

# BEHAVIOR ANALYST CERTIFICATION BOARD, INC.®

## Application for Examination for Board Certified Behavior Analyst® (BCBA®)

Instructions: There is a \$50 fee for completing this paper application. You will not be charged this additional fee if you enter your application online at <http://portal.bacb.com>. Before completing an application, you must:

1. Review the Become Certified section of the BACB website at [www.bacb.com](http://www.bacb.com) to ensure that you have the *CURRENT* fees and have reviewed the *CURRENT* version of the application, and the disciplinary standards;
2. Review the Application FAQs (Frequently Asked Questions), Exam Information page and Exam Administrations page in the Become Certified Section of [www.bacb.com](http://www.bacb.com);
3. Complete the required sections of the Application Form (pages 1-4 are application policies and instructions only – return only the necessary forms, beginning on page 5);
4. Submit the required documentation that you have met the eligibility requirements;
5. Submit the proper current fees (application fees are not refundable);
6. Do not tape or staple any materials together; and
7. Make and maintain a copy of the entire application packet for your records. Once you submit an application packet to the BACB, it becomes the property of the BACB and will not be returned to you.
- 8.

### FEES – US DOLLARS

Original Application	\$230.00 (submitted online)
	\$280.00 (submitted via paper)
Insufficient Funds/Returned Check Fee	\$ 45.00
Late Application Fee	\$125.00

**All fees must be paid either online by credit card with online applications or by personal check, money order or cashier’s check in United States currency and made out to the Behavior Analyst Certification Board with paper applications. Application fees are not refundable.**

**Upon approval, you will be instructed to contact Pearson VUE to schedule a testing appointment. Pearson VUE will charge you a test administration fee of \$75 when you make this appointment.**

Your application must be mailed to:

BACB – Exam Applications  
2888 Remington Green Lane, Suite C  
Tallahassee, FL 32308

If you have any questions while completing your applications, please contact us at [applications@bacb.com](mailto:applications@bacb.com) or 850-765-0905.

You should mail your application by a verifiable, traceable method of delivery such as Delivery Confirmation. The BACB requires original signatures on paper applications or online submission. The BACB will not accept applications that are sent by fax or e-mail. BACB certification provides standards for behavior analysts practicing in the United States and worldwide. We seek to include certificants from throughout the world in our job analysis updates to help ensure that our standards are international in scope. However, the BACB does not assure or guarantee consistency with the standards (educational content, training, and laws) for any country, province or region outside of the United States.

## APPLICATION POLICIES & GUIDELINES

BACB examination applications are accepted on a continuous basis. BACB examinations are computer-based and offered during month-long testing windows three times per year. Exact dates of the testing windows are available on the Exam Administrations page of [www.bacb.com](http://www.bacb.com).

Applications are processed in the order in which they are received. **The BACB cannot guarantee that your application will be approved by a specific date.** If you would like to take the examination during a particular testing window, it is your responsibility to ensure that your application is complete and received by the BACB deadline for on-time applications for that testing window. See the Exam Administrations page for the deadline for the next administration.

Checks included with applications are typically deposited right away. Your check will probably be deposited before your application is reviewed. If your check has cleared your bank, it is a likely indication that your application has been received. You should allow at least two weeks for processing beyond the date your application is received.

Once your application is approved by the BACB, you will receive specific instructions on how to contact Pearson VUE, our test administration company. At that time, you will receive updated information about the availability of testing sites and dates.

**Please note: Pearson VUE testing appointments may only be scheduled once your application has been approved by the BACB.** Appointments are scheduled on a first-come, first-serve basis. We highly recommend applying early to foster early approval and priority scheduling of your testing appointment. Individuals whose applications are approved closer to the testing window dates may have limited choices in testing appointments. Approval to take the examination is valid for up to two years from the date your application was approved by the BACB, subject to continued compliance and reporting as required by the BACB Disciplinary Standards.

Email is the BACB's primary communication mode with applicants. If additional materials are needed to complete your application, we will notify you via email as soon as possible. Checking and responding to your email frequently can expedite your application approval. The BACB is not responsible for messages that are not received in a timely manner due to the applicant's failure to check email or due to the applicant's failure to notify the BACB of an email address change. To ensure that important messages from the BACB are not blocked by SPAM and junk email filters, add [applications@bacb.com](mailto:applications@bacb.com) to your address book and BACB.com to your list of safe domains.

If your application is not approved for any reason, such as incomplete documentation, you will not be permitted to sit for the test. Incomplete applications will remain open for up to two years from the date of submission, during which time you may provide additional documentation without having to reapply. It is best to apply well in advance of your desired testing window so that there is adequate time for the BACB to process your application and for you to respond to any deficiencies.

## **TRAINING/EXPERIENCE REQUIREMENTS: DEFINITIONS**

All applicants must provide documentation that they meet the degree, training and experience requirements in order for their application to be approved. Applicants may meet the Training/Experience requirements using one of three options: a combination of Acceptable Coursework and Experience, a combination of College Teaching and Experience or a combination of a Doctorate and Experience. This application is for the Doctorate and Experience Option and following this page is a checklist for the Doctorate and Experience Option. Please make sure you have the correct application for the option you would like to use. You should use the checklist below to ensure you have included all of the required documentation with your application. Do not include the checklist page with your application.

### **ACCEPTABLE DEGREE & EXPERIENCE: DOCTORATE/BCBA REVIEW OPTION**

Applicants qualifying under the Doctorate/BCBA Review Option must have a doctoral degree, conferred at least ten (10) years ago, in behavior analysis, psychology, education or another related field (subject to BACB approval) and at least 10 years post-doctoral experience. Experience must be verified by three BCBA certificants who complete BCBA Review forms documenting the experience.

## CHECKLIST FOR DOCTORATE/BCBA REVIEW OPTION

**I have enclosed the application fee for this option, including the paper or late fee, if applicable.** See the first page of this application for fees.

**I meet the Degree Requirement:** I have enclosed a completed Part B: Degree Requirement providing information about my bachelors and doctoral degrees. I have also enclosed a university issued transcript or copy of my doctoral degree, confirming that it was conferred at least ten (10) years ago and that the field of study is behavior analysis, psychology, education or another related field (doctoral degrees in related fields are subject to BACB approval).

**I have provided the BCBA Review Form to three (3) BCBA's:** I have asked three BCBA's to independently complete a BCBA Review Form. None of these individuals is my relative or employee. I have provided each of these individuals with a postage paid envelope addressed to the BACB. The time frames identified on these forms will combine to identify a total period of at least ten (10) years. These confidential forms will become property of the BACB and will not be made available to me in any form.

**I have enclosed Documentation of Professional Practice:** I have included a copy of my current CV (curriculum vita) or resume, that is not more than seven (7) pages in length, showing at least ten (10) years' post-doctoral experience practicing behavior analysis. The CV or resume includes a listing of any certifications or licenses issued by other state or private agencies that I currently hold. Information on my CV or resume regarding certifications, licenses, and experience is consistent with the information that will be provided on the BCBA Review Form forms submitted on my behalf.

## PART A: APPLICANT PROFILE

Complete all parts of this application and include all required documentation and attachments.  
Incomplete applications may not be processed.

### Original Application – Complete all parts of application.

I am applying for:  **Board Certified Behavior Analyst – Doctorate/BCBA Option**

*Board Certified ASSISTANT Behavior Analyst–INCORRECT FORM–see form for BCaBA*

**Check here if you are currently a BCaBA.**

Check One: \_\_\_ Mr. \_\_\_ Ms. \_\_\_ Mrs. \_\_\_ Dr.

\_\_\_\_\_  
Last Name First Name MI

PLEASE PRINT OR TYPE LEGIBLY. YOU WILL BE REQUIRED TO SHOW PHOTO ID THAT EXACTLY MATCHES THE NAME LISTED ABOVE IN ORDER TO BE ADMITTED TO THE EXAMINATION. THE SPELLING OF YOUR NAME ON THIS APPLICATION WILL ALSO BE USED ON YOUR CERTIFICATE SHOULD YOU PASS THE EXAMINATION. – ALWAYS VERIFY THAT THE BACB HAS SPELLED YOUR NAME CORRECTLY ON CORRESPONDENCE AND NOTIFY THE BACB OF ANY NAME SPELLING ERRORS IMMEDIATELY.

Address where the BACB will send all official correspondence. You must notify the BACB immediately if your address changes:

\_\_\_\_\_  
Street Address Apt/Suite #

\_\_\_\_\_  
City/Town State (USA) Zip Code (USA)

\_\_\_\_\_  
Non-USA County/Parish/State Country Non-USA Postal Code

Telephone Number: WORK (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ x \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

HOME (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ International Dialing Code \_\_\_\_\_

### Email is the PRIMARY communication mode with you on needed additional materials.

The BACB is not responsible for messages that are not received in a timely manner due to the applicant’s failure to check email or applicant’s failure to notify the BACB of a change in their email address.

Email address: \_\_\_\_\_  
(Print clearly; use “Ø” to distinguish from the letter O, capitalize L and I to distinguish from 1.)

### DISABILITY ACCOMMODATION

Check if you are requesting an accommodation. You MUST complete the Disability Accommodation Request Form (available in the Downloads section of [www.BACB.com](http://www.BACB.com)) and submit the required documentation. If you check here but do not submit the Disability Accommodation Request Form and the required documentation, your accommodation request will be denied.

**Mandatory Background Information:** This information is for statistical purposes and will be treated as confidential by the BACB.

**Position Title:** Check the title that most closely describes your position title or career track:

- Administrator
- Behavior Analyst
- Consultant/ Trainer
- Professor/Academic Instructor
- Psychologist/Therapist
- Not Applicable/Not Currently Employed/Prefer Not to Answer
- School Teacher
- Social Worker
- Speech/Language Pathologist
- Student
- Other \_\_\_\_\_

**Primary Age Group:** Check the age group that best represents the majority of your clients:

- Infants
- Children
- NA/Not Currently Employed/Prefer Not to Answer
- Adults
- Geriatric

**Degree:** Check your highest educational degree earned:

- Bachelors
- Masters
- Specialist
- Doctorate
- Other

**Primary Emphasis:** Check the category that best describes your primary emphasis:

- Behavior Analysis
- Positive Behavior Support
- Precision Teaching
- Direct Instruction
- Organizational Management
- Behavior Therapy
- Language Disorders
- Education
- Medicine
- Pharmacology
- Psychology
- Social Work
- Counseling
- Other: \_\_\_\_\_

**Professional Credentials:** Check **all** of the professional licenses or certifications that you currently hold:

- Licensed Psychologist
- Social Worker
- School Psychologist
- Marriage & Family Therapist
- Mental Health Counselor
- Speech Pathologist
- Other \_\_\_\_\_
- Medicine
- Occupational Therapist
- Physical Therapist
- ABPP Board Certified in Cognitive & Behavioral Psychology
- None

**Primary Area of Work:** Check the area that best describes your client population:

- Autism
- Other Developmental Disabilities
- Mental Health
- Alcohol/Drug Abuse
- Business/Industry/Government
- Education - Regular K-12
- Not Applicable
- Education - Special Ed
- Education – College
- Dependency/Foster Care
- Families/Couples
- Health
- Other: \_\_\_\_\_

**Professional Organizations:** Check **all** of the professional organizations of which you are a member:

- ABA
- Regional Association \_\_\_\_\_
- APA
- Div 33 of APA
- Div 25 of APA
- ASHA
- AAMR
- ASA
- Other \_\_\_\_\_
- AABT
- APS
- NASP
- APBA
- CEC
- NASW
- ABCT
- CCBS
- None

**NOTE:** The following items are for statistical purposes only and will not affect application review. Completion is optional.

**Gender:** Female  Male

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Ethnicity:** \_\_\_\_\_

If you have taken a behavior analysis certification examination before, please give the year or years and state:

\_\_\_\_\_

## PART B: DEGREE REQUIREMENT

**ALL** applicants for eligibility to sit for the examination for Board Certified Behavior Analyst **MUST** verify that they have a minimum of a Bachelors degree and attach documentation of their graduate degree from any of the following:

### BACHELORS DEGREE OBTAINED FROM (Check One):

- United States institution of higher education fully accredited by a regional or national accrediting body
- An institution that is accredited as a member in good standing of the Association of Universities and Colleges of Canada
- An institution of higher education located outside the United States or Canada that, at the time the applicant was enrolled and at the time the applicant graduated, maintained a standard of training equivalent to the standards of training of those institutions accredited in the United States. Anyone who meets the eligibility requirements will be allowed to sit for the examination. Certificates will indicate that the certification is based on the United States Standards (Job Analysis) for Board Certified Behavior Analyst.

**Bachelors Degree: By providing the BACB with the information below, you are confirming that you possess this degree. You do not need to provide a copy of your diploma or transcript for your Bachelors Degree.**

Name of Educational Institution: \_\_\_\_\_

Location: \_\_\_\_\_

Date Received: \_\_\_\_\_

### DOCTORAL DEGREE OBTAINED FROM (Check One):

- United States institution of higher education fully accredited by a regional or national accrediting body
- An institution that is accredited as a member in good standing of the Association of Universities and Colleges of Canada
- An institution of higher education located outside the United States or Canada that, at the time the applicant was enrolled and at the time the applicant graduated, maintained a standard of training equivalent to the standards of training of those institutions accredited in the United States. Anyone who meets the eligibility requirements will be allowed to sit for the examination. Certificates will indicate that the certification is based on the United States Standards (Job Analysis) for Board Certified Behavior Analyst.

**A UNIVERSITY ISSUED TRANSCRIPT MUST BE ATTACHED TO VERIFY YOUR HIGHEST DEGREE.**

If the transcript does not **CLEARLY** indicate the degree awarded, you must also include a copy of your Diploma.

Highest Degree Obtained: \_\_\_\_\_

Name of Educational Institution: \_\_\_\_\_

Location: \_\_\_\_\_

## PART C: ELIGIBILITY AFFIDAVIT

### MANDATORY QUESTIONS

1. Have you read, are you in compliance with, and do you agree to continued compliance with all Behavior Analyst Certification Board (“BACB”) rules and regulations, as may be revised, including, but not limited to, the BACB educational and experiential requirements, application standards, application FAQs, disciplinary and appeal standards, renewal, recertification, reentry rules, fees and application requirements?

YES \_\_\_\_ NO \_\_\_\_ . Applications with “NO” responses will not be processed.

2. Do you have a physical or mental condition or addiction to any substance that could impair competent and objective professional performance of behavior analysis services and/or jeopardize public health and safety?

YES \_\_\_\_ NO \_\_\_\_ . Explain any “YES” responses on an attached sheet of paper.

3. Have you been subject to an investigation or disciplinary action by a health care organization, professional association, governmental entity or regulatory or licensing agency or authority, and/or have you ever been convicted, found or entered a plea of guilty, or are you presently being investigated or charged with any felony or misdemeanor directly relating to behavior analysis services or public health and safety?

YES \_\_\_\_ NO \_\_\_\_ . On an attached sheet of paper you must identify ALL investigations, allegations, charges and outcomes. Attach documentation if available.

Note: If you are currently imprisoned, on probation or parole or a case is being appealed, the BACB may deny certification or recertification until three (3) years following the exhaustion of your appeal, completion of probation or parole, or final release from imprisonment, whichever is later.

**YOU MUST NOTIFY THE BACB IMMEDIATELY IF ANY CIRCUMSTANCES ARISE THAT WOULD MODIFY A RESPONSE YOU HAVE PROVIDED ON THIS APPLICATION.**

#### **BACB CERTIFICANT INFORMATION RELEASE POLICY**

The BACB provides an internet registry listing CERTIFICANT NAME, CITY, STATE/PROVINCE and COUNTRY.

\_\_\_\_\_ Check here if you **DO NOT** want your information to appear in the registry. Unless you check this space, your information will be automatically added to the registry when you become BACB certified.

The internet registry allows users to search for certificants by zip code. Users are able to email certificants from a link in the registry. The user is not given the certificant’s actual email address.

\_\_\_\_\_ Check here if you **DO NOT** want to be emailed from the registry. Unless you check this space, users will be able to email you from the internet registry.

It is the intention of the BACB Board of Directors to provide you with access to important information regarding training, educational, job, and research opportunities. To achieve this goal, the BACB may provide your name and address to organizations interested in notifying you of behavior analysis educational programs, events, jobs, surveys or research.

\_\_\_\_\_ Check here if you **DO NOT** want your name and address included in these lists.

## **MANDATORY CERTIFICATION PROCESSING AGREEMENT**

The Behavior Analyst Certification Board agrees to process this application subject to your agreement to the following terms and conditions:

1. To read, remain current, be bound by and comply with all BACB rules relating to eligibility, certification, renewal, recertification, reentry and conduct, including, but not limited to, payment of applicable fees (which are non-refundable), demonstration of educational and experiential requirements, satisfaction of renewal and continuing education requirements, compliance with the BACB disciplinary standards, and compliance with all BACB documentation and reporting requirements, as may be revised from time to time, with notice of revisions to be published in the BACB Newsletter and/or on the BACB website. You are responsible for checking the BACB website regularly for changes, revisions and additions to the standards and you are deemed to have received notice of the changes, revisions and additions within 30 days of the date they are posted on the website.
2. It is the policy of the BACB not to release candidate information provided and contained in BACB applications, unless such information relates to pending or final disciplinary actions and/or is requested by a state or federal licensing authority, agency, court of law, or otherwise properly subpoenaed. The BACB does offer an online Certificant Registry and also licenses use of the BACB mailing list/labels to third parties. By applying, you authorize the BACB to publish and/or release your certification or recertification status on the Certificant Registry (along with contact information and your willingness to serve as a supervisor, if applicable) and you authorize the BACB to publish and/or release any final or pending disciplinary (professional conduct) decisions to state licensing boards or agencies, other health care organizations, professional associations, employers or the public. Unless there is a pending or final disciplinary action against you, the BACB will allow you to opt out of appearing on the Certificant Registry; at any time, you may opt out of the BACB mailing list/labels.
3. To hold the BACB harmless, and to waive, release and exonerate the BACB, its officers, directors, employees, committee members, panel members and agents from any claims that you may have against the BACB arising out of the BACB's review of this application, or any future applications relating to eligibility for certification, renewal, recertification or reinstatement, conduct of the examination, issuance of a disciplinary (professional conduct) sanction or decision, and/or publication or third-party disclosure in accordance with Clause 2 of this Agreement.
4. To accurately identify to others (including employers and clients) that BACB certification, if granted, acknowledges that you have met the BACB's minimum standards, but does not warrant or guarantee your competence to provide professional services, and to indemnify the BACB from and against any liability that may arise from the BACB's issuance of your certification or recertification and your professional practice.
5. To only provide information in your application to the BACB that is true and accurate to the best of your knowledge. You agree to revocation or other limitation of your certification, if granted, should any statement made on this application or hereafter supplied to the BACB be found to be false or inaccurate or if you violate any of the rules or regulations of the BACB.
6. If this application is NOT completed and approved by the BACB within two (2) years from the date it was submitted, this application will expire and a new application will need to be submitted.
7. Once your application is approved by the BACB, you will have two (2) years from the approval date to sit for and pass the examination. If you do not take and pass the examination within two years you will need to reapply under the then-current standards and pay the then-current application fees.

8. In the event that you fail the examination and want to retake the examination, you must do so within two years from your original approval date, or you will no longer be deemed eligible for certification, and must reapply and pay all fees in order to reestablish your eligibility.

9. To abide by the following testing conditions:

- The BACB and Pearson VUE reserve the right to refuse admission to any BACB examination if you do not have the proper identification, or if administration has begun. If you are refused admission for any of these reasons or fail to appear at the test site, you will not be entitled to a refund of the application or administration fees. During the examination, the use of scratch paper, calculators, or reference to textbooks or notes is prohibited and you are not allowed to remove any examination materials from the administration room.
- The BACB examinations are only offered to individuals who are seeking BACB certification or recertification, and for no other purpose. The BACB examinations and individual questions are copyright protected and highly confidential trade secrets. Any disclosure or reconstruction of test questions and content shall be a violation of BACB rules and subject to damages including, but not limited to, the cost of replacing the compromised question(s) and reconstruction of the examination, if advisable, at the discretion of the BACB.
- Proctors are authorized to maintain a secure and proper test administration. You may not communicate with other examinees during the examination. Any irregular, disruptive, inappropriate or suspected cheating behavior by you may result in your relocation or removal from the examination site and/or a refusal to release your examination scores; in such event, your examination and administration fees will not be refunded or deferred.
- The examination is designed to determine whether applicants possess sufficient knowledge to become certified. The examination is not designed to rank order those examinees who achieve passing scores. Consequently, the BACB does not provide numeric scores to passing candidates.
- Failing candidates will be provided with numeric scores and with an indication of their performance level in each of the major examination content areas. This information is provided solely for the purpose of providing applicants with an indication of areas where they may wish to complete additional study. You are not and will not be allowed to review your examination, appeal your examination scores or individual examination questions, contest examination content, require public release (via subpoena or other legal action) of examination content, or request alternative methods of scoring your examination

***By submitting this application, you acknowledge and affirm that you have carefully read and understand these rules and requirements and that you agree to abide by these terms.***

SIGNATURE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

**BCBA REVIEW FORM FOR DOCTORAL OPTION**

A SEPARATE BCBA REVIEW FORM MUST BE COMPLETED BY EACH BCBA  
 AT LEAST THREE BCBA REVIEW FORMS MUST BE SUBMITTED

**SECTION A**

**Must be completed by applicant**

Applicant's Name: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

By signing above, the applicant for certification requests and authorizes the reviewer to release the information requested by the BACB.

BCBA Reviewer's Name: \_\_\_\_\_ BCBA Certificate #: \_\_\_\_\_

Note to Reviewer: in answering the questions below and in agreeing to keep this information confidential to all but the BACB, you are bound by the BACB's Professional Disciplinary Standards that prohibit false or misleading statements in applications to the BACB.

**SECTION B**

**Must be completed by reviewer**

Identify your relationship with the applicant. If the applicant is a relative or employer, you may not complete this form: \_\_\_\_\_

In what context have you been familiar with the applicant's work? List the settings in which you have observed the applicant's work. \_\_\_\_\_

Identify the types of consumers the applicant has experience working with (e.g., persons with autism, persons with developmental disabilities, managers, persons with traumatic brain injuries, teachers, etc.)? \_\_\_\_\_

Identify the period of time from \_\_\_\_\_ to \_\_\_\_\_ that you are able to confirm (either personally or through review of applicant's documentation) applicant's experience with behavior analysis as a primary function of applicant's employment or consultation activities.

Are you aware of any current or recent (during the last 3 years) acts or omissions by the applicant that may be construed as not complying with the BACB's Professional Disciplinary Standards? If so, please explain. Attach a separate page if necessary. \_\_\_\_\_

**Check Yes or No for the Questions below.**

	QUESTION	YES	NO
1.	Do you believe the applicant has a good understanding of the basic principles of behavior analysis in accordance with the current BACB Task List?		
2.	Does your direct knowledge of programs and interventions written and/or developed by the applicant show correct representation of ABA techniques and procedures in accordance with the current BACB Task List?		
3.	Does your direct knowledge of the applicant's direct interactions with consumers show the correct use of basic ABA techniques and procedures in accordance with the current BACB Task List?		
4.	Based on your direct knowledge of the applicant's programs, interventions and interactions, are you of the opinion that the applicant has a firm understanding of, and ability to practice in accordance with the task areas identified on the current BACB Task List?		
5.	Are you aware of any investigations (employer, state agency or police), litigation, charges filed, or adjudications (civil or criminal) involving the applicant during the last five (5) years?		
6.	Do you recommend this applicant for eligibility to sit for the BCBA certification examination? If your answer is "No," please explain on a separate page.		

Attestation: I have completed this review without consultation with the applicant and independent of any other BCBA who may be reviewing the applicant. I agree to keep the contents of this review confidential to all but the BACB. I further agree to send this review form directly to the BACB, and not provide a copy to the applicant.

Signature of BCBA Reviewer \_\_\_\_\_

Date Signed \_\_\_\_\_