

Professional Supervision Agreement For Associate Level Polygraph Examiners

Adult and Juvenile Re-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)

I understand that _____ is practicing under my SOMB listing status, and that I
Print Applicant's Name
am responsible for their supervision. I am adhering to the SOMB Standards and Guidelines along
with the Administrative Policies I hereby verify that I will sign off on all polygraphs conducted by
the applicant in accordance with the SOMB Standards and Guidelines.

Supervisor's signature: _____ Date: _____

Applicant's signature: _____ Date: _____