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

January 2016
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.*
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**

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

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<tr>
<td>Unless you were self-employed, list supervisor name:</td>
<td>Telephone:</td>
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<tr>
<td>If self-employed, provide the name of a professional reference to verify this employment:</td>
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</tr>
<tr>
<td>Summary of job duties:</td>
<td></td>
</tr>
<tr>
<td>Reason for leaving:</td>
<td></td>
</tr>
</tbody>
</table>
### Educational History

**Adult and Juvenile Applicants**

<table>
<thead>
<tr>
<th>ACADEMIC DEGREE</th>
<th>SPECIALTY AREA</th>
<th>DATE OF DEGREE</th>
<th>NAME OF COLLEGE OR UNIVERSITY</th>
<th>LOCATION-CITY &amp; STATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>B.A./B.S.</td>
<td></td>
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<td></td>
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<tr>
<td>M.A., M.S., M.S.W.</td>
<td></td>
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<tr>
<td>Ed.D.</td>
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<tr>
<td>Ph.D.</td>
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<tr>
<td>Psy.D.</td>
<td></td>
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<tr>
<td>Psychiatric Clinical Nurse</td>
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<tr>
<td>M.D.</td>
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<tr>
<td>Board Certified:</td>
<td>No</td>
<td></td>
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<tr>
<td>Other (describe)</td>
<td></td>
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</tbody>
</table>

- Have you ever received a written reprimand at any place of employment?
  - NO   YES  If yes, please explain.

- Have you ever been suspended, fired, or asked to resign from a position or employment?
  - NO   YES  If yes, please explain.

- Have you ever been arrested, charged or convicted of any criminal offense?
  - NO   YES  If yes, please explain.
• 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.

• Have you ever been convicted of a felony?
  □ NO  □ YES    If yes, please explain.

• 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.

• Have you ever voluntarily relinquished a license or certification?
  □ NO  □ YES    If yes, please explain.

• 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.
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: ________________________
**Specialized Training**

**Adult and Juvenile Applicants**

*This form is required for all 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

- Training attendance over the past five (5) years will be considered.
- Although you may have received excellent supervision, you **may not** use 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.
- **The SOMB staff may request copies of training certificates at any time and will conduct Standards Compliance Reviews according to the SOMB policy and procedure.**

Designate in the column below whether you are counting the training toward sex offense specific (“SOS”) Please designate in the last column below whether you are counting the training toward Adult, Juvenile or both.

*You may copy this page.*

<table>
<thead>
<tr>
<th>Dates</th>
<th>Hours</th>
<th>Title Of Training</th>
<th>Sponsor/Trainer</th>
<th>Area: (e.g. “SOS”, “DD”)</th>
<th>Adult, (“A”)</th>
<th>Juvenile (“J”) or Both (“AJ”)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/4/2012</td>
<td>6</td>
<td>Victims of Sexual Assault</td>
<td>Jerry Smith, L.P.C. NEARI Press</td>
<td>V</td>
<td>A J</td>
<td></td>
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</tbody>
</table>
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

<table>
<thead>
<tr>
<th>DATES</th>
<th>Number of polygraph exams</th>
<th>“DD” or “CCA” (if applicable)</th>
<th>LOCATION or AGENCY</th>
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<tbody>
<tr>
<td>From:</td>
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</tbody>
</table>

### JUVENILE

<table>
<thead>
<tr>
<th>DATES</th>
<th>Number of polygraph exams</th>
<th>“DD” (if applicable)</th>
<th>LOCATION or AGENCY</th>
</tr>
</thead>
<tbody>
<tr>
<td>From:</td>
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</table>
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.

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

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.
o Please submit documentation of your graduation from an accredited American Polygraph Association Program.

o _____ (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.

o 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.

<table>
<thead>
<tr>
<th>Adult Associate Operating Level Polygraph Examiner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Must have a supervisor with a specialty in examining sex offenders with DD. [Section 4.710 DD]</td>
</tr>
<tr>
<td>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]</td>
</tr>
</tbody>
</table>
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:

________________________________________________________
(Agency Name)

Between __________________ and _____________________________
(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.