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



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	First	Middle		Generation		
2.	Provide <u>one</u> of the following identification		iviiuuic		Utheration		
_	ŭ	Virginia DMV Control Number *	-				
	State law requires every applicant for a licens issued by the Commonwealth to provide a soc	se, certificate, registration or other authorizati					
3.	Supervisor's Name		N.C.J.II.		Committee		
4.	Supervisor's Business Address	First	Middle		Generation		
	•						
		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.				7. 2.		
	'	City		State	Zip Code		
6.	Street Address (PO Box <u>not</u> accepted) — Check here if Street Address is the <u>same</u> as the Mailing Address listed above. PHYSICAL ADDRESS REQUIRED				ve.		
					7: 0.1		
7	Correll Address	City		State	Zip Code		
7.	Email Address						
8.	Supervisor's Telephone & Fax Numbers	Primary Telephone		Fax			
9.	Do you hold a polygraph examiner license	•					
,.		If no, you must submit evidence of your qualifications to supervise the applicant's internship. If yes, complete the following information:					
	Virginia License Number	1 6	Expiration	Date			
	 An original Certification board or licensing body the United States is requ 	of Licensure/Letter of Good Standing (through which you are currently license uired. Certifications must include: 1) The e expiration date of the license; 4) Methological ciplinary action.	ed for each state, territo e license/certification/re	ory, jurisdiction egistration nur	on or possession of mber; 2) The initial		
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				
	information that might affect the Board's decision to issue a Polygraph Examiner Intern named applicant. I agree to supervise the applicant's internship as required by the <i>Pol</i>				
	Board Regulations. I understand that I must provide personal and direct on-premise su				
	review all the intern's charts prior to rendering any opinion or conclusion on any polygrap	•			
	by the intern. I also understand that I must submit a written statement to Department of Pro	ofessional and Occupational			
	Regulation when the internship has been successfully completed.				
	Printed Name				
	Supervisor's Signature	Date			
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