Commonwealth of Virginia
Department of Professional and Occupational Regulation
9960 Mayland Drive, Suite 400
Richmond, Virginia 23233-1485
(804) 367-2566
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Department of Professional and Occupational Regulation

Polygraph Examiners Advisory Board
SUPERVISOR ENDORSEMENT FORM
No Fee Required

The individual serving as the supervisor of the intern applicant must complete this form.

INTERN APPLICANTS ONLY

1. Intern's Name _____ (Last) _____ (First) _____ (Middle) _____ (Generation)

2. Provide **one** of the following identification numbers.

   ☐ Social Security Number or ☐ Virginia DMV Control Number ✳ ☐☐☐ - ☐☐ - ☐☐☐☐

   ✳ State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.

3. Supervisor's Name _____ (Last) _____ (First) _____ (Middle) _____ (Generation)

4. Supervisor's Business Address _____

   _____ (City) _____ (State) _____ (Zip Code)

5. Mailing Address (PO Box accepted)
   If a mailing address is submitted, the mailing address will be printed on the license.

   _____

   _____ (City) _____ (State) _____ (Zip Code)

6. Street Address (PO Box not accepted)
   PHYSICAL ADDRESS REQUIRED

   ☐ Check here if Street Address is the same as the Mailing Address listed above.

   _____

   _____ (City) _____ (State) _____ (Zip Code)

7. Email Address _____

8. Supervisor's Contact Information _____ (Primary Telephone) _____ (Cellular/Work Telephone)

   Email Address _____

9. Do you hold a polygraph examiner license issued by the Virginia Polygraph Advisory Board?

   No ☐ If no, you must submit evidence of your qualifications to supervise the applicant's internship. ◆

   Yes ☐ If yes, complete the following information:

   Virginia License Number 1 6 ☐☐☐☐☐☐☐☐ Expiration Date _____

   ◆ An original Certification of Licensure/Letter of Good Standing (dated within the last 60 days), prepared by the state board or licensing body through which you are currently licensed for each state, territory, jurisdiction or possession of the United States is required. Certifications must include: 1) The license/certification/registration number; 2) The initial date of licensure; 3) The expiration date of the license; 4) Method of licensure (i.e. exam, reciprocity, experience) and 5) Statement of any disciplinary action.

10. Describe the frequency of contact expected between you and the intern during the applicant's internship:

11. Describe the procedures you plan to use to review and evaluate the intern's performance:

12. Describe the polygraph techniques the intern will be using during the internship.

13. I, the undersigned, certify that the foregoing statements and answers are true, and I have not suppressed any information that might affect the Board's decision to issue a Polygraph Examiner Intern Registration to the above-named applicant. I agree to supervise the applicant's internship as required by the *Polygraph Examiners Advisory Board Regulations*. I understand that I must provide personal and direct on-premise supervision of the intern and review all the intern's charts prior to rendering any opinion or conclusion on any polygraph examination administered by the intern. I also understand that I must submit a written statement to Department of Professional and Occupational Regulation when the internship has been successfully completed.

Printed Name _____

Supervisor's Signature _____ Date _____