

National Polygraph Academy

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



ENROLLMENT APPLICATION

(Chicago, IL • Deadline: August 8, 2025)

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:

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 or by phone at 859-494-7429.**

EDUCATION:

Highest Level of Education Completed:

<input type="checkbox"/> HS Diploma	Year Received: _____
<input type="checkbox"/> GED	School Name: _____
	City/State: _____
<input type="checkbox"/> Associate's	Year Received: _____
	School Name: _____
	City/State: _____
<input type="checkbox"/> Bachelor's	Year Received: _____ Major: _____
	School Name: _____
	City/State: _____
<input type="checkbox"/> Master's	Year Received: _____ Major: _____
	School Name: _____
	City/State: _____
<input type="checkbox"/> Doctorate	Year Received: _____ Major: _____
	School Name: _____
	City/State: _____

Please list any additional training and/or certifications:

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.)*

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!

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 \$5995.00 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