



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 it.
 - 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 application. **Please note:** Only you (the renewing RBT) may complete the application.
- Pay the renewal fee.** 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.
 - 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 (i.e., RBT Renewal Application and competency assessment) can be uploaded only after you submit payment. Upload your documents into your [BACB Account](#) under the “RBT” tab.
- Monitor your email.** Allow two weeks from the date you upload 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 # (located in your [BACB Account](#)): _____

Note: *Only* the RBT named in this application may complete and sign the renewal application. Please answer all questions. The BACB does not process incomplete applications.

B. Ability to Practice

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

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

C. Supervision

I (RBT):

- Agree to **one** of the following options:

Choose One	Option
<input type="checkbox"/>	have met <i>all</i> the supervision requirements for the past year, including at least 5% of my hours spent providing behavior-analytic services have been supervised.
<input type="checkbox"/>	have not provided or assisted in providing behavior-analytic services (i.e., performed functions from the RBT Task List), billed, and/or represented myself an RBT within the past 12 months, therefore I required no supervision.
<input type="checkbox"/>	have not met <i>at least one</i> of the supervision requirements in the last year.

If you selected "have not met at least one of the supervision requirements in the last year," 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 and will continue to comply with the BACB's rules and requirements, including the [RBT Ethics Code](#).

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 RBT Supervisor and/or RBT Requirements Coordinator 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/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 (RBT) understand that 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 (RBT) understand that I am required to report to my certificant on record and/or 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: _____

RBT SIGNATURE: _____ DATE: _____

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