

BACB Request to Return from Inactive Status

If your certification is currently in inactive status and less than four years have passed since you were granted that status, you may submit this application to return from inactive status. If your certification is expired, then you must reapply to become certified under the existing standards.

Please complete this form and return it to the address indicated along with the ***non-refundable*** fees specified in the chart below.

1. Certification Type: BCBA BCaBA BCBA-D

(You will be required to comply with all current rules for certification. Rules and standards have likely changed since you were certified. Read and review these carefully.)

2. Certificate No: _____

3. Date Issued: _____ AND Most Recent Expiration Date: _____ (This is the date that appeared on your most recent certificant and will be the date you should use in Chart A or B to determine the fee and CE you will be required to submit for reentry.)

4. Legal Name: _____

√ here for name change: _____ Former Name: _____
(You must include documentation such as a copy of a government-issued ID or marriage license.)

5. Mailing Address: _____

√ here for address change: _____

6. Email Address: _____

(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: (_____) _____ - _____

8. Behavior Analysis Licenses – list your license number and issuing state, province, or country for all behavior analysis licenses you hold: _____

Record your Check Information Here:

Check Amount \$

Check Number

Check Date

Keep a copy of this application for your records.

Information about Continuing Education & Fees

Inactive Period	Reactivation Requirements
Less than 1 year	No Fee
1-2 years	Fees equivalent to annual renewal or recertification
2-4 years	8 CEUs + Fees equivalent to annual renewal or recertification

List the information about your CEUs below. Attach additional pages if needed.

Type 1 – College or University Course(s)
Course Title Number of CEUs completed

Type 2 – ACE Provider Events
Course Title Number of CEUs completed

Type 3 – Non-approved Events – (Maximum of 25% of total required CE)
Course Title Number of CEUs completed

Type 4 – Instruction of Type 1 or Type 2 – (Maximum of 50% of total required CE)
Course Title Number of CEUs completed

Type 5 – BACB Events – (Maximum of 25% of total required CE)
Course Title Number of CEUs completed

Type 6 - Passing Certification Exam which is accepted in lieu of all CE that would otherwise be due. List exam date here: _____

Type 7 – Scholarly Activities (Maximum of 25% of total required CE)
Publication information:

**A maximum of 75% of the total required CE may come from categories 3, 4, 5 and 7. At least 25% must come from Type 1 or Type 2. Passing the examination (Type 6) meets all CE requirements except for supervision.*

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 reactivation. Request to return from inactive applicants may at any time, in the discretion of the BACB, be required to submit proof of continuing education identified in this application.

IMPORTANT: All continuing education hours identified in this application are past due hours – if you are approved for reactivation, you will need to meet the current renewal and recertification requirements, including applying for annual renewal, paying the annual renewal fee, and submitting proof of approved continuing education for purposes of recertification.

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 & documentation 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 & documentation 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 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.

ATTESTATION: By signing, you acknowledge and affirm that you:

(1) have carefully read and understand the BACB rules and requirements for inactive status; and

(2) agree to abide by all BACB requirements during inactive status, including, but not limited to:

a. Ongoing compliance with the Guidelines for Responsible Conduct and the Professional Disciplinary and Ethical Standards; and

b. Discontinuing representing that you are qualified to offer candidate, BCaBA, or RBT supervision, if applicable; and

c. Ensuring that all clients, employers AND THIRD-PARTY PAYORS (private, state and federal insurance plans) are notified that your BACB certification is not currently active; and

(3) understand and agree that all terms contained in the BACB's Mandatory Certification Processing Agreement that you consented to in the signing of your certification application apply also to the inactive status request and any period in which you are listed as an inactive certificand; and

(4) have ensured that you were not misrepresented as being an active certificand (including proper insurance billing notification of your inactive status) during the period of inactivity; and

(5) have provided information in this application and in the attached documentation that is true and correct to the best of your knowledge.

PRINTED NAME: _____

SIGNATURE: _____

DATE: _____

MAIL THIS APPLICATION & YOUR CHECK PAYABLE TO THE BACB (DO NOT SEND CASH) TO:

BACB
7950 Shaffer Parkway
Littleton, CO 80127 USA