

Professional Supervision Agreement For Associate Level Polygraph Examiners: Adult and Juvenile Applicants

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Applicants Name: _____ Date: _____

Supervisor's Name: _____ Agency: _____ Address: _____ City, State, Zip _____ Telephone: _____ Fax: _____ Email: _____
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Please note that a relative of the applicant shall not provide supervision.

I, _____ do hereby verify that I have provided _____ hours
(Supervisor) (#)
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.
(#)

Supervisor's signature _____ Date _____

Applicant's signature _____ Date _____

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

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