

# Professional Supervision Agreement For Associate Level Polygraph Examiners: *Adult and Juvenile Applicants*

*You may copy this page.*

Applicants Name: \_\_\_\_\_  
Date: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_  
Agency: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Please note, supervision shall not be provided by a relative of the applicant.**

I, \_\_\_\_\_ do hereby verify that I have provided \_\_\_\_\_ hours  
(Supervisor) (#)  
of supervision. These supervision hours were provided at: \_\_\_\_\_  
\_\_\_\_\_  
(Agency Name)  
between \_\_\_\_\_ and \_\_\_\_\_  
(Start Date) (End Date or Today's Date)

I hereby verify that I have signed off on \_\_\_\_\_ polygraphs conducted by the applicant  
(#)  
In signing this agreement, we verify that we will accumulate the required supervisory hours  
as prescribed in the Standards.

Supervisor's signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_