

Michigan Department of Licensing and Regulatory Affairs
 Bureau of Commercial Services
 Licensing Division
 FORENSIC POLYGRAPH EXAMINERS
 P.O. Box 30018, Lansing, MI 48909
 517-241-8205
 www.michigan.gov/polygraph

POLYGRAPH INTERN SUPERVISOR APPLICATION

Authority: P.A. 295 of 1972, as amended.

I hereby request approval from the Board of Forensic Polygraph Examiners to become an Intern Supervisor. I agree to undertake all the responsibilities required by the Board and further agree to abide by all provisions of Act 295, the Public Acts of 1972, as amended, together with rules, regulations and policies issued thereto. I understand that Administrative Rule 338.9008 addresses Intern Supervisor submission of information.

In submitting this application, I attest to the fact that I have met the necessary requirements for approval and have attached information verifying my qualifications, providing such documentation has not been previously filed with the Department. I understand that my logs of the required 400 polygraph examinations, of which 150 must be specific issue examinations, are subject to audit, by the Department, to verify my qualifying experience.

APPLICANT INFORMATION		
Name (First, Middle, Last)		
Mailing Address (Number, Street, City, State, Zip Code)		
Polygraph License Number 60-01-	Daytime Telephone ()	E-mail Address
Description of Internship Facilities (physical layout, monitoring system, equipment to be used)		
Please check which item(s) you have performed in the preceding 24 months from the date of this application and attach verification: <input type="checkbox"/> Attended one or more seminars or workshops dealing with topics related to polygraph testing where seminars total not less than 40 hours of attendance. <input type="checkbox"/> Completed not less than 15 semester hours of academic course work at an accredited college or university. <input type="checkbox"/> Completed not less than 10 semester hours of academic course work at an accredited college or university and attended one or more seminars or workshops approved by the Board dealing directly with the polygraph technique, where such workshops or seminars total not less than 20 hours of attendance.		
NOTE: Please provide documentation from your employer(s) that you have had three (3) continuous and consecutive years of experience in administering polygraph examinations.		
EDUCATION - Please provide a copy of your transcripts		
Name of College Attended	Date of Graduation	Degree Granted
CERTIFICATION		
I hereby swear that all statements made in this application are true to the best of my knowledge. I have not withheld any information which might affect the standards applied with regard to approval or denial of this application. I am aware that a false statement or dishonest answer may be grounds for denial of my application or disciplinary action on my license or may be punishable by law. I hereby authorize the Michigan Department of Licensing and Regulatory Affairs and its agents to investigate any statements made by me in this application, including criminal, civil, and administrative records.		
Applicant's Signature		Date