

Ohio Association of Polygraph Examiners

Application for Certified Polygraphist

Last Name	First	Middle Initial
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Home Address	City	State	Zip
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Home Phone Number	Business Number	Fax Number
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Business Address	City	State	Zip
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How many years of polygraph experience do you have? _____

What is the total number of polygraph examinations you have conducted? _____

What is the total number of polygraph examinations you have conducted in the past year? _____

Name of Polygraph School	School Director	Graduation Date
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School Address <i>(Attach a copy of diploma or other documentation as proof of graduation)</i>	City, State, Zip	Phone Number
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Continuing education course/class name	Address, City, State, Zip	Hours
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Continuing education course/class name	Address, City, State, Zip	Hours
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Have you ever been denied certification by any other certifying body? _____

Have you ever been denied a membership in a polygraph or professional organization? _____

As an adult, have you been convicted of any felony or misdemeanor? _____

Have you ever been denied a polygraph license? _____

(If you answered yes to any of the above questions, provide details and explanation on a separate paper)

Character Reference	Address	City, State, Zip	Phone
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Character Reference	Address	City, State, Zip	Phone
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Character Reference	Address	City, State, Zip	Phone
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(all character references must be active polygraphists)

Fees to be submitted with this application are: \$15.00 if for an initial certification application, \$10.00 if for a renewal certification application. Return application and fee to:

Ken Mifflin
P.O. Box 1383
Stow, Ohio 44224

If the applicant does not meet the foregoing qualifying certification standards on this application, certification may be denied.

By signing my name below, I affirm that all information contained within this application is true and accurate. Further, I agree that I will abide by all applicable federal, state and local laws regarding polygraph and its use. I will also abide by all rules and regulations of the certification program. I agree to have my certification revoked, suspended or removed should the grievance committee find cause to do so. I will hold the Ohio Association of Polygraph Examiners (OAPE), all OAPE officers, and members harmless in such matters.

Signature of Applicant

Sworn to and acknowledged before me this _____ day of _____, 20____.

Notary Public

My commission expires