Commonwealth of Virginia
Department of Professional and Occupational Regulation
9960 Mayland Drive, Suite 400
Richmond, Virginia 23233-1485
(804) 367-2566
www.dpor.virginia.gov



## Polygraph Examiners Advisory Board LICENSE/INTERN REGISTRATION APPLICATION

A check or money order payable to the <u>TREASURER OF VIRGINIA</u>, or a completed <u>credit card insert</u> must be mailed with your application package.

APPLICATION FEES ARE NOT REFUNDABLE.

To obtain a polygraph examiner license or intern examiner registration, your application package must include:

- A complete and legible application;
- A copy of your Virginia CCRE Report (dated no more than 30 days prior to the submission of this application);
- An official school transcript verifying your high school or college education (if applicable);
- An official school transcript or training certificate from a Department-approved polygraph school (if applicable);
- For reciprocity applicants, Certifications of Good Standing from each state in which you hold a current polygraph examiner license, certification, or registration; dated within the last 60 days; and
- For intern applicants, a completed Supervisor Endorsement Form.

## Select one license type you are requesting:

L	X	License Type	Irans	ree	<b>X</b>	License Type	irans	ree	
		1601- Polygraph Examiner by Exam	1005	\$200.00		1602- Polygraph Examiner Intern by Initial App	1020	\$75	
		1601- Polygraph Examiner by Re-Exam	1006	\$200.00		1602- Polygraph Examiner Intern by Reciprocity	1021	\$75	
Ī		1601 - Polygraph Examiner by Reciprocity	1021	\$190.00					
1.	<ul> <li>Have you administered polygraph examinations in a federal jurisdiction or the United States Military?</li> <li>No</li></ul>								
2.	I	Name						Concretion	
3.		Last First Middle					Generation		
J.	3. Provide one of the following identification numbers.  Social Security Number or Virginia DMV Control Number *								
4.		Date of Birth (Must be at least 18 years of age.)							
5.	ı	Mailing Address (PO Box accepted)	Mailing Address (PO Box accepted)						
		Mailing address will be printed on the licens	e.						
6.	;	Street Address (PO Box <u>not</u> accept PHYSICAL ADDRESS REQUIRED	_	City Check	k here i	State f Street Address is the <u>same</u> as the Mailing Address lister	d above.	Zip Code	
7.		Email Address		City		State		Zip Code	
OFFIC USE ONL	Ē	DATE FEE TRANS	CODE	ENTITY	Y #	FILE #/LICENSE #		ISSUE DATE	

8.	Cont	tact Nun	nbers						
9.	Dov	ou hove	on ovnirod n	Primary Telephone	ongo cortific	Alternate Telephone	Fax  Id by the Virginia Department of		
9.	Do you have an <u>expired</u> polygraph examiner license, certification or registration issued by the Virginia Department of Professional & Occupational Regulation?  No								
	Ye		If yes, comp	ete the following info	rmation:				
			•		6	Expir	red Date		
10.	Are v	vou anni	ū	nia Polygraph Exami		· · · · · · · · · · · · · · · · · · ·			
	No		ying for a ving	ma r orygraph Exami		gioti a torr.			
	Ye		If yes, please	e include a completed	d <u>Supervisor l</u>	Endorsement Form with yo	our application package.		
11.	Do you have a <u>current</u> or <u>expired</u> polygraph examiner license, certification or registration issued by another state or jurisdiction?  No  Yes  If yes, list all the license, certification, and registration in the following table and attach a Certification of								
			Licensure/Le	etter of Good Standin	g, dated with	n the last 60 days from ea	ach state/jurisdiction.		
	State/J			State/Jurisdiction		License, Certification o Registration No.	r Expiration Date		
12.	<ul> <li>Certifications of Licensure/Letter of Good Standing prepared by the state board or regulatory body must include: 1) the license/certification/registration number; 2) the initial date of licensure; 3) the expiration date of the license or renewal fee; 4) the means of obtaining licensure (i.e. exam, reciprocity, etc.); and 5) all closed disciplinary actions resulting in violations or undetermined.</li> </ul>								
12.	<ul> <li>A. Indicate the highest level of education you have completed. Select only <u>one</u>.</li> <li>         High School or GED: At least 5 years of experience as an investigator, a detective, or in a field that demonstrates your ability to practice polygraph is required.     </li> <li>         Required Documentation: A copy of a diploma or official school transcript.     </li> </ul>								
	Associate's Degree: At least 3 years of experience as an investigator, a detective, or in a field that demonstrates your ability to practice polygraph is required.  **Required Documentation:* Attach an official school transcript or degree verification.								
	Bachelor's Degree: No additional experience is required.								
	Required Documentation: Attach an official school transcript or degree verification. Skip to question #15.								
	B. N	lame an	d location of e	ducational institution					
					City		State Zip Code		
13.	Com	plete the	e following tab	e to document the re	•	ence.	State Zip Gode		
	Date	· }	Employer's	s Name & Address	, , ,	escription of Duties	Supervisor's Name & Title		
Fror	m	То	. ,				'		

**Required Documentation:** Attach a letter from each employer to verify all experience entries.

	Name and location of the board approved polygraph school where you completed the required training in detection of deception. A complete list of approved schools can be found on our website at: <a href="https://www.dpor.virginia.gov">www.dpor.virginia.gov</a>						
	Required Attachment: An official school transcript or verification of training completion attached	I to your application package.					
15.	Have you ever been subject to a disciplinary action taken by <u>any</u> (including Virginia) lobody?  No  Yes  If yes, complete the <u>Disciplinary Action Reporting Form.</u>	ocal, state or national regulatory					
16.	<ul> <li>A. Have you ever been convicted in any jurisdiction of a <i>felony</i>? Any guilty plea or p disclosed on this application. Do not disclose violations that were adjudicated a system.</li> <li>No</li> <li>Yes If yes, complete the <u>Criminal Conviction Reporting Form</u>.</li> </ul>						
	B. Have you ever been convicted in any jurisdiction of a <i>misdemeanor</i> involving to offense, non-marijuana drug distribution, physical injury, or relating to the practice plea or plea of nolo contendere must be disclosed on this application. Do not adjudicated as a minor in the juvenile court system.  No  Yes  If yes, complete the Criminal Conviction Reporting Form.	of the profession? Any guilty					
Virgo you a be you be se trade	gning this application, you acknowledge that if you are not a Virginia resident, or move of ginia Polygraph Examiner License, you understand that this application serves as a writ point the Director of the Department of Professional and Occupational Regulation, and ur true and lawful agent and attorney-in-fact, in your stead, upon whom all legal process rved and who is hereby authorized to enter an appearance on your behalf in any case of or profession practiced; and that by submitting this application you hereby agree that a sis duly served on said agent and attorney-in-fact shall be of the same legal force and values.	ten power of attorney, whereby his/her successors in office, to against and notice to you may r proceedings arising out of the any lawful process against you					
17.	I, the undersigned, certify that the foregoing statements and answers are true, are information that might affect the decision to approve this application. I certify that I we subject to any disciplinary action or convicted of a felony or misdemeanor (in any just requested license. I certify that I have read, understood and complied with all the laws of Title 54.1, Chapter 18, of the Code of Virginia and the Virginia Polygraph Examiner's	ill notify the Department if I am risdiction) prior to receiving the of Virginia under the provisions					
	Printed Name	_					