

Maryland Institute of Criminal Justice

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ADVANCED COURSE FOR POLYGRAPH EXAMINERS POST CONVICTED SEX OFFENDER TESTING

Clip, Mail or FAX:

Name: _____

Agency & Address: _____

Telephone Number: _____ Email: _____

BASIC POLYGRAPH SCHOOL ATTENDED: _____

TECHNIQUE USED FOR SPECIFIC TESTING _____

Please register me for PCSOT COURSE from _____. MY FULL PAYMENT IN THE AMOUNT OF \$_____ IS ATTACHED. I UNDERSTAND I WILL RECEIVE A FULL REFUND IF THE COURSE IS CANCELLED BY MICJ FOR ANY REASON. A \$50.00 CANCELLATION FEE IS REQUIRED IF I CANCEL MY APPLICATION **AFTER 15 DAYS BEFORE CLASS STARTING DATE**. THE FEE FOR REGISTRATIONS RECEIVED AFTER THE CUTT OFF DATE IS \$700.00.

MAIL TO: MICJ, P. O. BOX 458, MILLERSVILLE, MD 21108

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