



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 window (i.e., have not missed the recertification date) may request inactive status. Inactive RBTs are not permitted to practice, bill, or represent themselves as an RBT and will be listed as “inactive” on the [Certificant Registry](#). RBTs may request to be inactive for up to two years and are not required to submit annual [RBT Renewal Applications](#) (including updated [RBT Renewal Competency Assessment](#) and fees) during this time.

Returning from Voluntary Inactive: An RBT may request to reinstate certification by doing the following:

- 1) Meet BACB [supervision requirements](#) by having an RBT Supervisor or RBT Requirements Coordinator on record with the BACB.
- 2) Complete the renewal Competency Assessment no more than 45 days before requesting reactivation.
- 3) Submit an [RBT Request to Return from Voluntary Inactive Status Application](#) (including fees) to the BACB.

If you fail to return from inactive status, your RBT certification will expire and you will be required to requalify under the then-current [requirements](#) to become certified again. After your certification becomes reactivated, your renewal cycle will re-start where it was paused. For example, if you went inactive six months into your cycle, you will have six months before you need to renew again (and meet the [renewal requirements](#)).

Instructions

RBTs who wish to request inactive status will need to:

- 1) Complete this application and submit it through the [Contact Us Form](#) prior to your certification end date
- 2) Pay a \$25 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 choosing this payment option, BACB staff will send the information on how to pay once the application has been received.
- 3) Allow at least two weeks for processing.

If approved, their voluntary inactive status will start the day the application is approved.

A. RBT Information

RBT's Legal Name: _____

RBT Certification # (located in your [BACB Account](#)): _____

B. Ability to Practice

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

- Agree I may not practice as an RBT. Practicing as an RBT is defined as engaging in any tasks identified in the [RBT Task List 2nd ed.](#)
- Agree I may not identify myself as an RBT.
- Agree I may not bill for services as an RBT.

C. Supervision

I (RBT):

Choose One	Option
<input type="checkbox"/>	have met <i>all</i> the supervision requirements since my last renewal or since my original certification date (if I became certified within the last year), including at least 5%.
<input type="checkbox"/>	have not provided or assisted in providing behavior-analytic services (i.e., performed functions 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 <i>at least one</i> of the supervision requirements since my last renewal or since my original certification date (if I became certified within the last year). Note: If you select this option, BACB staff will contact you about next steps. Please note, this may delay processing of your application.

Agree 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:

Agree I am required to report to my certificant on record, if applicable, any information that might impact my background check or status with the BACB.

Agree 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.

Agree I am required to report to the BACB any disciplinary investigations or actions by a professional or regulatory body.

Agree I am required to report to the BACB any public health or safety-related investigations or actions.

E. Attestation

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

Agree I have carefully read and understand the BACB rules and requirements, to include the [Terms and Conditions](#).

Agree I agree to abide by the BACB's rules and requirements, including the [Terms and Conditions](#).

Agree The information I have provided in this application is true and correct to the best of my knowledge.

If you need to report any information or noncompliance with BACB requirements, you may do so via the [submit legal documentation](#) form on the BACB website.

RBT'S PRINTED NAME: _____

RBT'S SIGNATURE: _____ DATE: _____

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