

**IDAHO
POST-CONVICTION SEXUAL OFFENDER POLYGRAPH
EXAMINER
INITIAL CERTIFICATION APPLICATION INFORMATION
AND INSTRUCTIONS**

Thank you for your interest in Idaho Post-Conviction Sexual Offender Polygraph Examiner Certification.

Please note the following:

- The application processing fee for initial certification is \$75. Only checks or money orders made payable to the Sexual Offender Management Board can be accepted.
- An attachment checklist can be found on the last page of the application to assist you in ensuring that required documentation is included.
- Information about provider qualifications and service standards is located in the SOMB's Standards and Guidelines for Adult Sexual Offender Management which are posted on the SOMB's website (<http://somb.idaho.gov>).

Rosters for certified providers are posted on the SOMB's website. If you wish to be included for service districts other than the location of your practice's office, please indicate the additional service districts on the application.

The SOMB typically meets on the 2nd Friday of each month. To be considered for certification review during any given month, your completed application and any required supporting documentation must be received by the SOMB no later than 30 days prior to a regularly scheduled meeting date.

Please mail your completed application and attachments to:

**SOMB Application
Attn: Accounts Receivable
Idaho Department of Correction
1299 N Orchard St, Ste 110
Boise, ID 83706**

Questions may be directed to the SOMB office.

FOR OFFICE USE ONLY	
DATE RECEIVED	ISSUANCE DATE
CERTIFICATE #	

IDAHO POST-CONVICTION SEXUAL OFFENDER POLYGRAPH EXAMINER CERTIFICATION APPLICATION

Check All That Apply:

Senior/Approved Post-Conviction Sexual Offender Polygraph Examiner

Associate/Supervised Post-Conviction Sexual Offender Polygraph Examiner

Please Type or Print Clearly – Carefully follow all instructions provided. It is the responsibility of the applicant to submit or request to have submitted all supporting documents. Failure to do so could result in a delay in processing your application. **Refer to the certification requirements and application procedures outlined in the Idaho SOMB's Standards and Guidelines for Adult sexual Offender Management.**

DEMOGRAPHIC INFORMATION

Applicant's Name: Last		First	Middle Initial
Business Name & Address 1		Telephone	
City		State	ZIP
Mailing Address if Different From Above		Alternate Telephone	
City		State	ZIP
Business Name & Address 2		Telephone	
City		State	ZIP
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth	E-mail Address	
List Any Other Names You Have Been Known Under			
Which Judicial Districts Would You Like to be Listed Under on the Post-Conviction Sexual Offender Polygraph Examiner Roster?			

Minimum Educational Requirements

Persons certified by the SOMB to conduct post-conviction sexual offender polygraph examinations must: Have graduated from an American Polygraph Association (APA) accredited polygraph school.

EDUCATION INFORMATION

Full Name, City and State APA School Attended	Attendance		Date Graduated
	Entrance Date	Ending Date	

PROFESSIONAL EXPERIENCE

List all law enforcement and/or polygraph experience for up to the past 5 years in chronological order. (Exclude activities listed under other sections.) (Attach additional sheet if necessary.)

Indicate Nature of Experience, Agency and Location	Inclusive Dates of Experience	
	Beginning Date	Ending Date

PROFESSIONAL EXPERIENCE/SPECIALIZED TRAINING REQUIREMENTS

Senior/Approved Post-Conviction Sexual Offender Polygraph Examiner:

1. You must have completed a minimum of 100 polygraph examinations;
2. Of the 100 polygraph examinations 20 must be PCSOT polygraph examinations within the three (3) years immediately preceding this application to include a minimum of:
 - a. 10 sexual history polygraph examinations;
 - b. 10 maintenance polygraph examinations;

Do you have at least 100 polygraph examinations? Yes No

Do you have at least 10 sexual history polygraph examinations? Yes No

Do you have at least 10 maintenance polygraph examinations? Yes No

PROFESSIONAL INFORMATION

1. Approximately how many post-conviction sexual offender polygraph examinations have you conducted in the past 3 years?
2. Approximately how many polygraph examinations (excluding post-conviction sexual offender polygraphs) have you conducted in the past 3 years?
3. Have you ever been denied membership in, or terminated from a professional organization?
 Yes No (If yes, provide & attach a full explanation.)
4. Have you ever had a professional license, certification or registration revoked, suspended, or otherwise sanctioned; or have you ever surrendered such credential to avoid or in connection with action by the oversight authority?
 Yes No (If yes, provide & attach a full explanation.)
5. Are you currently being investigated for or pending resolution of an alleged ethical standards violation?
 Yes No (If yes, provide & attach a full explanation.)
6. Have you ever been convicted, entered a plea of guilty, nolo contendere or a plea of similar effect; or had prosecution or sentence deferred or suspended, in connection with:
 Yes No The use or distribution of controlled substances?
 Yes No Criminal sexual or violent behavior?
 Yes No Any other crime, other than minor traffic infractions? (Including DUI and reckless driving.)
(If yes to any of the above, provide & attach a full explanation.)

ASSURANCES AND RELEASE

I acknowledge and agree to the following:

I have read this entire application. Answered all question truthfully and completely and to the best of my knowledge, the documentation provided in support of my application is accurate.

I have read and will comply with Idaho laws and rules, including the Idaho SOMB's Standards and Guidelines governing Adult Sexual Offender Management Practices and agree to carry out the standards to the best of my ability related to the certification for which I am applying.

I give permission for the Idaho Sexual Offender Management Board (SOMB) to investigate my background as it relates to statements contained in this application for certification. I understand that intentionally false or misleading statements or intentional omissions may result in the denial or revocation of certification. I further understand that the SOMB may require additional information from me prior to making a determination regarding my application.

I understand that the information contained in my SOMB certification application file may be shared with SOMB staff or other authorized representatives.

I hereby authorize all organizations, my references, employers (past and present), business and professional associates (past and present), and all governmental agencies and instrumentalities (local, state, or federal), including professional licensing boards, to release upon the request of the SOMB or its authorized representatives any information files or records required by the SOMB in connection with processing this application. I understand that by signing this form I am authorizing the release of information about me that may otherwise be protected or confidential.

I certify that although membership is not required, I subscribe to the ethical principles, codes, practices standards and guidelines for the administration of polygraph examinations set forth by the American Polygraph Association (APA) and/or the American Association for Police Polygraphists (AAPP); further, I am familiar with the standards and guidelines pertaining to post-conviction polygraph examinations as applicable to Sex Offender Management Board.

I further agree to hold the SOMB members and its staff or authorized representatives free from any civil liability for damages or complaints by reason of any action that is within the scope of the performance of their duties which they may take in connection with this application and/or the failure of the SOMB to issue certification.

Upon certification and as a condition of continued certification, I understand the SOMB members or its authorized representatives may contact or question, as necessary, any person, institution or organization during an investigation into any complaint made against me or as part of the quality assurance process.

Applicant Signature

Date

Please PRINT your name below exactly as you wish it to appear on your certificate.

PRINT

REFERENCES AND CONTACT INFORMATION

Please list the names, current addresses and phone numbers of (3) individuals who are familiar with your professional qualifications:

- One from a peer outside of your place of business who is PCSOT certified;
- One from a professional who is certified by the SOMB as a Sexual Offender Treatment Provider who is familiar with your polygraph practices; and
- One from a supervision officer/manager from a previous employer.

You are responsible for sending copies of the enclosed Letter of Reference form to the individuals you have listed below. They will be instructed to mail the completed forms directly to the SOMB.

1. Name:

Position/Organization:

Address:

Telephone Number:

2. Name:

Position/Organization:

Address:

Telephone Number:

3. Name:

Position/Organization:

Address:

Telephone Number:

Optional: Provide a list of any names, current addresses and phone numbers of (2) Idaho Dept. of Correction Community Corrections. (Probation/Parole) or other law enforcement or Health and Welfare agency employees who are *not* listed as your references, but with whom you regularly work.

1. Name:

Position:

Address:

Telephone Number:

2. Name:

Position:

Address:

Telephone Number:

**LETTER OF REFERENCE FOR
POST-CONVICTION SEXUAL OFFENDER POLYGRAPH EXAMINER
CERTIFICATION APPLICANT**

(Applicant name) _____ has applied to be an Idaho Certified Post-Conviction Sexual Offender Polygraph Examiner.

The applicant has requested that you provide a statement regarding his/her professional and ethical qualifications. Your responses will not be shared with the applicant. Upon completion please mail or fax this letter of reference directly to the address/fax number listed below.

1. Your name and occupation: _____
2. You have known the applicant: professionally for _____ years; personally for _____ years.
3. How are you familiar with the applicant's work regarding polygraph examination of sexual offenders?
4. Do you believe the applicant demonstrates ethical integrity in professional and personal behavior?
 Yes No (If No, provide & attach an explanation.)
5. To the best of your knowledge, has the applicant ever been accused, investigated, and/or involved in unprofessional, illegal or unethical conduct?
 Yes No (If Yes, provide & attach an explanation.)
6. Please list the applicant's strengths and weaknesses regarding his/her work with convicted sexual offenders:
7. In your opinion, would you recommend this applicant for Post-Conviction sexual Offender Polygraph Examiner Certification?
 I highly recommend I recommend
 I have reservations about recommending I strongly do not recommend
(Provide & attach an explanation.)

.....
I certify that to the best of my knowledge, the answers and statements provided above are true and complete.

Signature Date Telephone

Please return this reference to: Sexual Offender Management Board
c/o Idaho Dept. of Correction
1299 N Orchard St. Ste 110
Boise, ID 83706
FAX (208) 287-3322

ATTACHMENTS

Have you attached the following?

- ___ Documentation verifying PCSOT training completion from an APA accredited polygraph school;
- ___ Documentation verifying proof of professional liability insurance;
- ___ The Supervision Agreement (Associate/Supervised applicant);
- ___ Documentation verifying completion of Polygraph Examination training and Post-Conviction Sexual Offender Testing; Documentation verifying completion of any additional specialized training reported;
- ___ Copies of two (2) redacted PCSOT polygraph examination reports that were conducted by a Senior/Approved Post-Conviction Sexual Offender Polygraph Examiner applicant in the previous year;
- ___ Signed Assurances and Release form; and
- ___ Application processing fee – check or money order in the amount of \$75 made payable to the Sexual Offender Management Board (non-refundable).

Please mail your application and attachments to:

SOMB Application
Attn: Accounts Receivable
Idaho Dept. of Correction 1299
N. Orchard St. Suite 110

Please direct questions to:

Sexual Offender Management
Board c/o Idaho Dept. of
Correction 1299 N. Orchard
St. Suite 110 Boise, ID 83706
(208) 658-2002