



**American Association of Police Polygraphists, Inc.
(AAPP)
Supporting Documents to Accompany
APPLICATION FOR CERTIFICATION**

Print name: _____ AAPP No. _____
First Middle Initial Last

Name of polygraph school: _____ Graduation Date: _____

Name of your Intern Sponsor: _____

Intern sponsor's telephone: (_____) _____ Date internship completed: _____

Number of polygraph examinations conducted: _____

Total number of continuing education hours completed in the last three (3) years: _____

The last AAPP Conference I attended took place in _____ on _____
(Please attach copies of continued professional education) Location Date

Please attach photocopies of "Continuing Education" Training Certificates for the last three (3) years.

This detailed information sheet must accompany the application for certification. If sufficient requirements have not been completed during the present calendar year you may use the previous three (3) calendar years for consideration. The information contained must be verifiable upon request. You are notified that verification will be requested on a random basis or at the specific request of any member of the American Association of Police Polygraphists (AAPP).

Send completed application along with the \$25.00 processing fee to:

Bob Heard – Polygraph Detail
SBSD – Headquarters
655 E. Third St
San Bernardino, CA 92415

CERT#2 R11/05



**American Association of Police Polygraphists, Inc.
(AAPP)**
**Application for Review and Designation as:
Certified Forensic Law Enforcement Examiner**

REQUIREMENTS:

1. Active or Life Member in good standing of the American Association of Police Polygraphists.
2. Graduation from a formal Polygraph training school recognized and approved by the Board of Directors of the American Association of Police Polygraphists.
3. Completion of a supervised polygraph program by an experienced polygraph examiner, commonly referred to as an internship whether formal or informal.
4. Completion of a minimum of two hundred (200) polygraph exams.
5. Currently active in the supervision or administration of polygraph examinations.
6. Completion of twelve (12) hours annually of continuing professional education in polygraph technique and instrumentation approved by the Board of Directors the American Association of Police Polygraphists, to include attendance at a minimum of one (1) AAPP seminar during the past three (3) years. Certification will be valid for a period of three (3) years from the date of the last AAPP Annual Seminar attended. I understand that I must re-apply for certification when my certification expires.

I certify that I possess the qualifications listed above for certification and hereby make application for same. I understand that by accepting certification I agree to comply fully with the Law Enforcement Polygraph Standards and Principals as set forth by the American Association of Police Polygraphists. I understand that any false statement or representation on my part associated with this application for certification will be sufficient cause for the revocation of certification.

SIGNATURE _____

PRINT NAME _____
First Middle Last

MAILING ADDRESS: _____
Street Address or P. O. Box

Additional Line for Address

City, State, Zip Code

TELEPHONE: _____ EMAIL: _____

***Note: The \$25.00 processing fee must accompany application.
Make check payable to AAPP.***