



# RBT® Renewal: Checklist

This checklist will guide you through the RBT renewal process. You must complete all steps to renew your certification.

- Update your Information.** If you have changes to any of the information below, log into your [BACB Account](#) and click on the “Update Profile” link under the “Profile” tab to update it.
  - Email Address (Permanent/Personal)
  - Email Address (Alternate/Work)
  - Mailing Address
  - Telephone Number
  - Name Change
- Review the RBT Handbook.** Review the [RBT Handbook](#) including the maintenance requirements.
- Complete the renewal competency assessment.** Have an assessor complete a [renewal competency assessment](#) no more than 45 days before your expiration date.\*
- Complete the RBT Renewal Application.** Complete the entire RBT application. *Please note:* Only you (the renewing RBT) may complete the application.
- Pay the renewal fee.** Log into your [BACB Account](#) and click on the “RBT” tab.
  - a) If you are paying online, click on the “RBT Renewal Invoice” link to pay.
  - b) If you are paying by check, mail your payment (include your RBT credential number on the check) to:  
Behavior Analyst Certification Board  
7950 Shaffer Parkway  
Littleton, CO 80127 USA
- Upload your documents.** Documents (i.e., RBT Renewal Application and competency assessment) can be uploaded only after you submit payment. Upload your documents into your [BACB Account](#) under the “RBT” tab.
- Monitor your email.** Allow two weeks from the date you upload your documents for your application to be processed. Monitor your email and your [BACB Account](#) in case additional information is needed.

\* Your expiration date can be found in your BACB Account under the “RBT” tab.



# RBT® Renewal: Application

## A. RBT Information

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

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

**Note:** *Only* the RBT named in this application may complete and sign the renewal application. Please answer all questions. The BACB does not process incomplete applications.

## B. Ability to Practice

I (RBT) understand that I must have a BCaBA or BCBA certificant on record (as an RBT Supervisor or RBT Requirements Coordinator) with the BACB in order to practice as an RBT. I understand that if I do not, I:

- Agree 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 may not identify myself as an RBT.
- Agree may not bill for services as an RBT.
- Agree will be listed as “inactive” on the [Certificant Registry](#).

## C. Supervision

I (RBT):

- Agree understand that the BACB may require documentation of my supervision.

Choose One	Option
<input type="checkbox"/>	have met <i>all</i> the <a href="#">supervision requirements</a> for the past year, including at least 5% of my hours spent providing behavior-analytic services has been supervised.
<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 an RBT within the past 12 months, therefore I required no supervision.
<input type="checkbox"/>	have not met <i>at least one</i> of the <a href="#">supervision requirements</a> in the last year.  <b>Note:</b> If you select this option, BACB staff will contact you about next steps (see the audit process under the Ongoing Supervision section of the <a href="#">RBT Handbook</a> ).

## D. Required Reporting

- Agree I (RBT) understand that I am required to report to my RBT Supervisor and/or RBT Requirements Coordinator any information that might impact my background check or status with the BACB.
- Agree I (RBT) understand that I am required to report to my certificant on record and/or the BACB any public health or safety-related investigations or actions.
- No  Yes 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?
- No  Yes Have you been subject to an investigation or disciplinary action by a health care organization, professional association, governmental entity or regulatory or licensing agency or 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?

*If you selected "Yes" to either of the yes/no questions above, you must report the noncompliance with BACB requirements by submitting a [Self-Reporting Form](#). Please note, Self-Reports are reviewed by the BACB Ethics Department and you may experience a delayed processing of your renewal application.*

## E. Attestation

By signing, I acknowledge and affirm that:

- Agree I have carefully read and understand the BACB rules and requirements, to include the [RBT Handbook](#), [BACB Terms of Use](#), and [BACB Privacy Policy](#).
- Agree I agree to abide by these rules and requirements, to include the [RBT Handbook](#), [BACB Terms of Use](#), [BACB Privacy Policy](#), and [RBT Ethics Code \(2.0\)](#).
- Agree The information I have provided in this application and in the attached documentation is true and correct to the best of my knowledge.

PRINTED RBT NAME: \_\_\_\_\_

RBT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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