

# National Polygraph Academy

1890 Star Shoot Parkway • Suite 170-366  
Lexington, KY 40509 • 859-494-7429



## ENROLLMENT APPLICATION

(Richmond, KY • Deadline: March 1, 2024)

### PERSONAL INFORMATION:

Name: \_\_\_\_\_  
(First) (Middle) (Last)

Address: \_\_\_\_\_  
Street City State Zip

Cell Phone Number: (\_\_\_\_) \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Work Phone Number: (\_\_\_\_) \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  M  F

Email Address: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Best way to reach you: \_\_\_\_\_ U.S. Citizen:  Yes  No

Have you ever been convicted of a felony or a crime involving moral turpitude?  Yes  No

*If yes, please explain on the back of this sheet.*

Yes  No Have you ever taken a polygraph test before?

*If yes, when?* \_\_\_\_\_

What was the reason? \_\_\_\_\_

### MILITARY SERVICE:

Branch: \_\_\_\_\_ Highest Rank: \_\_\_\_\_

Enlistment Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Discharge Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Type of Discharge: \_\_\_\_\_

*If less than honorable, please explain on the back of this sheet.*

Have you ever received any type of disciplinary action while in the military (court martial, article 15, reprimand)?  Yes  No *If yes, please explain on the back of this sheet.*

### AFFILIATIONS:

Please list any clubs or organizations of which you are a member:

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**EMPLOYER / AGENCY INFORMATION:**

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

Position / Title: \_\_\_\_\_ Hire Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Agency Address: \_\_\_\_\_  
Street City State Zip

Agency Phone Number: \_(\_\_\_\_)\_\_\_\_\_ Name of Supervisor: \_\_\_\_\_

Total Years Law Enforcement Service: \_\_\_\_\_ Years Investigative Experience: \_\_\_\_\_

Have you graduated from a law enforcement basic training academy?  Yes  No

If yes, what year did you graduate? \_\_\_\_\_ Name of Academy: \_\_\_\_\_

1.  Yes  No Is polygraph currently used by your agency?

2.  Yes  No Does your agency already employ a polygraph examiner?

*If yes*, what is that examiner's name? \_\_\_\_\_

What polygraph school did they graduate from? \_\_\_\_\_

What test formats does your agency use? \_\_\_\_\_

3.  Yes  No Have you ever submitted an application to another polygraph school?

*If yes*, when? \_\_\_\_\_

Name of school you applied to: \_\_\_\_\_

4.  Yes  No Does your state have any laws/regulations regarding polygraph administration?

*If yes*, please submit a copy along with this application.

5.  Yes  No If employed in a state requiring an internship, has your agency made arrangements as to who will be your intern polygraph supervisor?

*If yes*, who? \_\_\_\_\_

6. Please check the type of polygraph instrument you will use at your agency:

Axciton  Lafayette  Stoelting  Limestone  Unsure at this time

7.  Yes  No Will you be bringing your own agency polygraph instrument? It is strongly encouraged that each student bring their own instrument.

**\*\* If you or your department will be purchasing an instrument for the course, please advise the manufacturing company that you are an enrolled student with the National Polygraph Academy as additional discounts will apply with select manufacturers. If you have questions about instrument selection and/or available discounts, please feel free to contact Pam Shaw at [shaw.national@gmail.com](mailto:shaw.national@gmail.com) or by phone at 859-494-7429.**

**EDUCATION:**

Highest Level of Education Completed:

HS Diploma      Year Received: \_\_\_\_\_  
 GED              School Name: \_\_\_\_\_  
                                City/State: \_\_\_\_\_

Associate's      Year Received: \_\_\_\_\_  
                                School Name: \_\_\_\_\_  
                                City/State: \_\_\_\_\_

Bachelor's      Year Received: \_\_\_\_\_      Major: \_\_\_\_\_  
                                School Name: \_\_\_\_\_  
                                City/State: \_\_\_\_\_

Master's      Year Received: \_\_\_\_\_      Major: \_\_\_\_\_  
                                School Name: \_\_\_\_\_  
                                City/State: \_\_\_\_\_

Doctorate      Year Received: \_\_\_\_\_      Major: \_\_\_\_\_  
                                School Name: \_\_\_\_\_  
                                City/State: \_\_\_\_\_

Please list any additional training and/or certifications:

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**LODGING & MEALS:**

A limited number of rooms are available at the Department of Criminal Justice Training (DOCJT) Thompson Residence Hall and are provided at a rate of \$15/night if indicated in advance. Rooms will be assigned as double occupancy, and will be shared with another polygraph student. Weekend stays are permitted at no additional cost. Please indicate below your intentions:

- Yes, I would like a shared, double occupancy dorm room at the academy (\$750/10wk).
- No, I will not need a room and/or I will take care of arranging for my own accommodations.

A meal plan is not offered at this location. On-site cafeteria services staffed by Eastern Kentucky University are available when classes are in session.

***The National Polygraph Academy will be your point of contact on all school related matters. Please DO NOT contact the Department of Criminal Justice Training with inquiries about their facilities, space availability in the course, etc. Please direct all questions to NPA. Thank you!***

**ADDITIONAL SUBMISSIONS:**

- Current resume documenting at a minimum your employment history for the past 10 years.
- Copy of current driver's license.
- Copy of diploma or degree showing the highest level of education completed.
- For non-sworn applicants only** - Two (2) letters of recommendation from two business or professional persons who have known you well during the past five (5) years. *(Letters of recommendation can be mailed directly to NPA by individuals making a recommendation. Applications for enrollment will not be considered until both letters are received.)*

# APPLICATION AGREEMENT

If accepted for enrollment, by signing below, the applicant's sponsoring agency agrees to pay the National Polygraph Academy the total stated tuition of \$5595.00 no later than 1 month prior to the start date of the course. The Academy agrees to provide the training in accordance with the provisions of the Academy Catalog. This application agreement includes the refund policy in the Academy catalog and may be amended only by both parties. Upon satisfactory completion of all academic and skill requirements, and when all financial obligations to the Academy have been met, the Academy will award a diploma reflecting the student's graduation from the training program.

Successful completion of an American Polygraph Association (APA) accredited polygraph-training program is only one of the necessary prerequisites for admission into the various national and state professional polygraph associations and/or the granting of a license to practice polygraph in the jurisdiction that requires such.

\_\_\_\_\_  
*Agency / Law Enforcement Executive Signature*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*Date*

**I have received a copy of this application agreement and a current school catalog. I attest that I have read the admissions policy for the National Polygraph Academy and that I meet all the necessary requirements. I also attest that all information contained herein is true, correct and complete. I have not withheld, falsified, or misrepresented any information requested. Furthermore, I hereby grant permission to NPA and its staff to conduct a background, criminal records check for the purposes of admittance into this program.**

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*Date*

If you have any questions about the Academy or this application, please feel free to contact our office. Please submit this application, along with all appropriate attachments by the deadline listed on the front page. Slots for this course are filled on a first come, first serve basis. All submissions should be sent to:

**National Polygraph Academy**

Attn: Pam Shaw  
1890 Star Shoot Parkway  
Suite 170-366  
Lexington, KY 40509

**CONTACT INFORMATION:**

**Pam Shaw**  
Director  
(859) 494-7429  
[shaw.national@gmail.com](mailto:shaw.national@gmail.com)