

# California Association of Polygraph Examiners PCSOT Recognition

1. Must be a member in good standing with CAPE.
  - a. I was accepted as a CAPE member in: \_\_\_\_\_
  - b. Name of polygraph school (basic): \_\_\_\_\_
  - c. Date of graduation: \_\_\_\_\_
2. Must have successfully completed an approved American Polygraph Association (APA) 40 hour Post Conviction Sex Offender Testing training program.
  - a. Name of polygraph school (PCSOT): \_\_\_\_\_
  - b. Date of completion: \_\_\_\_\_
3. Total number of polygraph exams conducted in the last two (2) years: \_\_\_\_\_  
Diagnostic: \_\_\_\_\_ Pre-Employment Screening: \_\_\_\_\_  
PCSOT: \_\_\_\_\_ Other: \_\_\_\_\_
4. Total Continuing Education hours received in the last two (2) years: \_\_\_\_\_

**Under penalty of perjury, I state that I possess the qualifications listed above to be recognized as a PCSOT examiner by CAPE. I agree to comply fully with the Standards of Practice set forth by the California Association of Polygraph Examiners (CAPE). I understand that any false statement or representation on my part associated with this application will be sufficient cause for the revocation of this recognition and CAPE's membership.**

**I understand that I must provide proof or certificates of the above requirements in order to be recognized by CAPE as a PCSOT examiner. I also understand it is also my responsibility to provide CAPE with trainings and seminars I attend in order to maintain my recognition with CAPE.**

SIGNATURE \_\_\_\_\_

PRINT NAME \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Send completed application with supporting documentation to:

CAPE PCSOT Committee Chairman Shon Thurman  
JNE Polygraph LLC  
2728 Adams Ave.  
San Diego, CA 92116  
(619) 994-4633; [jnepolygraph@gmail.com](mailto:jnepolygraph@gmail.com)