



# 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 your information.
  - Email Address (Permanent/Personal)
  - Email Address (Alternate/Work)
  - Mailing Address
  - Telephone Number
  - Name Change
- Review RBT Maintenance Requirements** – See the BACB’s [RBT maintenance webpage](#).
- Complete the Competency Assessment** – Have an assessor complete a [Competency Assessment](#) no more than 45 days before your expiration date.\*
- Complete the RBT Renewal Application** – Complete the entire RBT Renewal Application (this application may only be completed by you, the RBT).
- Log into your BACB Account and Pay for the Application** – 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 for the renewal application.
  - 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 can only be uploaded after payment as been submitted (i.e., RBT Renewal Application and Competency Assessment). Upload your renewal documents into your [BACB Account](#) under the “RBT” tab.
- Monitor** – Allow two weeks from the date you uploaded 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 #: \_\_\_\_\_

**Note:** *Only* the RBT named in this application may complete and sign the renewal application. Please respond to all the questions below. Incomplete applications **will not** be processed.

## B. Ability to Practice

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

- Agree I may not practice as an RBT. Practicing as an RBT is defined as engaging in any tasks identified in the [RBT Task List](#).
- Agree I may not identify myself as an RBT.
- Agree I may not bill for services as an RBT.
- Agree I will not be listed on the [RBT Registry](#).

## C. Supervision

I (RBT):

- Agree  Disagree Have met all the [supervision requirements](#) for the past year, including at least 5% of my hours 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 renewal application.*

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

## D. BACB Rules and Requirements

I (RBT):

- Agree  Disagree Have complied with the BACB's rules and requirements (for example, ethics requirements).

*If you selected "Disagree," you must report the noncompliance with BACB requirements at [Submit Legal Documentation](#). Please note, this may delay processing of your renewal application.*

## E. Required Reporting

- Agree I (RBT) understand that I am required to report to my certificant on record, 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 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 (RBT) understand that I am required to report to my certificant on record and the BACB, any disciplinary investigations or actions by a professional or regulatory body.
- Agree I (RBT) understand that I am required to report to my certificant on record and the BACB, any public health or safety-related investigations or actions.

## F. Attestation

By signing, I 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 these rules and requirements, to include the [Terms and Conditions](#).
- 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: \_\_\_\_\_ DATE: \_\_\_\_\_

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

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