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
SUPERVISOR ENDORSEMENT FORM

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

1. Applicant's Name _____
   First Middle Last Generation (SR, JR, III)
2. Applicant's Social Security Number ✳ ☐☐☐ - ☐☐ - ☐☐☐☐
3. Supervisor's Name _____
   First Middle Last Generation (SR, JR, III)
4. 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 ☐ Virginia License Number 1601 Expiration Date _____
   ❊ A Certification of Good Standing, dated within the last 60 days from the state or jurisdiction in which you are licensed, certified or registered must be attached.
5. Supervisor's Business Address _____
   City, State, Zip Code _____
6. Telephone & Facsimile Numbers ( ) - Telephone ( ) - Facsimile ( ) - Beeper/Cellular
7. Describe the frequency of contact expected between you and the intern during the applicant's internship.
8. Describe the procedures you plan to use to review and evaluate the intern's performance.
9. Describe the polygraph techniques the intern will be using during the internship.
10. 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 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.

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.