Alabama Behavior Analyst Licensing Board
Application for Licensure

Type or block print only.

1. License Type Select the type of license for which you are applying.	☐ Licensed Behavior Analyst ☐ *Renewal*: Licensed Behavior Analyst ☐ *Temporary*: Licensed Behavior Analyst ☐ *Reciprocity*: Licensed Behavior Analyst ☐ Licensed Assistant Behavior Analyst ☐ *Renewal*: Licensed Assistant Behavior Analyst ☐ *Temporary*: Licensed Assistant Behavior Analyst ☐ *Reciprocity*: Licensed Assistant Behavior Analyst
2. Name(s) This is the name that will be printed on your license and reported to those who inquire about your license. Do not use nicknames, etc. Note: It is your responsibility to notify the Board of name changes.	First Name Middle Name Last Name Suffix (i.e., Jr. Sr., II) Maiden Name, if applicable Name(s) under which originally licensed in another state, if different from above (First, Middle, Last).
3. Social Security Number	U.S. Social Security Number
4. Gender	☐ Female ☐ Male
5. Date of Birth	MM DD YYYY
6. Contact Information Note: It is your responsibility to notify the Board of any changes.	Address Address 2, if applicable City State Zip Code Phone Number Email Address
7. Mailing Address ☐ Same as above	Address Address 2, if applicable City State Zip Code

8. BACB Certification	_____ BACB Certificant Number Select one _____ BACB Certification Held
9. Other State License(s) Note: Submit a License Verification Form for each state listed.	Have you ever held a license in another state? ☐ No ☐ Yes, provide details below List all states* in which you are now, or have ever been, licensed to practice behavior analysis. State: _____ ☐ Active ☐ Inactive State: _____ ☐ Active ☐ Inactive _____ ☐ Active ☐ Inactive _____ ☐ Active ☐ Inactive * Use a separate sheet of paper to list additional state licenses, if necessary.
10. Qualifying Education Provide information about the school(s) you attended that qualifies you for licensure. Use a separate sheet of paper to list additional schools, if necessary.	_____ University/College _____ City _____ State _____ Department _____ Degree earned Graduation date (MM/YY): _____ BACB coursework completed here? ☐ No ☐ Yes _____ Second University/College, if applicable _____ City _____ State _____ Department _____ Degree earned Graduation date (MM/YY): _____ BACB coursework completed here? ☐ No ☐ Yes
11. Criminal Convictions	Have you ever been convicted of a criminal violation, plead Nolo Contendere, or entered a plea bargain to any federal, state, or local statute, or are any formal charges pending? ☐ No ☐ Yes, attach details on a separate sheet of paper
12. Disciplinary Actions *Use a separate sheet of paper to list additional disciplinary actions, if necessary.	A. Has any health professional license, certificate, registration, or permit you hold or have held been disciplined or are any formal charges pending? ☐ No ☐ Yes, provide details below* B. Have you ever been denied a license, certificate, registration, or permit in any state? ☐ No ☐ Yes, provide details below* Date _____ Location _____ Explanation of the matter _____
13. Criminal Background Check* *First-time applicants ONLY. Not required for renewals.	Submit the following directly to the ALEA Criminal Records & Identification Unit: ☐ ALEA Application to Review Alabama Criminal History Record Information ☐ A copy of a valid photo identification, see instructions list for options ☐ Fingerprints on FBI Applicant cards, see instructions for detailed requirements ****Make copies of the above documents to include in your Application for Licensure**** ☐ $25.00 money order or cashier's check payable to "ALEA Criminal Records and Identification Unit"
14. Other Required Forms & Fees	**All applicants:** ☐ $25 Application Review Fee (see Application Instructions for important info regarding payments) ☐ Applicable Licensure Fee (see list of fees below on p. 3) ☐ If applicable, License Verification Form(s) for question #9 ☐ If applicable, separate sheets required to answer questions #9-12 **In addition, for first-time applicants ONLY:** ☐ Photocopies of ALEA application, ID, and fingerprints **In addition, for applicants for "assistant" licenses ONLY:** ☐ Proof of Supervision Form

15. Applicant Affidavit Must be signed in the presence of a notary.	I, _____, understand that the Board has the final decision and authority with reference to this application. I also understand that any false or misleading information in connection with this application may be cause for rejection of the application, revocation of the license, and/or legal action for such fraudulent information. State of Alabama _____ County The undersigned swears/affirms that he/she is the person who executed this application; that the statements contained herein are true in every respect; that he/she has not suppressed any information that might affect this application; that he/she will conform to the professional and ethical compliance code for behavior analysts; and that he/she has read and understands this affidavit. _____ _____ Applicant's Signature Date signed Sworn before me this _____ day of _____, 20_____. _____ _____ Notary's Signature My Commission Expires

Application Checklists:

To be sent to AL Behavior Analyst Licensing Board, P.O. Box 168, Mathews, AL 36052:

- ☐ Completed, notarized ALBALB Application for Licensure
- ☐ $25 Application Review fee and Licensure fee on separate checks or money orders made payable to "Alabama Behavior Analyst Licensing Board" (see Application Instructions for important info regarding payments):
  - ☐ Licensed Behavior Analyst…….$150
  - ☐ Renewal Licensed Behavior Analyst……..$150
  - ☐ Temporary Licensed Behavior Analyst……..$100
  - ☐ Reciprocity: Licensed Behavior Analyst…….$150
  - -- Assistant options:
  - ☐ Licensed Assistant Behavior Analyst…….$100
  - ☐ Renewal Licensed Assistant Behavior Analyst……..$100
  - ☐ Temporary Licensed Assistant Behavior Analyst…..$100
  - ☐ Reciprocity: Licensed Assistant Behavior Analyst…$100
  - -- Other options:
  - ☐ Late Fee…..…….….$50
  - ☐ Licensure reinstatement fee……$100
  - ☐ Fee for duplicate copy of license or certificate…..…..$15
- ☐ If applicable, separate 8½ x 11 pages to complete answers to questions #9 through #12 For
- ☐ assistant-level applicants ONLY: Proof of Supervision Form
- ☐ For first-time applicants ONLY: *Photocopies* of ALEA application, ID, and fingerprints

For applicants licensed in another state, to be sent to the licensing board in the applicable states:

- ☐ License Verification Form(s) (the licensing board in the applicable states will mail our Board the completed verification)

To be sent to ALEA Criminal Records & Identification Unit, Attn: Background Checks, P.O. Box 1511, Montgomery, AL 36102-1511:

- ☐ ALEA Application to Review Alabama Criminal History Record Information
- ☐ One photocopy of a valid photo identification, see instructions list for options
- ☐ Set of fingerprints, see instructions for detailed requirements
- ☐ $25.00 money order or cashier's check payable to "ALEA Criminal Records and Identification Unit"