

California Association of Polygraph Examiners (CAPE) Certification Application

REQUIREMENTS:

1. **Full** or Life member in good standing of CAPE.
2. Graduation from a formal Polygraph training school recognized and approved by the American Polygraph Association (APA).
3. Completion of **thirty (30) hours** of continuing professional education in polygraph technique and instrumentation during the past two (2) years that **is approved by American Polygraph Association (APA) and the Board of Directors of the California Association of Polygraph Examiners (CAPE).**

I certify that I possess the qualifications listed above for this certificate and hereby make application for same. I understand that by accepting this certificate I agree to comply fully with the Standards and Principles of Practice as set forth by the California Association of Polygraph Examiners (CAPE). I understand fully that any false statement or representation on my part associated with this application will be sufficient cause for the revocation of this Mandatory Continuing Education Requirements Certificate.

I understand that I must re-apply for renewal when this certificate expires.

SIGNATURE _____

PRINT NAME _____

MAILING ADDRESS: _____

Phone # _____

Email _____

California Association of Polygraph Examiners

SUPPORTING DOCUMENTS TO ACCOMPANY APPLICATION FOR CAPE CERTIFICATION

MEMBER _____
(Print your name here)

Questions 1-7 are for first time CAPE applicants only.

Questions 6-7 are for those who are applying for new certificate

1. I was accepted as a **Full Member** of CAPE in: _____
2. Name of polygraph school: _____
3. Date of graduation: _____
4. Name of a polygraph reference: _____
5. Polygraph reference's phone # _____
6. Total Continuing Education hours received at APA-approved training conferences in the last two (2) years: **CAPE** _____ **APA/AAPP/NPA/Other** _____
(Forward documentation of APA/AAPP/NPA/Other training hours to: **cape.secretary@gmail.com**)
7. Criminal Convictions (yes) (no)
Attach detailed signed explanation involving any criminal conviction(s)

Detailed information sheet must accompany the application for this certificate. If sufficient requirements have not been completed during the present calendar year you may use the previous year for consideration.

(Signature)

(Date)

Send completed application along with the \$50.00 fee to:

CAPE Treasurer Cynthia Saenz, P.O. Box 977, Sun City, CA. 92586-9998

Email: **treasurer.cape@gmail.com**

Make check payable to: CAPE

Questions about certification? Contact CAPE Secretary Tom Kinney at
cape.secretary@gmail.com