



# Alabama Behavior Analyst Licensing Board

## Application for Licensure

v. February 11, 2020

**Type or block print only.**

<b>1. License Type</b>	Select the type of license for which you are applying: Licensed Behavior Analyst <i>Temporary:</i> Licensed Behavior Analyst <i>Reciprocity:</i> Licensed Behavior Analyst Licensed Assistant Behavior Analyst <i>Temporary:</i> Licensed Assistant Behavior Analyst <i>Reciprocity:</i> Licensed Assistant Behavior Analyst
<b>2. Name(s)</b>  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.	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): _____ <b>** Note: It is your responsibility to notify the Board of name changes.</b>
<b>3. Social Security Number</b>	U.S. Social Security Number _____
<b>4. Gender</b>	Female      Male
<b>5. Date of Birth</b>	MM/DD/YYYY ____ ____ ____
<b>6. Contact Information</b> Name, city, state, county, and email will be shared in the online licensee roster. Opt out here:	Address: _____ City: _____ County: _____ State: ____ Zip Code: _____ Phone Number: _____ Email Address: _____ <b>** Note: It is your responsibility to notify the Board of name changes.</b>
<b>7. Mailing Address</b> Same as above	Address: _____ City: _____ County: _____ State: ____ Zip Code: _____ <b>** Note: It is your responsibility to notify the Board of name changes.</b>



**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 \_\_\_\_\_ 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

**Licensure Fees:**

- 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