

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

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

Please note the following:

- The application processing fee for certification renewal is \$50. 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 less 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 Advancement to Senior/Approved PCSOT 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	
Has Your Business Address Changed Since Your Last Application? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Birth	E-mail Address	

Which Judicial Districts Would You Like to be Listed Under on the Post-Conviction Sexual Offender Polygraph Examiner Roster?

PROFESSIONAL INFORMATION

- Please include copies of two (redacted) PCSOT polygraph reports that you conducted within the past 2 years**

- Approximately how many post-conviction sexual offender polygraph examinations have you conducted in the past 2 years?
- Approximately how many polygraph examinations (excluding post-conviction sexual offender polygraphs) have you conducted in the past 2 years?
- In the past 2 years have you been denied membership in or terminated from a professional organization?
 Yes No (If yes, please attach a full explanation.)

4. In the past 2 years have you 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. In the past 2 years have you 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.)

CONTINUING EDUCATION

Continuing Education Requirement:

Completion of a minimum of 30 hours of continuing education in the form of workshops, conferences, or symposia related to the field of polygraphy over the past two (2) years.

- List the qualifying training related to the field of polygraphy completed in the past 2 years;
- Teaching relevant coursework at an accredited university or college, or providing training at a conference or workshop (to be reviewed by the SOMB) can substitute for up to on-third (10 hours) of the total of 30 continuing education hour requirements.

Additionally, please provide documentation verifying your attendance and completion (such as copies of programs or course certificates).

Seminar Name	Date	Location	Sponsor	Hours
Total Hours				

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 Sexual 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

REQUEST FOR CONDITIONAL WAIVER

Applicants may apply for a conditional waiver only if they do not fully meet the continuing education requirements at the time of renewal.

Provisions:

1. Conditional waivers are limited to a period of two years, to afford the applicant time to attain the qualification requirements for the level of certification the applicant is seeking.
2. An applicant who is granted a conditional waiver may not represent himself/herself as a Certified PCSOT examiner.
 - a. An applicant who is granted a conditional waiver shall represent himself/herself as an **"Approved Senior (or Associate) Post-Conviction Sexual Offender Polygraph Examiner by Waiver."**
 - b. The certified PCSOT roster published by the SOMB will identify a sexual offender treatment provider who is granted a conditional waiver, and will indicate the date the waiver expires.
3. The applicant must have a training plan to achieve full qualification requirements for the level of certification that the applicant is seeking.
4. Documentation must be included with the post-conviction sexual offender examiner ***renewal*** application verifying his/her progress in attaining full qualification requirements for the level of certification the applicant is seeking.
5. If an applicant has not achieved the full qualification requirement for the level of certification originally sought during the two-year conditional waiver period, the waiver will be cancelled and the applicant will be placed in a less independent level of certification. Waivers will not be renewed.

I certify that I understand and agree to abide by the provisions for an approved post-conviction sexual offender polygraph examiner conditional waiver.

Attached to this application is:

- A statement indicating why my request for conditional waiver should be considered; and
- A statement outlining my intended training plan to achieve full qualifications for the level of certification that I am seeking.

Applicant Signature

Date

ATTACHMENTS

Have you attached the following?

- ___ Documentation verifying proof of professional liability insurance;
 - ___ Documentation verifying completion of continuing education reported;
 - ___ The Supervision Agreement (Associate/Supervised applicant);
 - ___ Copy of cumulative log of supervised hours (Associate/Supervised applicant);
 - ___ Copies of two (2) redacted PCSOT polygraph reports completed within the past 2 years;
 - ___ Conditional Waiver with training plan (if applicable);
 - ___ Signed Assurances and Release form; and
 - ___ Application processing fee – check or money order in the amount of \$50 made payable to the Sexual Offender Management Board.
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Please mail your application and attachments to:

SOMB Application
Attn: Accounts Receivable
Idaho Dept. of Correction
1299 N. Orchard St. Suite 110
Boise, ID 83706

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