

## LETTER OF REFERENCE FOR POST-CONVICTION SEXUAL OFFENDER POLYGRAPH EXAMINER CERTIFICATION APPLICANT

(Applicant name) \_\_\_\_\_ has applied to be an Idaho Certified Post-Conviction Sexual Offender Polygraph Examiner.

The applicant has requested that you provide a statement regarding his/her professional and ethical qualifications. Your responses will not be shared with the applicant. Upon completion please mail or fax this letter of reference directly to the address/fax number listed below.

1. Your name and occupation: \_\_\_\_\_
2. You have known the applicant: professionally for \_\_\_\_\_ years; personally for \_\_\_\_\_ years.
3. How are you familiar with the applicant's work regarding polygraph examination of sexual offenders?
4. Do you believe the applicant demonstrates ethical integrity in professional and personal behavior?  
☐ Yes ☐ No (If No, provide & attach an explanation.)
5. To the best of your knowledge, has the applicant ever been accused, investigated, and/or involved in unprofessional, illegal or unethical conduct?  
☐ Yes ☐ No (If Yes, provide & attach an explanation.)
6. Please list the applicant's strengths and weaknesses regarding his/her work with convicted sexual offenders:
7. In your opinion, would you recommend this applicant for Post-Conviction sexual Offender Polygraph Examiner Certification?  
☐ I highly recommend ☐ I recommend  
☐ I have reservations about recommending ☐ I strongly do not recommend  
(Provide & attach an explanation.)

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I certify that to the best of my knowledge, the answers and statements provided above are true and complete.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone

Please return this reference to:

Sexual Offender Management Board  
c/o Idaho Dept. of Correction  
1299 N Orchard St. Ste 110  
Boise, ID 83706  
FAX (208) 287-3322