

Polygraph Examiner Application

Email Application To: Elizabeth.Schwarz@oya.oregon.gov Fax Application To: 503-373-7622

Mail Application To: Oregon Youth Authority, Treatment Services, 530 Center Street NE, Suite 500, Salem, OR 97301

Name				
Business Name	Tax ID Number			
Address_				
City, State, Zip				
Mailing Address (if different)				
City, State, Zip				
Phone Number	FAX Number			
Email				
DMAP Provid	lers Only			
DMAP Number	_Provide only Medicaid Paid Exams? ☐ Yes ☐ No			
Insurance Coverage				
Do you have all the required insurance coverage? ☐ Yes ☐ No				
Which insurance coverage do you not have?				
(If insurance coverage requirements are not met, a mitigation plan will be required to be submitted to				
OYA for their review and approval.)				
Licensure and Credentials				
License Number_	Expiration Date			
License Type				
Polygraph School or Academy	Graduation Date			
Post Conviction/Adjudication Testing of Sexual Offender To	raining (PCSOT)			
School/Academy	Date Completed			
Memberships □ NPEA □ APA □ AAPP Other				
Do you have experience in the area of adolescent examina	tions? □ Yes □ No			
Do you have training in the area of adolescent development? ☐ Yes ☐ No				

Service Coverage Areas (select all that apply)					
□ All □ Camp Florence Youth Transitional Facility (Florence, Oregon) □ Camp Riverbend Youth Transitional Facility (La Grande, Oregon) □ Camp Tillamook Youth Transitional Facility (Tillamook, Oregon) □ Eastern Oregon Youth Correctional Facility (Burns, Oregon) □ MacLaren Youth Correctional Facility (Woodburn, Oregon) □ Oak Creek Youth Correctional Facility (Albany, Oregon) □ Rogue Valley Youth Correctional Facility (Grants Pass, Oregon) □ Tillamook Youth Correctional Facility (Tillamook, Oregon)					
Regions (select all that apply)					
Central All Crook Deschutes Jefferson Wheeler Columbia Gorge All Hood River Sherman Wasco	Coast All Clatsop Columbia Coos Curry Douglas Lane Lincoln Linn Tillamook	Eastern All Baker Gilliam Grant Harney Malheur Umatilla Union Wallowa	Greater Portland All Clackamas Multnomah Washington Southern All Douglas Jackson Josephine Klamath Lake	Willamette Valley □ All □ Benton □ Lane □ Linn □ Marion □ Polk □ Yamhill	
Location and Type of Examination (select all that apply)					
Location of Examination ☐ All ☐ Youth Correctional Facility of Camp ☐ Approved Community Space (OYA Region Office) ☐ Community Residential Program ☐ Business Office ☐ Business Office ☐ Type of Examination ☐ All ☐ Hull Disclosure ☐ Maintenance ☐ Specific Issue ☐ Specific Issue					
Include the Following Documents with Application Submission					
 □ Copy of valid Oregon Polygraph Examiner License □ Copy of PCSOT Certificate □ Names and Contact Information for three professional references □ Completed Consent for Criminal Background Check Form □ Copies of Certificate of Insurance (Commercial General Liability, Professional Liability, Physical Abuse and Sexual Molestation, Automobile-only if driving on OYA property) □ Mitigation Plan (if applicable) 					
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