



Missouri Polygraph Association

Full Member Continuing Education Form

Name: _____
Last First MI

Address: _____
Street City State Zip Code

Phone: _____

E-Mail: _____

I certify that I am currently employed in the conduct of polygraph examinations or in the administration/supervision of such examinations. I have completed _____ hours of continuing training/education in the science of polygraph or in any area of formal education associated with the participation and conduct of polygraph examinations within the past 36 months; and I have submitted the necessary documentation for verification. I hereby authorize the committee to investigate any claim I have made concerning this training/education. I am not currently under investigation or pending any adjudication or judgment against me concerning any felony, misdemeanor or offense of moral turpitude. I further affirm all information I have provided on this Full Member Continuing Education Form is true and accurate.

Signature of Member/Applicant

Date

Received by Committee Chair: _____
Date Initials

Approved by Committee Chair: _____
Date Initials