

**AMERICAN POLYGRAPH ASSOCIATION
APPLICATION FOR CERTIFICATE
OF
ADVANCED & SPECIALIZED TRAINING**

(Application for the Certificate of Advanced and Specialized Training will be granted only to those that have completed thirty-six (36) hours of approved advanced and specialized training during the past three (3) years.

NAME: _____

ADDRESS: _____

TELEPHONE #: () _____

Membership Status: () Full Member () Life Member () Associate Member

Current Dues Paid In Full: () Yes () No

Approved Advanced & Specialized Training: Attach Certificate(s)

Course Name	Date(s)	Location	Hours

I, _____, do hereby make application for the Certificate of Advanced & Specialized Training by the American Polygraph Association. All information contained above is true and correct to the best of my ability. I release the American Polygraph Association to conduct an inquiry or investigation as appropriate to verify said information.

Applicant

Make check payable to AMERICAN POLYGRAPH ASSOCIATION
Original Application: \$50.00 – Renewal: \$15.00
Mail to: APA National Office, PO Box 8037, Chattanooga TN 37414-0037