



RBT® Request to Return from Voluntary Inactive Status Application

Overview

RBTs should complete this form to request to return from voluntary inactive status. When the RBT returns from inactive status, their renewal cycle will restart where it was paused. For example, if they went inactive three months into their cycle, they will have nine months before they need to renew again (and meet the renewal requirements). RBTs who do not submit this form (and receive approval of their application) within two years of the inactivation date will be expired.

Instructions

RBTs who have been on voluntary inactive status for less than two years need to do the following:

- 1) Complete this application and submit the application through the [Contact Us Form](#) within two years of their voluntary inactive date.
- 2) Have an RBT Supervisor or RBT Requirements Coordinator on record with the BACB
- 3) Complete an updated Competency Assessment no more than 45 days before requesting reactivation.
- 4) 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.
- 5) Allow at least two weeks for processing.

If approved, the RBT's certification will be reactivated on the day the application is approved.

A. RBT Information

RBT's Legal Name: _____

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

Date Voluntary Inactive Started: _____

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

B. Supervision

I (RBT):

- Agree I will resume receiving supervision for 5% of my hours spent providing behavior-analytic services.

C. Required Reporting

I (RBT) understand that:

- 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 my certificant on record and/or 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 my certificant on record and/or the BACB any disciplinary investigations or actions by a professional or regulatory body.
- Agree 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 (RBT) acknowledge and affirm that:

- Agree I have carefully read and understand the BACB rules and requirements, including 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. Please note, this may delay processing of your application.

RBT’S PRINTED NAME: _____

RBT’S SIGNATURE: _____ DATE: _____

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