



California Sex Offender Management Board

1515 S Street, 212-North, Sacramento, CA 95811
Telephone: (916) 323-2660 Web: www.casomb.org

CASOMB PCSOT Intern Form

Form must be completed by each Polygraph Examiner Intern and each PCSOT trained supervising examiner. If you have more than one (1) supervising examiner, a new form must be started by the intern. The intern and the supervisor should maintain a copy of this form. As this form may be requested by provider agencies/treatment providers and or supervising agents. (November 2021)

Date:

Name of Intern:

Name of American Polygraph Association (APA) approved Polygraph School (basic):

Date of Graduation:

Number of Continuing Education Hours attended in last two years:

Name of APA approved PCSOT Course:

Date of Completion:

Name of Supervising Examiner:

Name of American Polygraph Association (APA) approved Polygraph School (basic):

Date of Graduation:

Name of APA approved PCSOT Course:

Date of Completion:

Total number of PCSOT Continuing Education hours received in last two (2) years:

Date Supervising Examiner submitted CASOMB PCSOT trained examiner form:



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Polygraph Examinations Supervised/Reviewed

Each exam that has been supervised must include the following information on the Intern log:

1. Type of Exam Reviewed (Maintenance, Monitoring, Instant Offense, Sexual History I, Sexual History II)
2. Date of Exam completed and reviewed
3. Method of reviewing the examination (in person, video)
4. Polygraph Report Review and Approval Date

I state that intern _____ has completed twenty-five (25) supervised tests and has satisfactorily met the requirements to conduct PCSOT Polygraph Examinations independently according to the intern supervisor.

Signature of Supervising Examiner:

Date signed:

Print Name:

Mailing Address:

Telephone Number:

Intern Polygraph Examiner read and acknowledge the following:

Under penalty of perjury, I state that I possess the qualifications listed above to be recognized as a PCSOT trained examiner by the California Sex Offender Management Board (CASOMB). I agree to comply fully with the Standards of Practice set forth by the CASOMB. I understand that any false statement or representation on my part associated with this application will be sufficient cause for the revocation of this recognition.

If requested, I understand, I must provide proof or certificates of the above requirements to be recognized by CASOMB as a PCSOT trained examiner. I also understand it is also my responsibility to provide CASOMB with trainings and seminars I attend to maintain my recognition with CASOMB if so requested.

Signature of Intern:

Date signed:

Print Name:

Mailing Address:

Telephone Number:

Email:



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Polygraph Intern Log				
Date of Exam	Type of Exam	Method of Reviewing	Review and Approval Date	Supervisor Initials
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