standards: Section 4.800 C*

JUVENILE

_____ You have conducted at least two hundred (200) exams, with at least 25 juvenile, post-conviction sex offender polygraph tests as outlines in the *Standards: Section 4.800 B*

_____ You have completed specialized training as outlined in the *Standards: Section: 4.800 C*

If you meet the above criteria, you MUST submit the following: (Please check that you have enclosed/included in this application)

- Documentation of specialized training (see form in this packet),
- Description of your experience conducting polygraph exams (see form in this packet),
- A detailed letter from your supervisor indicating his/her recommendation that you move to Full Operating Level Polygraph Examiner status,
- Attachments:
 - **Two (2)** different types of recent polygraph examinations (sex history/disclosure, specific issue, maintenance/monitoring, CCA)
 - Including: charts, hand scoring, and reports with client identifying information redacted.
 - If moving up for both Adult and Juvenile include four **(4)** exam packets. If applying for DD, ensure one of them is DD.

I have read the *Standards and Guidelines for the Assessment, Evaluation, Treatment and Behavioral Monitoring of Adult Sex Offenders* and/or *The Standards and Guidelines for the Evaluation, Assessment, and Supervision of Juveniles Who Have Committed A Sexual Offense* in its entirety, and agree to carry out the Standards related to the listing and level for which I am applying. I have answered all questions on this application fully and the answers are complete and true to the best of my knowledge. I further understand that false statements or material misstatements in this application are grounds for removal from the SOMB Provider List.

Signature of Applicant: _____ Date: _____

Printed Name of Applicant: _____

Signature of Supervisor: _____ Date: _____

Specialized Training

Adult and Juvenile Applicants

It is ***strongly*** recommended that you reference the Standards while completing this section. Adult: Refer to Standards 4.800 (C), 4.800 (C.DD); Juvenile: Refer to Standards 4.800 (C), 4.800 DD.

- Document all training attended within the last **five (5) years**.
- Although you may have received excellent clinical supervision, you **may not** use clinical supervision as “training.”
- Generally the length of the workshop or training equals hours of training. FOR CONFERENCES, **YOU MUST ITEMIZE EACH WORKSHOP ON A SEPARATE LINE.**
- **You may count e-learning and CD/DVD trainings for half (1/2) credit. Actual courses or webinar trainings can count for full credit.**
- **If you were the trainer, you may count the training you conducted as long as it does not make up more than half of your total hours.**
- **Only 25% of total required training hours can be comprised of in-house training.**
- The SOMB staff may request copies of training certificates at any time and will conduct Standards Compliance Reviews based on the SOMB policy and procedure.

Designate in the column below whether your training is counting towards sex offense specific (“SOS”), or individuals with developmental disabilities (“DD”). Please designate in the last column below whether you are counting the training toward Adult, Juvenile or both.

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Dates	Hours	Title Of Training	Sponsor/Trainer	Area: (E.G. “SOS”, “DD”)	Adult, (“A”) Juvenile (“J”) Or Both (“AJ”)
1/4/2012	6	Sexual Assault	Jerry Smith, L.P.C. NEARI Press	SOS	A J

You may copy this page.

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<i>1/4/2012</i>	<i>6</i>	<i>Sexual Assault</i>	<i>Jerry Smith, L.P.C. NEARI Press</i>	<i>SOS</i>	<i>A J</i>

Clinical Experience

Adult and Juvenile Applicants

It is ***strongly*** recommended that you reference the Standards while completing this section. Adult and Juvenile: Refer to Standards 4.800 (B).

This form is to be used for documentation of the number of polygraphs you have accumulated within the last **five (5) years**.

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ADULT

DATES	Number of polygraph exams	“DD” or “CCA” (if applicable)	LOCATION or AGENCY
From:			
To:			
From:			
To:			
From:			
To:			
From:			
To:			

JUVENILE

DATES	Number of polygraph exam	“DD” (if applicable)	LOCATION or AGENCY
From:			
To:			
From:			
To:			
From:			
To:			
From:			
To:			