

# New England Association of Police Polygraphists

**President:** Warren Ferland  
**Vice-President:** Michael Clark  
**Treasurer:** Michael Clark

**Past President:** David Crawford  
**Secretary:** Richard Plourde



Answer all sections completely. Incomplete or false statements will be grounds for disqualification and/or removal from membership. *Please type or print clearly.*

## CLASS OF MEMBERSHIP

### CHECK ONE:

**ACTIVE:** Must be a law enforcement polygraphist as defined in NEAPP by-laws. The applicant must have demonstrated proficiency in the administration of polygraph examinations.

**INTERN:** A Law Enforcement Polygraphist as defined in NEAPP by-laws, who has completed the classroom portion of an AAPP, CAPP, or NEAPP recognized school but has not completed an internship. No sooner than six months after successful completion of an AAPP recognized polygraph school and successful completion of a minimum of 50 polygraph exams, an Intern member may apply for Active membership.

**AFFILIATE MEMBERSHIP:** Granted to persons who demonstrate a genuine interest in the polygraph profession.

FIRST Name: \_\_\_\_\_ MI: \_\_\_\_ LAST Name: \_\_\_\_\_

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

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

WORK PHONE: ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_

HOME PHONE: ( ) \_\_\_\_\_ EMAIL: \_\_\_\_\_

ARE YOU A UNITED STATES CITIZEN?  YES  NO

DOES YOUR STATE HAVE POLYGRAPH LICENSING?  YES  NO

(IF YES) ARE YOU CURRENTLY LICENSED IN YOUR STATE?  YES  NO

LICENSE # \_\_\_\_\_ LIST ALL POLYGRAPH LICENSES YOU HAVE HELD or HOLD:

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## POLYGRAPH TRAINING

SCHOOL NAME: \_\_\_\_\_

GRADUATION DATE: \_\_\_\_\_

INTERN SUPERVISOR: \_\_\_\_\_

SCHOOL DIRECTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

(If this school is not currently active, please provide a copy of your graduation certificate and detailed information about the school on a separate sheet)

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## LAW ENFORCEMENT POLYGRAPH EXPERIENCE

How many years of experience? \_\_\_\_\_

How many law enforcement exams have you conducted? \_\_\_\_\_

What percentage of your work time is devoted to polygraph? \_\_\_\_\_

What instrument and techniques are you using: \_\_\_\_\_

List any current or past polygraph association(s) in which you are (were) a member of to which you have applied:

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HAVE YOU EVER BEEN DENIED MEMBERSHIP INTO ANY POLYGRAPH ASSOCIATION?

YES  NO

*(Provide detailed information on a separate sheet of paper if you answered YES to this question)*

## CURRENT EMPLOYER

AGENCY/COMPANY NAME:

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PHONE: \_\_\_\_\_

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

SUPERVISOR: \_\_\_\_\_

PHONE: \_\_\_\_\_

YOUR DUTIES:

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(If not currently employed by a law enforcement/governmental agency, please list any former law enforcement/governmental agency employment in the next section)

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## FORMER LAW ENFORCEMENT EMPLOYMENT

Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_

Hire Date: \_\_\_\_\_

(CIRCLE ONE) RETIRED, RESIGNED, TERMINATED or REJECTED

DATE: \_\_\_\_\_

Did you conduct polygraph examinations while employed by this agency?

YES  NO

If you were/are not a full-time salaried law enforcement or governmental agency employee, please list a law enforcement/governmental agency for which you provide polygraph services:

Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

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## PERSONAL HISTORY

- (1) Have you ever been convicted of a crime?  YES  NO
- (2) Have you ever been discharged or released from any branch, department or agency of federal, state, county or municipal government, including the armed services of the United States of America and its Reserve or National Guard affiliates under other than honorable conditions?  YES  NO
- (3) Have you ever been discharged or asked to resign from any employment, organizational membership or society?  YES  NO

(Provide detailed information on a separate sheet of paper if you answered YES to any of these questions)

## CHARACTER REFERENCES – MUST BE POLYGRAPHISTS

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

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## Application Agreement

I hereby apply for membership, pursuant and subject to the Constitution and By-laws of the New England Association of Police Polygraphists, Inc. (hereafter referred to as the NEAPP). I further agree to be bound to the NEAPP's Constitution and By-laws. I agree to hold the NEAPP, its officers and agents and anyone acting on its behalf free from damage, liabilities or complaint by any action taken in connection with this background or information obtained to determine membership. I hereby request and authorize any and all persons, agencies, firms, companies, educational institutions, courts, law enforcement or government agencies, having information or documents related to or about me, to furnish such information and/or documents to an authorized representative of the NEAPP.

Enclosed is \$100.00 - U.S. currency (\$150.00 for foreign members). I understand that \$100.00 (\$150 for foreign members) represents a one-year membership fee, and \$25.00 is a non-refundable NEAPP filing and administrative fee. I further grant permission to the president of the NEAPP, or a designated representative, to release any and all information that the NEAPP has learned while conducting a background relative to this application or information concerning my membership. Such information may be released to any national, regional or state polygraph association making such request. The information I have provided on this application is true and accurate.

1. **Submit application, check or money order payable to NEAPP and mail to:**  
**NEAPP**  
**c/o Michael Clark**  
**P.O. Box 825**  
**Center Harbor, NH 03226**

Call NEAPP 603.253.8002 with any questions.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\* Office Use Only \*\***

Application Approved: \_\_\_\_\_ Not Approved: \_\_\_\_\_ Membership Number: \_\_\_\_\_

NEAPP President's Signature: \_\_\_\_\_

Date: \_\_\_\_\_