

# BEHAVIOR ANALYST CERTIFICATION BOARD RECERTIFICATION APPLICATION

Please complete the form below and return it to the address below along with the **non-refundable** recertification fee by **the 15<sup>th</sup> of the month in which your certificate expires**. Recertifications that are postmarked after that date are considered late and should include the \$50 late fee.

1. Certification Type: BCBA \$100 BCABA \$65

2. Certificate No: \_\_\_\_\_ 3. Date Issued: \_\_\_\_\_

4. Name: \_\_\_\_\_

√ here for name change: \_\_\_\_\_ Former Name: \_\_\_\_\_  
(You must include documentation such as a copy of a marriage license.)

5. Mailing Address: \_\_\_\_\_

√ here for address change: \_\_\_\_\_

6. Email Address: **(PLEASE PRINT CLEARLY)**

(Use "Ø" to distinguish from the letter O, capitalize L and I to distinguish from 1.)

7. Telephone Numbers: Work (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ex \_\_\_\_\_

Home (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax :(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Recertification Fee: \$65 BCABA or \$100 BCBA**  
**(Postmarked after the 15<sup>th</sup> of the month, add \$50 late fee)**

Record your Check Information Here:

Check Amount \$ \_\_\_\_\_

Check Number \_\_\_\_\_

Check Date \_\_\_\_\_

**Keep a copy of this application for your records.**

**DO NOT SEND CONTINUING EDUCATION DOCUMENTATION WITH THIS APPLICATION.** You must retain documentation (certificates, course outlines, grade reports, etc.) of the continuing education units you claim for this year.

**A. MANDATORY QUESTIONS AND ATTESTATION:** You must complete **ALL** 3 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, disciplinary (professional conduct) rules, fees and application requirements?

YES \_\_\_\_\_ NO \_\_\_\_\_ **"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 \_\_\_\_\_ **Attach an explanation for "YES" responses.**

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/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 \_\_\_\_\_ **Attach an explanation for "YES" responses.**

**You must identify ALL investigations, allegations, charges and the outcomes thereof. Attach documentation if available. DO NOT INCLUDE CONFIDENTIAL (IDENTIFYING) CLIENT INFORMATION. If you currently are incarcerated, on probation or parole, or a case is under appeal, BACB may deny certification or recertification until three (3) years following the**

Complete both pages.

**exhaustion of your appeal, completion of probation or parole, or final release from incarceration, whichever is later. YOU ALWAYS MUST NOTIFY THE BACB IMMEDIATELY IF ANY CIRCUMSTANCES ARISE THAT WOULD MODIFY A RESPONSE YOU HAVE PROVIDED ON THIS APPLICATION.**

- B. CONTINUING EDUCATION** – *DO NOT SEND DOCUMENTATION.* A 10% sample of applicants for recertification will be selected at random to submit documentation of continuing education. Certificants who are selected as part of the 10% sample will be sent a letter requesting this documentation and they will have 30 days to submit their documentation.

**Continuing Education (List the number of hours for each type of CE.)**

|  |   |  |   |
|--|---|--|---|
| Type 1 - College or University Course(s)                           | # | Type 4 – Instruction of Type 1 or Type 2 (Maximum of 25% of total required CE) | # |
| Type 2 - Approved BACB Provider Events                             | # | Type 5 – BACB Event (Maximum of 25% of total required CE)                      | # |
| Type 3 - Non-approved Events (Maximum of 25% of total required CE) | # | Type 6 - Passing Certification Exam  | # |

Total hours: \_\_\_\_\_ (BCBAs 36 hours required, BCABAs 24 hours required)

**C. BACB CERTIFICANT INFORMATION RELEASE POLICY**

- The BACB provides an internet registry listing CERTIFICANT NAME, CITY, STATE/COUNTRY & CERTIFICATION LEVEL.  
 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 if you are BACB certified.
- The BACB has a feature on the internet registry which allows users to search for certificants by zip code. Users then can email certificants from a link in the registry. The user will not be 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 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.

**ATTESTATION:** By signing, you acknowledge and affirm: (1) that you have carefully read and understand the BACB rules and requirements; (2) that you agree to abide by these terms; and (3) that the information you have provided in this application and in the attached documentation is true and correct to the best of your knowledge.

**BCABAs ONLY:** By signing this application, I acknowledge that I have received notice of and agree to abide by the January 1, 2009 implementation of the title change to Board Certified Assistant Behavior Analyst and to the January 1, 2009 supervision documentation requirements.

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

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

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

**MAIL THIS APPLICATION & YOUR CHECK PAYABLE TO THE BACB TO:**  
 BACB c/o PTI ♦ 1705 Metropolitan Blvd., Ste. 102 ♦ Tallahassee, Florida 32308