

Ohio Association of Polygraph Examiners
APPLICATION FOR CERTIFIED POLYGRAPHIST

Last Name	First	Middle Initial
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Home Address	City	State	Zip
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Home Phone Number	Business Number	Fax Number
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Business Address	City	State	Zip
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How many years of polygraph experience do you have? _____

What is the total number of polygraph examinations you have conducted? _____

What is the total number of polygraph examinations you have conducted in the past year? _____

Name of Polygraph School	School Director	Graduation Date
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School Address	City, State, Zip	Phone Number
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(attach a copy of diploma or other document ation as proof of graduation)

Continuing education course/class name	Address, City, State, Zip	Hours
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Continuing education course/class name	Address, City, State, Zip	Hours
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Continuing education course/class name	Address, City, State, Zip	Hours
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Have you ever been denied certification by any other certifying body? _____

As an adult, have you been convicted of any felony or misdemeanor? _____

Have you ever been denied a polygraph license? _____

(if you answered yes to any of the above questions, provide details and explanation on a separate paper)

Character Reference	Address	City, State, Zip	Phone ar
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Character Reference	Address	City, State, Zip	Phone
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Character Reference	Address	City, State, Zip	Phone
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(all character references must be active polygraphists)

Fees to be submitted with this application are: \$15.00 if for an initial certification application, \$10.00 if for a renewal certification application. Return application and fee to Ohio Association of Polygraph Examiners Certification Program, 4130 Linden Avenue, Suite 232, Dayton, OH 45432.

If the applicant does not meet the foregoing qualifying certification standards on this application, certification may be denied.

By signing my name below, I affirm that all information contained within this application is true and accurate. Further, I agree that I will abide by all applicable federal, state and local laws regarding polygraph and its use. I will also abide by all rules and regulations of the certification program. I agree to have my certification revoked, suspended or removed should the grievance committee find cause to do so. I will hold all officers and members harmless in such matters.

Signature of Applicant

Sworn to and acknowledged before me this _____ day of _____, 19____.

Notary Public

My commission expires