

Juvenile Intent To Apply List

10/11/2019

Vanessa Khan

Agency: RSA Polygraph Services, Inc.

Clinical Supervisor Name1 Matthew Smith

Phone Number: (303) 232-1971

Clinical Supervisor Name2

- | | | | | | |
|--------------------|--------------------------|---------------------------------|-------------------------------------|--|--------------------------|
| Treatment Provider | <input type="checkbox"/> | Associate Treatment Provider | <input type="checkbox"/> | Clinical Supervisor Treatment Provider | <input type="checkbox"/> |
| Provider DD | <input type="checkbox"/> | Associate Treatment Provider DD | <input type="checkbox"/> | | |
| Evaluator | <input type="checkbox"/> | Associate Evaluator | <input type="checkbox"/> | Clinical Supervisor Evaluator | <input type="checkbox"/> |
| Polygraph Examiner | <input type="checkbox"/> | Associate Polygraph Examiner | <input checked="" type="checkbox"/> | | |

Martha Lugo

Agency: Accountability Polygraph Services

Clinical Supervisor Name1

Phone Number: (303) 799-6688

Clinical Supervisor Name2

- | | | | | | |
|--------------------|--------------------------|---------------------------------|-------------------------------------|--|--------------------------|
| Treatment Provider | <input type="checkbox"/> | Associate Treatment Provider | <input type="checkbox"/> | Clinical Supervisor Treatment Provider | <input type="checkbox"/> |
| Provider DD | <input type="checkbox"/> | Associate Treatment Provider DD | <input type="checkbox"/> | | |
| Evaluator | <input type="checkbox"/> | Associate Evaluator | <input type="checkbox"/> | Clinical Supervisor Evaluator | <input type="checkbox"/> |
| Polygraph Examiner | <input type="checkbox"/> | Associate Polygraph Examiner | <input checked="" type="checkbox"/> | | |

Stephen Sanchez

Agency: RSA Polygraph

Clinical Supervisor Name1 Matthew Smith

Phone Number: (303) 232-1971

Clinical Supervisor Name2

- | | | | | | |
|--------------------|--------------------------|---------------------------------|-------------------------------------|--|--------------------------|
| Treatment Provider | <input type="checkbox"/> | Associate Treatment Provider | <input type="checkbox"/> | Clinical Supervisor Treatment Provider | <input type="checkbox"/> |
| Provider DD | <input type="checkbox"/> | Associate Treatment Provider DD | <input type="checkbox"/> | | |
| Evaluator | <input type="checkbox"/> | Associate Evaluator | <input type="checkbox"/> | Clinical Supervisor Evaluator | <input type="checkbox"/> |
| Polygraph Examiner | <input type="checkbox"/> | Associate Polygraph Examiner | <input checked="" type="checkbox"/> | | |