



Sex Offender Task Force

APPLICATION FOR APPROVAL TO PROVIDE SEX OFFENSE POLYGRAPH SERVICES

Date: _____

The following information will be published to the Utah Department of Corrections (UDC) public website:

Name: _____

Agency/Clinic Affiliation (if any): _____

Agency business owner or employer: _____

Address: _____

City, State and Zip Code: _____

Email: _____ Phone: _____

Type of Application (*Check what applies*):

- New Renewal Affiliate Polygraph Examiner Polygraph Examiner

AFFILIATE POLYGRAPH EXAMINER APPLICANTS checklist:

- Submit completed Application.
- Submit completed Services Agreement.

POLYGRAPH EXAMINER APPLICANTS checklist:

- Submit completed Application.
- Submit completed Services Agreement.
- PCSOT Certified.
- Member of the AAPP or NPA or APA and/or UPA.
- Submit 2 redacted polygraph reports, including 1 sexual histories and 1 maintenance exams.



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Approved polygraph examiners and affiliate polygraph examiners must re-apply to the Department of Corrections, via the Sex Offense Treatment Task Force, July of even years (in tandem with DOPL recertification).

Please complete all that apply:

- 1) Licensure(s): _____
- 2) Submit a photocopy of current DOPL license(s).
- 3) Polygraph School Attended: _____
- 4) Date of Post Conviction Sex Offense Testing (PCSOT) certification: _____
- 5) Are you a current member of one or more of the following associations?
American Association of Police Polygraphists (AAPP) YES NO Expiration: _____
National Polygraph Association (NPA) YES NO Expiration: _____
American Polygraph Association (APA) YES NO Expiration: _____
and/or Utah Polygraph Association (UPA) YES NO Expiration: _____
- 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. These hours must be polygraph specific and at a minimum 25% (10hrs) must be PCSOT specific. If you are applying as a first time affiliate polygraph examiner, you may skip this step. If you re-apply and renew as an affiliate you will be required to meet these training requirements. In the event that you do not have a full 2yrs prior to reapplication these numbers may be amended to grandfather you in, upon request.

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.



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| Date | Sponsor | Subject (ex. PreEmp, PCSOT, etc.) | Location | CEU's |
|------|---------|-----------------------------------|----------|-------|
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TOTAL Polygraph CEU's (include PCSOT) _____ PCOST Specific CEU's _____

- 7) Number of DOC sex offense 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 two (2) redacted reports for QC review. Including one (1) sexual history and one (1) maintenance reports. *(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:
- A) Name of approved polygraph examiner supervising work: _____
- B) Supervisors E-mail: _____; Phone #: _____
- C) 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 shall consult with the supervisee for target



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identification and question selection on the first 5 exams conducted by the affiliate. I shall observe a minimum of 3 complete exams (typically via video) selected from the first 30 exams conducted by the affiliate. I shall conduct a quality control review of charts and questions utilized in a minimum of 2 randomly selected exam conducted by the affiliate per month. Furthermore, I shall provide verification of this supervision to the Department upon request.

Approved polygraph examiner signature
supervising the affiliate polygraph examiner

Date

- 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 PCSOT experience and training requirements outlined in the application above.

Applicant Signature

Date

Applicant Full Name (print)