

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

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Thank you for your interest in Idaho Post-Conviction Sex 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 Sex 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 2<sup>nd</sup> 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 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 SEX OFFENDER POLYGRAPH EXAMINER CERTIFICATION APPLICATION

**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 Sex 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 Sex Offender Polygraph Examiner Roster?			

### Minimum Education/Experience Requirements

Persons certified by the SOMB to conduct post-conviction sex offender polygraph examinations must:

- Hold a bachelors degree from an accredited university or college in a relevant area of study such as criminal justice, sociology, psychology, or education; or
- Hold a high school diploma or its equivalent and at least 4 years (8000 hours) of law enforcement investigation experience.

### EDUCATION INFORMATION

Highest degree earned \_\_\_\_\_ Year \_\_\_\_\_  
In the spaces below, provide a chronological listing of your education including high school or equivalency and/or any post-secondary education. (Attach additional sheet if necessary.)

Full Name, City and State Schools Attended	Attendance		Date Graduated	Degree/Diploma Earned	Major Area of Study	If No Degree, # of Semester/Qtr Hrs Earned
	Entrance Date	Ending Date				

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	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 INFORMATION**

1. Approximately how many post-conviction sex offender polygraph examinations have you conducted in the past 3 years?
  
2. Approximately how many polygraph examinations (excluding post-conviction sex 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, please 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, please attach a full explanation.)

5. Are you currently being investigated for or pending resolution of an alleged ethical standards violation?

Yes  No (If yes, please 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, please attach a full explanation.)

### SPECIALIZED TRAINING

**Specialized Training Requirement:**

Completion of a minimum of 40 hours of formal post-conviction sex offender polygraph testing training from a program or school accredited by the American Polygraph Association, beyond a basic polygraph training course is required.

- List the qualifying post-conviction sex offender polygraph testing training(s) completed;
- List basic polygraph training course(s) completed;
- Also list any additional relevant training which you have attended in the past 3 years.

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

Seminar Name	Date	Location	Sponsor	Hours
<b>Total Hours</b>				

## ASSURANCES AND RELEASE

I certify that I have:

- Read this entire application;
- Answered all questions 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 as established by the Association for the Treatment of Sexual Abusers (ATSA).

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.

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Applicant Signature

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Date

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

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**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 Sex Offender Treatment Provider who is familiar with your polygraph practices; and
- One from a supervision officer/manager from the Idaho Department of Correction who is familiar with your polygraph practices.

**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:

Please list the 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 SEX OFFENDER POLYGRAPH EXAMINER CERTIFICATION APPLICANT

(Applicant name) \_\_\_\_\_ has applied to be an Idaho Certified Post-Conviction Sex 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, please 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, please attach an explanation.)
6. Please list the applicant's strengths and weaknesses regarding his/her work with convicted sex offenders:
7. In your opinion, would you recommend this applicant for Post-Conviction Sex Offender Polygraph Examiner Certification?  
 I highly recommend  I recommend  
 I have reservations about recommending  I strongly do not recommend  
(Please 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 qualifying formal educational or alternate professional experience;
  - Documentation verifying current malpractice insurance;
  - Documentation verifying completion of Polygraph Examination training and Post-Conviction Sex Offender Testing;
  - Documentation verifying completion of any additional specialized training reported;
  - 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.
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SOMB Application  
Attn: Accounts Receivable  
Idaho Dept. of Correction  
1299 N. Orchard St. Suite 110  
Boise, ID 83706

**Please direct questions to:**

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