



BCBA/BCaBA Request to Return from Voluntary Inactive Status Application

Overview

Certificants who have been on voluntary inactive status for less than four years and wish to reactive their certification will need to submit a request to return from voluntary inactive status application. If a certificant has been inactive for more than two years, they will also need to complete 8 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 certificant went inactive 8 months into their cycle, they will have 16 months until they need to recertify again (and meet the [recertification requirements](#)).

If an individual does not submit a Request to Return from Voluntary Inactive Status Application (and receive approval of their application) within four years of their inactivation date, their certification will expire and they will need to requalify under the then-current requirements.

Instructions

Certificants who have been on voluntary inactive status for less than four years will need to:

- 1) Complete this application (including 8 CEUs if they have been inactive for more than two years) and submit the application through the [Contact Us Form](#) within four years of their voluntary inactive date.
- 2) Use the table below to determine if a processing fee will need to be submitted:

Inactive Period		Fee
0-2 Years	0 CEUs	No Fee
2-4 years	8 CEUs in the 12 months before returning from inactive	\$50

- 3) If applicable, pay the 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 certification will be reactivated on the day the application is approved.

A. Certificant Information

Legal Name: _____

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

Certification Type: BCaBA BCBA BCBA-D FL-CBA

Date Voluntary Inactive Started: _____

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

B. Continuing Education

If you have been on voluntary inactive status for more than two years, enter your [continuing education](#) information below. Please note, if this application is approved, these hours will not qualify toward your next recertification cycle.

You do not need to attach documentation of your continuing education with this application; however, the BACB reserves the right to request this documentation at anytime.

Type of Continuing Education (CE)	Limit	CEUs	# of general CE earned in the last 12 months
Type 1 - College/university coursework	None – all CE can come from this type	50 minutes of instruction = 1 CEU	
Type 2 - CE issued by authorized continuing education (ACE) provider	None – all CE can come from this type	50 minutes of instruction = 1 CEU	
Type 3 - Non-authorized events	25% can come from this type*	50 minutes = 1 CEU	
Type 4 - Instruction of Type 1 or Type 2	50% can come from this type*	50 minutes of instruction = 1 CEU	
Type 5 - CE issued by the BACB directly	25% can come from this type*	Determined by BACB	
Type 6 - Take and pass the certification exam again	All CE will be fulfilled by this activity	Passing the exam equals 100% of your required CE, except for supervision	
Type 7 - Scholarly activities	25% can come from this type*	One publication = 8 CEUs One review = 1 CEU	

C. Required Reporting

I (Certificant):

- Agree I understand 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.
- Agree I understand that I am required to report to the BACB any disciplinary investigations or actions by a professional or regulatory body.
- Agree I understand that I am required to report to the BACB any public health or safety-related.

D. Attestation

By signing, I (Certificant) 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. Please note, this may delay processing of your application.

CERTIFICANT’S PRINTED NAME: _____

CERTIFICANT’S SIGNATURE: _____ DATE: _____

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