

**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

<http://dcj.somb.state.co.us/>

**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  
☐ **Developmental Disability Specialty**

- ☐ **Juvenile** Associate Level Polygraph Examiner  
☐ **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:

- ☐ A completed **fingerprint card**.
- ☐ A **money order** made out to “CBI” for **\$39.50**.
- ☐ This signed application entitled “Intent to Apply for the Adult and Juvenile Provider List”

Supervisor’s signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant’s signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please submit this application with a SOMB Fingerprint Card.**  
**Cards can be obtained by calling (303) 239-4199**

## How do I Complete the Fingerprint Card

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). All new applicants are required to submit a fingerprint card unless you already have submitted a card to the Domestic Violence Management Board or to the Sex Offender Management Board.

Please carefully read the instructions below:

1. You **must use the fingerprint card that is enclosed** due to the specific coding on the card. Do not substitute it for a fingerprint card from your local law enforcement agency.
2. Take the enclosed card to your local law enforcement agency for fingerprinting. They will charge you a fee.
3. Pay close attention to the numbered description of each category that needs to be filled out on the fingerprint card. **Any inaccuracies will result in your card being returned to you.** This will delay the process and may result in additional fees.
4. Use **black ink only.**
5. All written information must be contained within each box. **Do not write on any blue lines.**
6. Do not highlight any information.
7. You must submit your completed fingerprint card (along with an enclosed **MONEY ORDER MADE OUT TO CBI FOR \$39.50**) to:

Sex Offender Management Board  
Division of Criminal Justice  
700 Kipling Street, Suite 3000  
Denver, CO 80215

8. Insert information into boxes on fingerprint card according to the **sample** on the next page.

# Fingerprint Card Sample

|   |  |   |  |  |  |            |  |                  |  |  |  |
|---|--|---|--|--|--|------------|--|------------------|--|--|--|
| <b>APPLICANT</b>                          |  | LEAVE BLANK                               |  | TYPE OR PRINT ALL INFORMATION IN BLACK |  |            |  | FBI              |  | LEAVE BLANK  |  |
|   |  |   |  | LAST NAME <u>NAM</u>                   |  | FIRST NAME |  | MIDDLE NAME      |  | (21)   |  |
| SIGNATURE OF PERSON FINGERPRINTED<br>(12) |  |   |  | ALIASES <u>AKA</u>                     |  | OR         |  | CO030085C        |  |  |  |
| RESIDENCE OF PERSON FINGERPRINTED<br>(13) |  |   |  | (2)                                    |  |            |  | ST DIV CRIM JUST |  | DATE OF BIRTH <u>DOB</u><br>Month (10) Year                  |  |
| DATE (14)                                 |  | SIGNATURE OF OFFICIAL TAKING FINGERPRINTS |  | CITIZENSHIP <u>CTZ</u>                 |  | (3) (3A)   |  | (4) (5) (6)      |  | WGT. EYES HAIR PLACE OF BIRTH <u>POB</u><br>(7) (8) (9) (11) |  |
| EMPLOYER AND ADDRESS<br>(15)              |  |   |  | YOUR NO. <u>OCA</u>                    |  | (20)       |  | LEAVE BLANK      |  |  |  |
| REASON FINGERPRINTED<br>(16)              |  |   |  | FBI NO. <u>FBI</u>                     |  |            |  | CLASS            |  | REF.   |  |
|   |  |   |  | ARMED FORCES NO. <u>MNU</u>            |  |            |  |                  |  |  |  |
|   |  |   |  | SOCIAL SECURITY NO. <u>SOC</u>         |  | (17)       |  |                  |  |  |  |
|   |  |   |  | MISCELLANEOUS NO. <u>MNU</u>           |  | (18)       |  |                  |  |  |  |
| (19)                                      |  |   |  |  |  |            |  |                  |  |  |  |
| 1. R. THUMB                               |  | 2. R. INDEX                               |  | 3. R. MIDDLE                           |  | 4. R. RING |  | 5. R. LITTLE     |  |  |  |

## Please Fill Out Enclosed Fingerprint Card as Follows

- |                    |  |
|--------------------|--|
| 1. Name            | Type or print Last, First and Middle Name  |
| 2. AKA             | Maiden name, other married names or any other name used  |
| 3. Citizenship     | U.S. (if born in the U.S) or Alien registration number   |
| 3A. AMOUNT         | <b>DO NOT FILL IN</b>  |
| 4. Sex Codes       | M (Male) F (Female)  |
| 5. Race Codes      | W (White) B (Black) W (Hispanic) I (Indian) A (Asian –Oriental)                                |
| 6. Height          | Feet and inches (for example 5'6" = 506; 6' = 600)   |
| 7. Weight          | 090, 100, 250, etc.  |
| 8. Eye Codes       | BLK (Black), BLU (Blue), BRO (Brown), GRN (Green), GRY (Gray), HAZ (Hazel), XXX (Unknown)      |
| 9. Hair Codes      | BAL (Bald), BLK (Black), BRO (Brown), GRY (Gray), RED (Red/Auburn), WHI (White), XXX (Unknown) |
| 10. DOB            | Date of Birth  |
| 11. POB            | Place of Birth   |
| 12. Signature      | Signature of person fingerprinted – Individual's Signature                                     |
| 13. Residence      | Complete mailing address of person fingerprinted; includes city, state, & zip code             |
| 14. Date           | Date Printed; Signature of <u>Law Enforcement Official</u> taking fingerprints                 |
| 15. Employer       | <b>DO NOT FILL IN</b>  |
| 16. Reason Printed | <b>DO NOT FILL IN</b>  |
| 17. SOC            | Social Security Number   |
| 18. Miscellaneous  | <b>DO NOT FILL IN</b>  |
| 19. Fingerprints   | All Applicants prints should be taken by a law enforcement agency                              |
| 20. OCA            | <b>DO NOT FILL IN</b>  |
| 21. FBI            | <b>DO NOT FILL IN</b>  |