



BCBA/BCaBA Request to Return from Voluntary Inactive Status Application

Overview

Certificants who have been on voluntary inactive status for less than four years and wish to reactivate their certification must submit a Request to Return from Voluntary Inactive Status Application. If you have been inactive for more than two years, you will also need to complete 8 continuing education units (CEUs) in the 12-month period prior to reactivation. Once your certification is reactivated, your recertification cycle will restart where it was paused. For example, if you went inactive eight months into your cycle, you will have 16 months until you must recertify (and meet the recertification requirements for [BCaBA](#) or [BCBA](#)).

If you do not submit a Request to Return from Voluntary Inactive Status Application (and receive approval of your application) within four years of your inactivation date, your certification will expire and you will need to requalify under the requirements applicable at that time. Please note that individuals who reside outside of the US, Canada, Australia, and the United Kingdom will not be eligible for certification after January 1, 2023, including through our Qualify via Past Certification option.

Instructions

If you have been on voluntary inactive status for less than four years:

1. Complete this application its entirety for consideration (including 8 CEUS if you have been inactive for more than two years). Incomplete documents will not be accepted. Submit the application through the [Contact Us Form](#) within four years of your voluntary inactive date.
2. Use the table below to determine if you need to submit a processing fee:

| Inactive Period | | Fee |
|-----------------|--|--------|
| 0-2 Years | 0 CEUs | No Fee |
| 2-4 years | 8 CEUs in the 12 months before returning from inactive | \$50 |

3. If applicable, pay the non-refundable processing fee by either:
 - a. sending a check to: Behavior Analyst Certification Board 7950 Shaffer Parkway Littleton, CO 80127 USA or
 - b. paying via credit card. If you select this option, BACB staff will send you payment instructions once your application is received.
4. Allow at least two weeks for processing.

If approved, your certification will be reactivated on the same day your application is approved.

A. Certificant Information

Legal Name: _____

BACB ID # (located in your [BACB account](#)): _____

Certification Type: BCaBA BCBA BCBA-D FL-CBA

Date Voluntary Inactive Started: _____

If you are unsure of your inactivation date, [contact the BACB](#).

B. Continuing Education

If you have been on voluntary inactive status for more than two years, enter your CEUs for [BCaBA](#) or [BCBA](#) below information below. Please note, if this application is approved, these hours will not qualify toward your next recertification cycle.

You do not need to attach documentation of your CEUs with this application, however, the BACB reserves the right to request this documentation at anytime.

| Type of CEUs | # of CEUs earned in the last 12 months |
|--------------|--|
| Learning | |
| Teaching | |
| Scholarship | |

C. Required Reporting

I (Certificant) understand that:

- I am required to report to the BACB any physical conditions, mental conditions, or substance addictions that could impair my ability to competently provide behavior-analytic services and/or jeopardize public health and safety.
- I am required to report to the BACB any disciplinary investigations or actions by a professional or regulatory body.
- I am required to report to my certificant on record and/or the BACB any public health or safety-related investigations or actions.

D. Attestation

By signing, I (Certificant) acknowledge and affirm that:

- I have carefully read and understand the BACB rules and requirements, including the [Terms and Conditions](#).
- I agree to abide by the BACB's rules and requirements, including the [Terms and Conditions](#).
- The information I have provided in this application is true and correct to the best of my knowledge.

To report information or noncompliance with BACB requirements, use the [submit legal documentation](#) form on the BACB website. Please note, this may delay the processing of your application.

CERTIFICANT'S PRINTED NAME: _____

CERTIFICANT'S SIGNATURE: _____ DATE: _____

This document must be signed in accordance with the [Acceptable Signatures Policy](#).