

FLORIDA BEHAVIOR ANALYST RECERTIFICATION APPLICATION

1. Certification Type: FL-CBA \$70 (Fees are non-refundable.)

2. Certificate No: _____ 3. Date Issued: _____

4. Legal 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 (_____) _____ - _____

(Fees are non-refundable.)
(Postmarked after the 15th of the month, add \$50 late fee)

Keep a copy of this application for your records.

Record your Check Information Here:

Check Amount \$ _____
Check Number _____
Check Date _____

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 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.

Complete both pages.

- 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)	#		

Total Hours: _____ (36 hours required)

C. FBACC CERTIFICANT INFORMATION RELEASE POLICY

- The FBACC may wish to create an internet registry listing CERTIFICANT NAME, CITY, STATE/COUNTRY & CERTIFICATION LEVEL.
- The FBACC internet registry may include a feature which allows users to search for certificants by zip code. Users will then be able to 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 internet registry, should the FBACC decide to develop one. Unless you check this space, users will be able to email you from the internet registry.

- It is the intention of the FBACC to provide you with access to important information regarding training, educational, job and research opportunities. To achieve this goal, the FBACC 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.

PRINTED NAME: _____

SIGNATURE: _____

DATE: _____

**MAIL THIS APPLICATION & YOUR CHECK PAYABLE TO THE BACB TO:
BACB ♦ 7950 Shaffer Parkway ♦ Littleton, CO 80127**