Commonwealth of Virginia
Department of Professional and Occupational Regulation
9960 Mayland Drive, Suite 400
Richmond, Virginia 23233-1485
(804) 367-6166
www.dpor.virginia.gov

**Polygraph Examiners Advisory Board**
**INTERNSHIP COMPLETION & LICENSE EXAM FORM**
**Fee $200.00**

**Note: If you are applying for examination as a federal employee or member of the military, pursuant to board regulation 18VAC120-30-90, you are not required to complete this form. Please complete the LICENSE/INTERN REGISTRATION APPLICATION.**

**Instructions:**
**Section A: The applicant must complete this section.**
**Section B: The intern supervisor must complete this section. This supervisor must be the same individual who signed the Supervisor Endorsement Form submitted with the applicant's original License/Intern Application.**

## Section A

1. Name _____
   First Middle Last Generation (SR, JR, III)
2. Social Security Number ✳ ☐☐☐ - ☐☐ - ☐☐☐☐
3. Date of Birth _____
4. Street Address (PO Box not accepted) _____
   City, State, Zip Code _____
5. Examination Date Requested _____ ❊ ***See attached examination schedule.***
6. Signature _____ Date _____

## Section B

Supervisor's Name _____
First Middle Last Generation (SR, JR, III)

Supervisor's VA Polygraph Examiner License Number (if applicable) 1601

Supervisor's Business Address _____

City, State, Zip Code _____

Telephone & Facsimile Numbers ( ) - Telephone ( ) - Facsimile ( ) - Beeper/Cellular

Dates of Internship From _____ To _____

I, the undersigned, certify that the above-named applicant has successfully completed a Polygraph Examiner Internship during a period of at least six months. I certify that during this internship, I provided personal and direct on-premise supervision of the intern and reviewed all the intern's charts prior to rendering any opinion or conclusion on any polygraph examination administered by the intern.

Signature _____ Date _____

✳ 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.

| OFFICE USE ONLY | DATE | FEE | CLASS OF FEE | LICENSE NUMBER | ISSUE DATE |
|---|---|---|---|---|---|
| | | | | 1601 | |