PCSOT Trained Polygraph Examiner Form

Directions for Treatment Providers:

CASOMB does not certify polygraph examiners. However, CASOMB has <u>Post-Conviction Sex Offender Polygraph Standards</u> that shall be followed as part of Containment Model Treatment. Treatment Providers are responsible for ensuring that polygraph examiners they contract with or refer to meet the minimum qualifications to conduct Post-Conviction Sex Offender Testing (PCSOT) exams for CASOMB certified programs. During compliance reviews CASOMB may request supporting documentation.

The following qualifications must be met:

- 1. Must have attended and graduated from a Polygraph Examination School that is accredited by the <u>American Polygraph Association</u> (APA), as well as an APA PCSOT course.
- 2. Must have completed 25 PCSOT exams, under the supervision of an experienced PCSOT examiner. It is strongly recommended that the CASOMB PCSOT Intern Form (hyperlink form is added to the website) can be made available upon request.
- 3. An intern may complete PCSOT examinations for CASOMB provider agencies if under the supervision of an experienced PCSOT examiner. If under supervision, the supervisor should be included in all communication among the Containment Team.
- 4. Polygraph examiners must complete 30 CE hours every two (2) years. Membership in a professional organization such as California Polygraph Examiners Association will track examiners compliance with CE requirements and PCSOT education. CAPE does not currently enforce CASOMB's intern standards. Examiners that come from outside of California may not be included in CAPE's list. CAPE's list is a resource, however CAPE does not enforce all of the CASOMB Standards of Practice for PCSOT polygraph examinations.

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This form is recommended to be completed and submitted to each treatment provider.

Examiner Name:

Date:

Name of American Polygraph Association (APA) approved Polygraph School (basic):	
Date of Graduation:	
Name of APA approved PCSOT Course:	
Date of Completion:	
If examiner has completed an APA approved PCSOT Course after November 2021, d supervised tests were completed and name of the Supervising PCSOT Polygraph Example whom supervised the internship:	
Total number of PCSOT Continuing Education hours received in last two (2) years:	
Name of professional polygraph association(s) that you are a member of:	
Under penalty of perjury, I state that I possess the qualifications listed above to be recognia PCSOT trained examiner by the California Sex Offender Management Board (CASOI agree to comply fully with the Standards of Practice set forth by the CASOMB. I under that any false statement or representation on my part associated with this application varieties to cause for the revocation of this recognition.	OMB) erstanc
If requested, I understand, I must provide proof or certificates of the above requirements be recognized by CASOMB as a PCSOT trained examiner. I also understand it is my responsibility to provide CASOMB with trainings and seminars I attend to make my recognition with CASOMB if so requested.	s also
Signature: Date signed:	
Print Name:	
Mailing Address:	
Telephone Number:	
Email:	