

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

RE-APPLICATION

**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/dcj>**

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



COLORADO
Department of Public Safety

Who Should Complete this Application?

Polygraph Examiners who are currently listed and wish to continue providing services to convicted adult sex offenders and/or adjudicated juveniles who have committed a sexual offense.

Applicants must demonstrate that they have met and continue to meet the qualifications, and have a history of compliance with standards of practice contained in *Standards and Guidelines for the Assessment, Evaluation, Treatment and Behavioral Monitoring of Adult Sex Offenders* and the *Standards and Guidelines For The Evaluation, Assessment, Treatment, and Supervision of Juveniles Who Have Committed Sexual Offenses* published by the Sex Offender Management Board, (SOMB.) *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 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.

General Instructions

Your adherence to the instructions throughout the application will help ensure that your application is not returned to you by the Sex Offender Management Board staff or otherwise delayed.

1. Follow all instructions carefully.
2. Use the forms provided in this application.
3. Submit ONLY the information requested.
4. Submit the required information in the order requested.
5. Keep a copy of your completed application and attachments for your files.
6. **PLEASE DO NOT** use staples, paper clips, binders, sheet protectors or other materials because all applications are copied multiple times in their entirety during processing.
7. Please submit all materials on **SINGLE-SIDED COPIES**.
8. ALL applicants MUST submit a money order or check for **\$125.00** made payable to Colorado Department of Public Safety. This is utilized to for the cost of your background check pursuant to C.R.S. and current Standards, which is required every three years. This fee is NON-REFUNDABLE.

Compliance with the Standards will be assessed over time through a periodic renewal process (every three years), a standard compliance review process, and a mechanism to receive and investigate complaints within the policies established for such complaints.

APPLICANT NAME: _____

DATE: _____ **Provider #:** _____

(SOMB use only)

**For Continued Placement on the Sex Offender Management Board's Provider List as a Polygraph Examiner.
Adult and Juvenile Application**

You may also remove any pages not applicable to your application status.

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

- ADULT POLYGRAPH EXAMINER**
 - ____ **FULL OPERATING LEVEL**
 - ____ **ASSOCIATE LEVEL**
 - ____ **DEVELOPMENTAL DISABILITIES SPECIALTY**

- JUVENILE POLYGRAPH EXAMINER**
 - ____ **FULL OPERATING LEVEL**
 - ____ **ASSOCIATE LEVEL**
 - ____ **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*):

Authorization for Release of Information

Adult and Juvenile Applicants

I, _____, authorize and consent to have an investigation made as to my moral character, professional reputation and fitness to be on the Sex Offender Management Board's Provider List as an **Associate Level or Full Operating Level Polygraph Examiner**. I agree to give any further information that may be required in reference to my past record.

I authorize and request every person, hospital, clinic, government agency (local, state, federal or foreign), court association, or institutions having possession of any documents, records or other information pertaining to me, to furnish to the Sex Offender Management Board such information, including, but not limited to, documents and records, informal, pending or closed, or any other pertinent data and to permit the Sex Offender Management Board or any of its designated officers, committees, or staff to inspect and make copies of such documents, records and other information in connection with this application.

The foregoing authorization for release of information or records does not include consent for release of personal financial records, bank accounts, loans or other such personal information not related to my moral character, professional reputation, or fitness as a treatment provider and/or evaluator and/or polygraph examiner.

I hereby release, discharge and exonerate the Sex Offender Management Board, its agents and representatives, and any person furnishing such information from any and all liability of every nature and kind arising out of the furnishing of such information to other medical or professional societies or organizations, hospitals and hospital committees, and government agencies in the event that other such organizations and agencies present to the Sex Offender Management Board a release of authorization for release of information executed by me or a facsimile of such release or authority executed by me.

Signature of Applicant

Clearly Printed Applicant Name

Date

Recent Employment History (Attach Resume)

Adult and Juvenile Applicants

If your place(s) of employment and/or position has changed within the last three (3) years (i.e. since your last application) please provide that information below. A resume or curriculum vitae will also suffice if you wish to submit a copy. If nothing has changed please check the N/A box.

N/A

<i>Employer/Business Name:</i>		<i>Telephone:</i>
<i>Street Address:</i>		
<i>City:</i>	<i>State:</i>	<i>Zip Code:</i>
<i>Position:</i>	<i>Dates of Employment:</i> <i>From To</i>	
<i>Unless you were self-employed, list supervisor name:</i>	<i>Telephone:</i>	
<i>If self-employed, provide the name of a professional reference to verify this employment:</i>	<i>Telephone:</i>	
<i>Summary of job duties:</i>		
<i>Reason for leaving:</i>		

Statement of Understanding

1. I understand that the information I have submitted on this application for the Sex Offender Management Board Provider List will be used for the following purposes:

- A. To conduct criminal history checks and background investigations as necessary.
- B. To create and disseminate a provider list of treatment providers, evaluators, and/or polygraph examiners.

2. My application materials will become a public record of the Division of Criminal Justice and may be subject to open record act requests pursuant to Section 24-72-304, C.R.S.

3. Inclusion on the provider list does not constitute certification or licensure and should not be represented as such. It does not create an entitlement or guarantee that I will receive referrals. If I am approved to be on the Provider List, it means that I am eligible to be considered as a provider of evaluation, assessment, treatment, and/or behavioral monitoring services for convicted sex offenders and/or adjudicated juveniles who have committed a sexual offense, pursuant to Section 16-11.7-106, C.R.S. which states:

“(1) The department of corrections, the judicial department, the division of criminal justice of the department of public safety, or the department of human services shall not employ or contract with and shall not allow a sex offender to employ or contract with any individual or entity to provide sex offender evaluation or treatment services pursuant to this article unless the sex offender evaluation or treatment services to be provided by such individual or entity conforms with the standards developed pursuant to Section 16-11.7-103(4) (b).”

(2) The board shall require any person who applies for placement on the list of persons who may provide sex offender treatment services pursuant to this article to submit a complete set of his or her fingerprints. The board shall forward any such fingerprints received pursuant to this subsection (2) to the Colorado Bureau of Investigation for use in conducting a state criminal history record check and for transmittal to the federal bureau of investigation for a national criminal history record check. The board shall use the information obtained from the state and national criminal history record check in determining whether to place the person on the approved provider list.

4. The Sex Offender Management Board will release information to all referring agencies regarding the status of my application, my placement on the Provider List, founded complaints, removal from the Provider List or denial of my application to the Provider List.

5. In the event a complaint is filed against me, the contents of my application will be reviewed by the Sex Offender Management Board in accordance with the Sex Offender Management Board Administrative Policies.

6. 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, Treatment, and Supervision of Juveniles Who Have Committed Sexual Offenses* in its entirety, and agree to carry out the *Standards* to the best of my ability related to the listing and level for which I am applying. I have answered all questions on this application honestly and the answers are complete to the best of my knowledge. I further understand that false statements or misstatements on this application are grounds for removal from the SOMB Provider Lists.

7. You **must** notify the SOMB, in writing, within two weeks, of any changes to your name, address, telephone number, program name, program materials, clinical supervisor (*submit a revised supervision agreement if your supervisor changes*) or if you have added an additional treatment location. This should be done as soon as possible to avoid administrative problems and ensure accurate placement on the approved provider list. If the staff of the SOMB cannot locate you or reach you, your name will be removed from the approved provider list.

8. You **must** provide the SOMB, in writing, within ten days, any changes to your professional status, such as grievances, license revocations, **criminal charges/arrest** or any other change in your professional standing. (Please reference administrative policies in SOMB standards).

Signature of Applicant: _____ Date: _____

Printed Name of Applicant: _____

References

Adult and Juvenile Re-Applicants

- The Sex Offender Management Board background investigator will contact a minimum of four of the six references as part of the background check.
- All references must be familiar with your sex offense specific work and at least two (2) of the references listed must be members of a Community Supervision Team (CST) and/or Multidisciplinary Team (MDT) in which you participate.
- If you are applying as an **Adult AND Juvenile Provider**, please provide references that can speak about your ability to work with **BOTH** populations.

PROFESSIONAL REFERENCES

Name: _____ Position: _____

Address: _____

Telephone number: _____ Email: _____

Name: _____ Position: _____

Address: _____

Telephone number: _____ Email: _____

Name: _____ Position: _____

Address: _____

Telephone number: _____ Email: _____

REQUIRED ADDITIONAL REFERENCES - **Must** be familiar with your offense-specific work.

SUPERVISING OFFICER, PROBATION/PAROLE

Name: _____

Position: _____

Address: _____

Telephone number: _____ Email: _____

Continues on next page

POLYGRAPH EXAMINER, TREATMENT PROVIDER, EVALUATOR, OR OTHER - Please indicate the individual's profession below.

Name: _____

Position: _____

Address: _____

Telephone number: _____ Email: _____

POLYGRAPH EXAMINER, TREATMENT PROVIDER, EVALUATOR, OR OTHER - Please indicate the individual's profession below.

Name: _____

Position: _____

Address: _____

Telephone number: _____ Email: _____

Specialized Training

Adult and Juvenile Re-Applicants

This form is required for all Re-Applicants.

It is **strongly** recommended that you reference the Standards while completing this section.

- It is essential to have up-to-date continuing education in order to stay active in the field. Training attendance over the past **three (3)** years (since your last application) will be considered.
- Although you may have received excellent clinical supervision, you **may not** use clinical supervision as “training.”
- 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 the 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 according to the SOMB policy and procedures.**

By signing this form, you are attesting to the fact that you have met the current training requirements in the Standards.

Category of Training	# of Total Hours	Adult	Juvenile	Signature
Sex Offense Specific				
Developmental Disability				

Polygraph Examiner Signature

Date

Supervisor Signature

Date

Clinical Experience

Adult and Juvenile Re-Applicants

This form is to be used for documentation of the number of exams you have accumulated within the last **three (3) years** (since your last application).

Please designate in the column below if your exams count toward Child Contact Assessment (“CCA”) or developmental disabilities (“DD”), if applicable. Be as specific as possible.

You may copy this page.

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 exams	“DD” (if applicable)	LOCATION or AGENCY
From:			
To:			
From:			
To:			
From:			
To:			
From:			
To:			

Qualifications of Polygraph Examiners

Adult and Juvenile Re-Applicants

Associate Level Polygraph Examiners provide polygraphs under the supervision of a Full Operating Level Polygraph Examiner.

Full Operating Level Polygraph Examiners may operate without ongoing supervision specific to polygraph examinations, and may supervise Associate Level Polygraph Examiners and Intent to Apply applicants.

The following checklist will help you determine which level applies to you.

Associate Level Polygraph Examiner	Full Operating Level Polygraph Examiner
___ Bachelors Degree and graduation from accredited APA school? [Section 4.800 (A)]	___ Bachelors Degree and graduation from accredited APA school? [Section 4.800 (A)]
___ Minimum of four (4) hours of one-to-one direct supervision monthly. [Section 4.710]	
___ Written supervision agreement with a Full Operating Level Polygraph Examiner? [Section 4.710]	
___ 40 hours of specialized training in 3 years? [Section 4.720]	___ 40 hours of specialized training in 3 years? [Section 4.810]
___ Conducted 75, (15 juvenile) post-conviction sex offense specific issue exams in last 3 years? [Section 4.720]	___ Conducted a minimum of 100, (15 juvenile) post-conviction sex offense specific issue exams? [Section 4.810]
___ Quality assurance protocols from 3 different polygraph examinations to three Full Operating Level Polygraph Examiners outside of your agency? [Section 4.720]	___ Quality assurance protocols from 3 different polygraph examinations to three Full Operating Level Polygraph Examiners outside of your agency? [Section 4.810]
___ No conviction or deferred judgment for felony criminal sexual or violent behavior related to the ability of the applicant to practice under these Standards? [Section 4.720]	___ No conviction or deferred judgment for felony criminal sexual or violent behavior related to the ability of the applicant to practice under these Standards? [Section 4.810]
<i>If ALL of your answers YES then apply at this level. If not, go to the column on the right.</i>	<i>If ALL of your answers YES then apply at this level.</i>

Standards of Practice for Polygraph Examiners

Adult and Juvenile Re-Applicants

Attachments:

ADULT:

- ❑ Please send **three (3)** different *types* of polygraph examinations (sex history, specific issue, maintenance/monitoring, CCA, or DD) including charts, hand scoring, and the written report conducted on convicted adult sex offenders to three different Full Operating Level SOMB approved/listed polygraph examiners outside your agency. Please **redact** client identifying information and instruct the examiners to forward all materials, including the quality assurance protocol form to the SOMB for review.

JUVENILE:

- ❑ Please send **three (3)** different *types* of polygraph examinations (sex history, specific issue, maintenance/monitoring, CCA, or DD) including charts, hand scoring, and the written report conducted on adjudicated juveniles who have committed sex offenses to three different Full Operating Level SOMB approved/listed polygraph examiners outside your agency. Please **redact** client identifying information and instruct the examiners to forward all materials, including the quality assurance protocol form to the SOMB for review.

BOTH ADULT & JUVENILE:

- ❑ If you are applying for **both** adult and juvenile polygraph examiner, please send **six (6)** examinations, three (3) different *types* of polygraph exams (sex history, specific issue, maintenance/monitoring, CCA, or DD) including charts, hand scoring, and the written report to three different Full Operating Level SOMB approved/listed polygraph examiners outside your agency. Please **redact** client identifying information and instruct the examiners to forward all materials, including the quality assurance protocol form to the SOMB for review. *Three (3) different types of exams must be conducted on convicted adult sex offenders and three (3) different types of exams must be conducted on juveniles who have sexually offended.*

- Please submit documentation of your graduation from an accredited American Polygraph Association Program.
- _____ (Please initial) I understand that I shall engage in the peer review of my examinations by other polygraph examiners registered at the Full Operating Level.
- Please submit the **names** and **contact information** of the Full Operating Level Polygraph Examiner(s) with whom you engage in peer review activities. (Please note they should not be within your agency.)

1. Name: Agency:
Phone/Email:

2. Name: Agency:
Phone/Email:

3. Name: Agency:
Phone/Email:

Qualifications of Polygraph Examiners Developmental Disabilities (DD) Specialty

Adult Re-applicants

Please use this checklist to determine if you meet the conditions to apply for the DD Specialty.

Associate Level Polygraph Examiner	Full Operating Level Polygraph Examiner
<input type="checkbox"/> Must have a supervisor with a specialty in examining sex offenders with DD. [Section 4.710 DD]	
<input type="checkbox"/> 10 of the 40 required hours of specialized training must address aspects of working with DD sex offenders [Section 4.720 (A) DD]	<input type="checkbox"/> 10 of the 40 required hours of specialized training must address aspects of working with DD sex offenders [Section 4.810 (A) DD]
<input type="checkbox"/> 10 of the 75 required polygraph exams must be with DD sex offenders [Section 4.720 (B) DD]	<input type="checkbox"/> 15 of the 100 required polygraph exams must be with DD sex offenders [Section 4.810 (B) DD]

Standards of Practice for Polygraph Examiners

Developmental Disabilities (DD) Adult

Adult Re-applicants

Attachments:

- ❑ Please describe how your polygraph examinations of sex offenders with developmental disabilities differ from your polygraph examinations of sex offenders without developmental disabilities. Please limit your response to one page.

- ❑ Please send a copy of one (1) representative polygraph examination including charts, hand scoring, and the written report for a sex offender with developmental disabilities to a Full Operating Level SOMB approved Polygraph Examiner with the DD Specialty for quality assurance. Please **redact** all identifying client information and indicate that the exam is an example of a developmental disability polygraph exam. Please instruct the examiner to forward all materials, including the quality assurance protocol form, to the SOMB for review. *Please note this exam can count toward the three total exams indicated above.*

Qualifications of and Standards of Practice for Polygraph Examiners

Developmental Disabilities (DD) Specialty

Juvenile Re-applicants

It is ***strongly*** recommended that you reference the following Standards while completing this section.
Juvenile Standards 4.300 DD and 4.720 DD

Note: JWCSO-DD means “*juveniles who commit sexual offenses and who have developmental disabilities.*”

- ❑ Please describe how your polygraph examinations of JWCSO-DD differ from your polygraph examinations of JWCSO who do not have DD. Please limit your response to one page.
- ❑ Please attach one (1) representative JWCSO-DD polygraph. Please redact identifying client information.
- ❑ Please attach a letter describing the experience and training (and supervision if you are at the Associate Level) you have accrued that is specific to JWCSO-DD. Please limit your response to one page.

Professional Supervision Agreement For Associate Level Polygraph Examiners

Adult and Juvenile Re-applicants

You may copy this page.

Applicants Name: _____
Date: _____

Supervisor's Name: _____
Agency: _____
Address: _____
City, State, Zip: _____
Telephone: _____
Fax: _____ Email: _____

Please note that a relative of the applicant shall not provide supervision.

I, _____ do hereby verify that I have provided _____ hours
(Supervisor) (Number of)
of supervision per month to the above named individual. These supervision hours
were provided at:

Between _____ and _____
(Agency Name) (Start Date) (End Date or Today's Date)

I hereby verify that I have signed off on _____ polygraphs conducted by the applicant.
(Number of)

Supervisor's signature _____ Date _____

Applicant's signature _____ Date _____

Please use as many forms as necessary to account for the total clinical supervision received (e.g., it may be appropriate to utilize several forms when receiving clinical supervision from different supervisors).

Please remember you must complete, sign and submit a new supervision agreement if your supervisor changes.