

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

**APPLICATION FOR PLACEMENT**

**as a New  
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 are on Intent to Apply status and who wish to provide polygraph services to convicted adult sex offenders and/or adjudicated juveniles who have committed a sexual offense. Applicants must demonstrate that they meet ALL of the qualifications pursuant to the Associate Level Polygraph Examiner requirements in 4.700 of the *Standards*. Applicants must also comply with standards of practice contained in the *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 **\$100.00** 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 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 ASSOCIATE LEVEL POLYGRAPH EXAMINER  
\_\_\_\_DEVELOPMENTAL DISABILITIES SPECIALTY
  
- JUVENILE ASSOCIATE LEVEL POLYGRAPH EXAMINER  
\_\_\_\_DEVELOPMENTAL DISABILITIES SPECIALTY

**Have you previously submitted an Intent to Apply?**

- YES  NO

**If you answered "No," please contact the SOMB immediately.**

# 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 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

Please list your place(s) of employment and positions for the last five years starting with your current or most recent employment. If you practiced psychotherapy in another state, with or without a license, please also include that work experience. You may substitute a professional resume if it provides all the information requested.

*You may copy this page*

<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>	

<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>	

# Educational History

*Adult and Juvenile Applicants*

ACADEMIC DEGREE	SPECIALTY AREA	DATE OF DEGREE	NAME OF COLLEGE OR UNIVERSITY	LOCATION-CITY & STATE
B.A./B.S.				
M.A., M.S., M.S.W.				
Ed.D.				
Ph.D.				
Psy.D.				
Psychiatric Clinical Nurse				
M.D.				
Board Certified:	___ Yes ___ No			
Other (describe)				

- Have you ever received a written reprimand at any place of employment?

NO  YES If yes, please explain.

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- Have you ever been suspended, fired, or asked to resign from a position or employment?

NO  YES If yes, please explain.

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- Have you ever been arrested, charged or convicted of any criminal offense?

NO  YES If yes, please explain.

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- Have you ever been convicted of, or received a deferred judgment for, any offense involving criminal sexual or violent behavior?

**NO**    **YES**      If yes, please explain.

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- Have you ever been convicted of a felony?

**NO**    **YES**      If yes, please explain.

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- Have you ever had a license or certification revoked, canceled, suspended or have you been placed on probationary status by any professional licensing body? This includes any previously successful or currently pending challenge to your licensure, certification or registration.

**NO**    **YES**      If yes, please explain.

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- Have you ever voluntarily relinquished a license or certification?

**NO**    **YES**      If yes, please explain.

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- Do you have any pending professional liability or malpractice actions, or final judgments or settlements involving your professional practice?

**NO**    **YES**      If yes, please explain.

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## 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 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.

### **CHIEF/SUPERVISOR/SUPERVISING OFFICER, PROBATION/PAROLE**

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone number: \_\_\_\_\_ Email: \_\_\_\_\_

*Continues on next page*

**VICTIM ADVOCATE, VICTIM THERAPIST, VICTIM REPRESENTATIVE OR OTHER VICTIM PROFESSIONAL** - You must have a victim reference. If you don't, please contact the Adult Standards Coordinator or the Juvenile Standards Coordinator.

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: \_\_\_\_\_



# Clinical Experience

## Adult and Juvenile Applicants

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

**Adult Standards: 4.700 and 4.800**

**Juvenile Standards: 4.700 and 4.800**

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

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 Applicants

It is **strongly** recommended that you reference the following Standards while completing this section. Adult and Juvenile Standards, Section 4.700 and 4.800

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

Please use the following list to determine if you meet the qualifications.

<b>Associate Level Polygraph Examiner</b>
<input type="checkbox"/> Bachelors Degree and graduation from accredited APA school? [Section 4.800 (A)]
<input type="checkbox"/> 40 hours of specialized training (PCSOT)? [Section 4.800 (C)]
<input type="checkbox"/> Minimum of fifty (50) post conviction offense specific-issue exams (25 juvenile)? [Section 4.700 (A)]
<input type="checkbox"/> No history of criminal behavior related to the ability of the applicant to practice under the Standards? [Section 4.700 (F)]
<input type="checkbox"/> Written supervision agreement with a Full Operating Level Polygraph Examiner? [Section 4.710]
<input type="checkbox"/> Minimum of four (4) hours of one-to-one direct supervision monthly with a Full Operating level Polygraph Examiner? [Section 4.710]

# Standards of Practice for Polygraph Examiners

## Adult and Juvenile Applicants

It is ***strongly*** recommended that you reference the following Standards while completing this section.  
Adult and Juvenile Standards, 4.700

Please describe below how you work with Community Supervision Teams and/or Multidisciplinary Teams: \_\_\_\_\_

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### 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, 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.)

Name: \_\_\_\_\_ Agency: \_\_\_\_\_  
Phone/Email: \_\_\_\_\_

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Qualifications of Polygraph Examiners Developmental Disabilities (DD) Specialty

## *Adult Applicants*

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

### **Adult Associate Operating Level Polygraph Examiner**

\_\_\_\_\_ Must have a supervisor with a specialty in examining sex offenders with DD.  
[Section 4.710 DD]

\_\_\_\_\_ 10 of the 40 required hours of specialized training must address aspects of working with DD sex offenders [Section 4.700 (B) and 4.800 C.DD]

# Standards of Practice for Polygraph Developmental Disabilities (DD) Specialty

*Adult 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 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/listed polygraph examiner with the DD specialty outside of your agency 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 with Developmental Disabilities (DD) Specialty

## *Juvenile Applicants*

It is ***strongly*** recommended that you reference the following Standards while completing this section.  
Juvenile Standards 4.710 DD

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

### **Attachments:**

- ❑ 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) JWCSO-DD polygraph. Please **redact** identifying client information.

**Professional Supervision Agreement for Associate Level  
Polygraph Examiners**  
*Adult and Juvenile 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.***