

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 Chairperson **Debbie Peecook**
(703) 337-6061; debbiepeecook@gmail.com