

Ohio Association of Polygraph Examiners

Renewal of Certification

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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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 ever 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, please provide details on a separate page and attach it to this form).

Fees to be submitted with this renewal application are: \$10.00

Please make checks out to: OAPE

Please attach documentation of having competed at least 24 hours of continuing education within the preceding 3 year period.

Return application, fee, and continuing education documentation to:

Ken Mifflin
PO 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

Date Submitted