



## Sex Offender Task Force

### APPLICATION FOR APPROVAL TO PROVIDE SEX OFFENDER POLYGRAPH SERVICES

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

Agency/Clinic affiliation (if any): \_\_\_\_\_

Agency business owner or employer: \_\_\_\_\_

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

City, State and Zip code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

This applicant is applying for status indicated below, as given recognition by the Utah Department of Corrections: *(Check the one that applies)*

- Approved Affiliate Polygraph Examiner
  
- Approved Polygraph Examiner



Approved polygraph examiners and affiliate polygraph examiners must re-apply to the Department of Corrections, via the Sex Offender Treatment Task Force, every two years to renew their approved status.



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### **AFFILIATE POLYGRAPH EXAMINER APPLICANTS the following is required:**

- Submit a completed and notarized Application.
- Submit a completed Services Agreement. *Link at the bottom of the page.*

### **POLYGRAPH EXAMINER APPLICANTS the following is required:**

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- Submit a completed Services Agreement. *Link at the bottom of the page.*
- PSCOT Certified.
- Member of the AAPP or NPA or APA.
- Submit 3 redacted cases for review.



<https://corrections.utah.gov/index.php/offender-resources/resources-for-sex-offender-treatment-providers>

Click the link to view available forms and resources on the Utah Department of Corrections website.



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**Please complete all that apply:**

- 1) Licensure(s): \_\_\_\_\_
- 2) Submit a photo copy of current license(s).
- 3) Polygraph School Attended: \_\_\_\_\_
- 4) Date of Post Conviction Sex Offender Testing (PCSOT) certification, if applicable: \_\_\_\_\_
- 5) Current member of the American Association of Police Polygraphists (AAPP), National Polygraph Association (NPA), or American Polygraph Association (APA)?  
 YES     NO    (Membership expiration Date: \_\_\_\_\_)
- 6) Within two (2) years immediately preceding the application for approval to provide polygraph services, the applicant has at least forty (40) hours of formal training. If you are applying as a first time affiliate polygraph examiner, you may skip #7. If you re-apply and renew as an affiliate you will be required to meet these training requirements.

Please detail compliance with the requirements by specifically identifying the date, sponsor, subject matter, location and number of hours for each training session. **Submit records documenting compliance**, where available. *Use additional sheets if needed.*

**TRAINING:**

Date	Sponsor	Subject	Location	CEU's

**TOTAL CEU'S** \_\_\_\_\_



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- 7) Number of sex offender examinations completed in the past 2 years: \_\_\_\_\_ Not applicable if you are a first time affiliate applicant. If you re-apply and renew as an affiliate you will be required to complete this question.
- 8) Submit three (3) redacted cases for QA review. Not applicable if you are a first time affiliate applicant. If you re-apply and renew as an affiliate you will be required to meet this requirement.
- 9) Please list any criminal convictions, licensing actions, ethical questions or complaints: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 10) **Affiliate** polygraph examiner applicants only, please complete sections **A** and **B**.

A) Name of approved polygraph examiner supervising work: \_\_\_\_\_

B) Please have your approved polygraph examiner supervisor read and sign the following statement:

**I certify that I am an approved polygraph examiner for offenders under the supervision of the Utah Department of Corrections, Division of Field Operations and have read and understand the criteria adopted by the Division. I further certify that I will provide a minimum of one hour of supervision for every forty (40) hours of direct client contact the affiliate polygraph examiner shall provide. Furthermore, I shall provide verification of this supervision to the Department upon request.**

\_\_\_\_\_  
Approved polygraph examiner signature  
supervising the affiliate polygraph examiner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of affiliate polygraph examiner applicant

\_\_\_\_\_  
Date



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- 11) **I hereby declare under the penalty of perjury that the information I have provided in this certification is true and correct and that I have fully satisfied the sex offender treatment experience and training requirements outlined in the application above.**

Dated this \_\_\_\_\_ (day), \_\_\_\_\_ (month) and \_\_\_\_\_ (year).

Applicant's Signature: \_\_\_\_\_

Applicant's Full Name: \_\_\_\_\_

State of Utah

County of \_\_\_\_\_

Subscribed and sworn to before me on this \_\_\_\_\_ (day) \_\_\_\_\_ (month) and \_\_\_\_\_ (year).

Notary Signature: \_\_\_\_\_