



# RBT® Application for Voluntary Inactive Status

## Overview

This application is for RBTs to apply for voluntary inactive status. Only RBTs who are in their renewal cycle (i.e., have not missed the expiration date) may request voluntary inactive status. Inactive RBTs are not permitted to practice, bill, or represent themselves as RBTs and will be listed as inactive in the [Certificant Registry](#). If granted voluntary inactive status, RBTs may be inactive for up to 2 years. During this time, they are not required to submit an annual [RBT Renewal Application](#) (including an updated [RBT Renewal Competency Assessment](#) and fees). 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 if they do not return within 2 years.

## Instructions

RBTs who wish to apply for voluntary inactive status must do the following:

1. Complete this application and submit it through the [Contact Us Form](#) before your expiration date.
2. Once your application has been received, you will be notified via email and given instructions on how to pay the \$25 nonrefundable processing fee. You will have two weeks from when you receive that email to submit payment. Your application will not be processed until you pay the fee.
3. Once your payment has been received, allow 2 weeks for processing. You can see current processing times by visiting the [Customer Service Updates](#) web page. Please monitor your email on file with the BACB for confirmation of approval or further instructions.
4. If your application is not approved, you will receive feedback on required next steps via email. You may be given an opportunity to submit a corrected application if within two weeks of payment and your RBT certification has not expired.

**Your voluntary inactive status will begin on the day your application and payment are approved.**

### A. RBT Information

RBT's Full Legal Name: \_\_\_\_\_

RBT Certification # (located in your [BACB account](#)): \_\_\_\_\_

### B. Ability to Practice

I (RBT) understand that while I am on voluntary inactive status:

- By signing below, I affirm that I may not practice as an RBT. Practicing as an RBT is defined as engaging in any task listed in the [RBT Task List \(2nd ed.\)](#).
- By signing below, I affirm that I may not represent myself as an RBT.
- By signing below, I affirm that I may not bill for services as an RBT.

### C. Supervision

I (RBT):

Choose One	Option
<input type="checkbox"/>	have met <b>all</b> <a href="#">supervision requirements</a> since my last renewal or since my original certification date (if I became certified within the last year), including receiving supervision for 5% of my hours spent providing behavior-analytic services.
<input type="checkbox"/>	have not provided or assisted in providing behavior-analytic services (i.e., performed tasks from the RBT Task List), billed, and/or represented myself as an RBT since my last renewal or since my original certification date (if I became certified within the last year).
<input type="checkbox"/>	have not met <b>at least one</b> of the <a href="#">supervision requirements</a> since my last renewal or since my original certification date (if I became certified within the last year). <b>Note:</b> If you select this option, BACB staff will contact you about next steps. Please note that this may delay the processing of your application.

- By signing below, I affirm that I understand that the BACB may require documentation of my supervision.

### D. Required Reporting

I (RBT) understand that while I am on voluntary inactive status:

- By signing below, I affirm that I am required to report to my RBT Supervisor or RBT Requirements Coordinator on record, if applicable, any information that might impact my background check or status with the BACB.
- By signing below, I affirm that I am required to report to my RBT Supervisor or RBT Requirements Coordinator on record and/or the BACB any physical or mental health condition or substance use disorder that could (a) impair my ability to competently provide behavior-analytic services and/or (b) jeopardize public health and safety.
- By signing below, I affirm that I am required to report to my RBT Supervisor or RBT Requirements Coordinator on record and/or the BACB any disciplinary investigation or action naming me conducted by a professional or regulatory body.
- By signing below, I affirm that I am required to report to my RBT Supervisor or RBT Requirements Coordinator on record and/or the BACB any public health or safety-related investigation or action naming me.

### E. Attestation

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

- By signing below, I affirm that I have carefully read and understand the BACB's rules and requirements, including the [Terms of Use](#).
- By signing below, I affirm that I agree to abide by the BACB's rules and requirements, including the [Terms of Use](#).
- By signing below, I affirm that the information I have provided in this application is true and correct to the best of my knowledge.
- By signing below, I affirm that I must [request to reinstate](#) my certification. If I fail to request to reinstate my certification within 2 years of being granted voluntary inactive status, my RBT certification will expire, and I must reapply under the requirements in effect at the time I submit my application to become recertified.

*If you need to report any information or noncompliance with BACB requirements, you may do so via the [Reporting to the Ethics Department](#) web page. Please note that this may delay the processing of your application.*

RBT'S FULL NAME: \_\_\_\_\_

RBT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

*This document must be signed in accordance with the [Acceptable Signatures Policy](#) within 180 days of the application submission date.*