



# BCBA Application for Voluntary Inactive Status

## Overview

BCBAs who are granted voluntary inactive status may remain inactive for up to four years. Individuals who have inactive status will be listed as inactive on the [Certificant Registry](#) and will not be verified as having active BACB certification. These individuals may refer to their certification as “BCBA-D (Inactive)” or “BCBA (Inactive).” An inactive certificant is strictly prohibited from practicing or billing as a BCBA or BCBA-D. In addition, inactive BCBAs will not be required to submit recertification applications (including fees) while inactive.

BCBAs who wish to request this status will need to (a) be in their recertification window and (b) have completed continuing education for their recertification cycle (prorated to the month). For example, if a BCBA is 12 months into their current certification cycle, they would need to complete 16 CEUs by the time this application is submitted.

**Returning from Voluntary Inactive:** When a BCBA wishes to reinstate their certification, the BCBA will need to:

- 1) Submit a [Request to for Return from Voluntary Inactive Status](#) (including fees) to the BACB and
- 2) If they have been inactive for more than two years, complete 8 hours of CEUs in the 12-month period prior to reactivation

After their certification becomes reactivated, their recertification cycle will restart where it was paused. For example, if the BCaBA went inactive eight months into their cycle, they will have 16 months until they need to recertify again (and meet the [recertification requirements](#)). After returning from voluntary inactive status, they may not apply for voluntary inactive status again until they have completed one full recertification cycle.

If a BCBA fails to return from inactive status, their BCBA certification will expire and they will be required to requalify under the then-current [requirements](#) to become certified again. Please note that individuals who reside outside of the US, Canada, Australia, and the United Kingdom are no longer eligible for certification as of January 1, 2023, including through our Qualify via Past Certification option.

## Instructions

BCBAs who wish to request inactive status will need to:

- 1) Enter CEUs (pro-rated to the month) in their [BACB account](#)
- 2) Complete this application in its entirety for consideration. Incomplete documents will not be accepted. Submit the application through the [Contact Us form](#) prior to their certification expiration date.
- 3) Pay a \$50 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.
- 4) Allow at least two weeks for processing

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

### A. BCBA Information

BCBA's Legal Name: \_\_\_\_\_

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

## B. Ability to Practice

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

- By signing below, I affirm that I may not practice as a BCBA. Practicing as a BCBA is defined as engaging in any tasks identified in the [BCBA/BCaBA Task List](#).
- By signing below, I affirm that I may not identify myself as a BCBA.
- By signing below, I affirm that I may not bill for services as a BCBA.
- By signing below, I affirm that I will be listed as “inactive” on the [BACB’s Certificant Registry](#).

## C. Supervision

While I (BCBA) am on voluntary inactive status:

- By signing below, I affirm that I may not serve as a [RBT Requirements Coordinator](#) or [RBT Supervisor](#) for RBTs.
- By signing below, I affirm that I may not provide ongoing supervision to RBTs or BCaBAs.
- By signing below, I affirm that I may not provide supervision to trainees who are pursuing the BCaBA or BCBA credential.

## D. Required Reporting

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

- By signing below, I affirm 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.
- By signing below, I affirm that I am required to report to the BACB any disciplinary investigations or actions by a professional or regulatory body.
- By signing below, I affirm that I am required to report to the BACB any public health or safety-related investigations or actions.

## E. Attestation

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

- I have carefully read and understand the BACB rules and requirements, to include 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.

*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 the processing of your application.*

BCBA’S PRINTED NAME: \_\_\_\_\_

BCBA’s SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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