



Alabama Behavior Analyst Licensing Board Licensure Verification

v. March 9, 2021

SECTION I: Licensure Applicant

1. Complete Section I, sign, and date.
2. Send completed form to the state in which you now hold or have ever held a license to practice as a behavior analyst or assistant behavior analyst. A separate form must be completed for each state in which you hold or have held a license as an assistant behavior analyst or behavior analyst.

Applicant Name (Last, First, Middle) _____ Date of Birth _____

Name on Licensure Records, if different than above _____

Address (Street, City, State, Zip) _____

License Number _____ Date License Issued _____

I hereby authorize the _____ (state) licensing board to release all information in my file, favorable or otherwise, directly to the Alabama Behavior Analyst Licensing Board.

Applicant's Signature _____ Date _____

DO NOT WRITE BELOW THIS LINE FOR STATE LICENSING BOARD ONLY

SECTION II: State Licensing Board

1. Please verify our applicant's licensure status and disciplinary history.
2. Mail the completed form or equivalent letter directly to **ABALB c/o DMH 100 N. Union St., Suite 536, Montgomery, AL 36130** or email to **balicense.dmh@mh.alabama.gov**.

Type of License _____ License Number _____ Date License Issued _____

- Has the licensee ever been investigated by your Board? No Yes*
- Has the licensee incurred any disciplinary proceedings in your state or is any action pending? No Yes*
- Has the applicant's license ever been denied, surrendered, reprimanded, suspended, or revoked? No Yes*
- Do you know of any information that may discredit this applicant? No Yes*

*If you answered "Yes" to any of these questions, please provide a written explanation below and attach a copy of all supporting documentation (e.g., Board order, complaint).

Verification completed by:

Full Name and State of Licensing Board _____

Print Name, Title _____ Date _____

Signature _____ Please affix Board seal here, if applicable: