

**FLORIDA POLYGRAPH ASSOCIATION (FPA)**  
**APPLICATION FOR FPA CERTIFIED SEX OFFENDER TESTING EXAMINER**

Those FPA members who have successfully completed the requirements set forth in the FPA Standards And Principles of Practice, Section III, and are therefore considered to possess the requisite knowledge to conduct PCSOT polygraph testing in conjunction with Sex Offender Treatment And Monitoring Programs, may make application to the FPA Board for certification by completing this form and sending it to the director of the Randall Jones School For Continuing Education or to any current FPA Board Member.

APPLICANT NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

COUNTIES OF OPERATION: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

BUSINESS PHONE NUMBER: \_\_\_\_\_

BUSINESS E-MAIL ADDRESS: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

POLYGRAPH ACCREDITED SCHOOL GRADUATED FROM: \_\_\_\_\_

DATE GRADUATED: \_\_\_\_\_ . Copy of Diploma attached \_\_\_\_\_

FPA MEMBER SINCE: \_\_\_\_\_ . APA/AAPP/NPA MEMBER: \_\_\_\_\_

ORIGINAL APA ACCREDITED BASIC PCSOT 40 HOUR COURSE COMPLETED: \_\_\_\_\_

Copy of completion attached: \_\_\_\_\_

FURTHER PCSOT EXAMINER TRAINING: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE APPLICATION SENT (E-mailed) in: \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_

DATE APPROVED BY FPA BOARD OF DIRECTORS: \_\_\_\_\_

**APPLICANT CERTIFICATION**

I hereby certify that the information provided by me, along with the required attachments, is true and accurate. In addition, I certify that I meet all the qualifications as listed in Section III of the FPA Standards And Principles of Practice. I hereby agree to fully comply with the Post Conviction Sex Offender Guidelines as enacted by the Florida Polygraph Association.

SIGNATURE OF APPLICANT: \_\_\_\_\_

**NOTARY**

STATE OF FLORIDA OR OTHER JURISDICTION: \_\_\_\_\_

COUNTY OF: \_\_\_\_\_

The foregoing instrument was acknowledged, and sworn to, before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, by \_\_\_\_\_, who is personally known to me, or who has produced \_\_\_\_\_ as identification.

**NOTARY SEAL**

NOTARY PUBLIC: \_\_\_\_\_

My Commission expires: \_\_\_\_\_