



BCaBA Application for Voluntary Inactive Status

Overview

BCaBAs who are granted voluntary inactive status may remain inactive for up to 4 years. Individuals who have inactive status will be listed as inactive in the [Certificant Registry](#) and will not be verified as having active BACB certification. These individuals may refer to their credential as “BCaBA (Inactive).” An inactive certificant is strictly prohibited from practicing or billing as a BCaBA. In addition, inactive BCaBAs will not be required to submit recertification applications (including fees) while inactive.

BCaBAs 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 BCaBA is 12 months into his/her current certification cycle, they would need to complete 10 CEUs by the time this application is submitted.

Returning from Voluntary Inactive: At the end of the 4 years, or when the BCaBA wishes to reinstate their certification, they will need to:

- 1) Submit a [Request to Return from Voluntary Inactive Status](#) (including fees) to the BACB and
- 2) If they have been inactive for more than 2 years, complete 8 hours of continuing education 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 8 months into their cycle, they will have 16 months until they need to recertify again (and meet the [recertification requirements](#)).

If the BCaBA fails to return from inactive status, their BCaBA certification will expire and they will be required to requalify under the then-current [requirements](#) to become certified again.

Instructions

BCaBAs 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 and submit it 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. BCaBA Information

BCaBA's Legal Name: _____

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

B. Ability to Practice

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

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

C. Supervision

I (BCaBA):

- Agree Disagree I have met all the [supervision requirements](#) since my last recertification or initial certification, if recently became certified (e.g., I received supervision for at least 2% of the hours I spent providing behavior-analytic services).

If you selected “Disagree,” BACB staff will contact you about next steps. Please note, this may delay processing of your application.

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

- Agree I may not serve as an [RBT Requirements Coordinator](#) or [RBT Supervisor](#) for RBTs or providing ongoing supervision to RBTs.

D. Required Reporting

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

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

E. Attestation

By signing, I (BCaBA) 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.

BCABA’S PRINTED NAME: _____

BCABA’s SIGNATURE: _____ DATE: _____

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