The Commonwealth of Massachusetts
Division of Professional Licensure
Board of Allied Mental Health and Human Services Professions
1000 Washington Street, Suite 710
Boston, MA 02118-6100

APPLICATION INFORMATION FOR LICENSURE AS AN ASSISTANT APPLIED BEHAVIOR ANALYST

Prior to completing the application, it is strongly recommended that all applicants obtain a copy of 262 CMR from the State Bookstore, Room 116, State House, Boston, MA 02133, (617-701-8683, or online at www.mass.gov/dpl/boards/mh, to verify that all educational, exam, experience and supervision requirements are met. It is also recommended that applicants maintain a copy of their application for their records.

All applicants must pass the Board Certified Assistant Behavior Analyst (BCaBA) Examination issued by the Behavior Analyst Certification Board (BACB) in order to become licensed. If you have already passed the exam, please list the date you passed the exam when prompted in the application.

There is a non-refundable application fee of **$117.00**, which must be submitted in the form of a check or money order payable to the Commonwealth of Massachusetts. The application fee must accompany the completed application.

If all licensure requirements have been met, notification will be sent, and the initial licensure fee of **$155** will be assessed. If it is determined that your application does not meet the requirements, you will be notified in writing.

All application materials should be submitted to:

The Commonwealth of Massachusetts
Division of Professional Licensure
Board of Allied Mental Health and Human Services Professions
1000 Washington Street, Suite 710
Boston, MA 02118-6100

Should you have any questions about the application process, please contact Board staff at 617-701-8683 or via email at AMH.Board@state.ma.us

IMPORTANT:

ALL APPLICANTS MUST COMPLETE AND INCLUDE THE CHECKLIST PROVIDED AT THE END OF THIS APPLICATION

☐ **If you are applying for licensure by Reciprocal Recognition, please check this box. If you check this box, note that you must still complete this application (you may leave the BCaBA examination section blank). You must also have the state in which you are currently licensed send a letter of standing directly to the Board. You are also required to submit with this application a copy of that state's licensure requirements that were in effect at the time you were first licensed.**

Please be aware that if you submit an application and it is determined by the Board that it is incomplete, or that you have failed to meet the regulatory requirements for licensure, the Board will provide you six months to complete your application or submit the information needed to demonstrate that you meet the regulatory requirements, which will be communicated to you in a written letter from the Board. After six months, if your application is still incomplete, or if you have still failed to demonstrate that you meet the regulatory requirements for licensure, you will be issued a letter from the Board indicating that your application has been closed or denied. If your application is closed or denied, you would need to re-apply for licensure by submitting a complete application to the Board and by paying a new application fee.

The Commonwealth of Massachusetts
Division of Professional Licensure
Board of Allied Mental Health and Human Services Professions
1000 Washington Street, Suite 710
Boston, MA 02118-6100

Please attach recent

ASSISTANT APPLIED BEHAVIOR ANALYST

LICENSURE APPLICATION 2" x 2"

head and shoulder photograph

NON-REFUNDABLE APPLICATION FEE:
$117.00

1. Name: _____
Last First Middle Maiden

2. Mailing Address: _____
No. Street Apt. No.

_____
City/Town State Zip Code

NOTE: *The mailing address above will be a* ***matter of public record****. It will appear on your license and will be used for all Board correspondence. The mailing address and the business address provided below may be the same.*

3. Business: _____
Company Name

_____
Street

_____
City/Town State Zip Code

4. Date of Birth: _____

5. Telephone No: Day_____**Evening** _____

6. Email: _____
Do you consent to receiving information about your application from the Board via email (e.g., incomplete notifications): ☐ **Yes** ☐ **No**

7. Pursuant to G.L c. 62, s. 49A, I have filed all state tax returns and paid all state taxes required under law: ☐ **Yes** ☐ **No If no, please attach a detailed explanation on a separate sheet of paper.**

If you have ever held a license in Massachusetts or another state, please complete the information below.					
State	**License Number**	**License Type**	**Issue Date**	**Current**	**Lapsed**
If license is held in another state, a letter of standing from each state listed must be sent to the Board separately.					

DISCIPLINARY HISTORY

If you answer "Yes" to any of the following questions, please attach a full explanation.

A. Has any disciplinary action been taken against you by a licensing/certification board located in the United States or any country or foreign jurisdiction? Yes___No ___

B. Are you the subject of pending disciplinary action by a licensing/certification board located in the United States or any country or foreign jurisdiction? Yes___No ___

C. Have you voluntarily surrendered or resigned a professional license to a licensing/certification board located in the United States or any country or foreign jurisdiction? Yes___No ___

D. Have you ever applied for and been denied a professional license in the United States or any country or foreign jurisdiction? Yes____No ____

E. Have you ever been convicted of a felony or misdemeanor in the United States or any country or foreign jurisdiction, other than a traffic violation for which a fine of less than $200 was assessed? Yes____ No ____

F. Have you taken a Board-approved training in Domestic and Sexual Violence? Yes____No ___

The Board is registered under the provisions of M.G.L c. 6, §172 to receive Criminal Offender Record Information (CORI) for the purpose of screening current licensees and otherwise qualified prospective license applicants. CORI must be checked as part of your licensing process. No convictions contained in a CORI are automatic disqualifiers. In order to complete the CORI check process, please fill out the Criminal Offender Record Information Acknowledgment Form on Pages 15 and 16.

Please fill in the relevant information regarding your education below				
	Degree	**Year**	**Major**	**Credits**
Bachelor's Degree				
Master's Degree (*if applicable*)				
Other (*please specify*)				
Official transcripts must be provided from all institutions.				

Please list the date you passed the BCaBA Examination:_____/_____/_____

CERTIFICATION/MEMBERSHIP STATUS:

Do you have a current certification as an Assistant Applied Behavior Analyst through the BACB? ☐ Yes ☐ No

If yes, attach a copy of your BCaBA certification (wallet-sized or wall certificate acceptable). If no,

please continue with the rest of the application

SUPERVISED EXPERIENCE:

Instructions: Please provide the following information about your Independent Fieldwork, Practicum and/or Intensive Practicum Work Experience. The Board requires this information to verify whether or not you have met the Supervision requirements for licensure as per 262 CMR 10.04(5).

Independent Fieldwork

Dates of Independent Fieldwork: From_____to_____

Name and Address of Fieldwork Site: _____

_____

Your Title: _____

Name of Supervisor:_____Supervisor's Title: _____

Practicum Experience

Dates of Practicum: From_____to _____

Name of Recognized Educational Institution: _____

Name and Address of Practicum Site: _____

_____

Your Title: _____

Name of Supervisor:_____Supervisor's Title: _____

Intensive Practicum

Dates of Intensive Practicum: From_____to _____

Name of Recognized Educational Institution: _____

Name and Address of Intensive Practicum Site: _____

_____

Your Title: _____

Name of Supervisor:_____Supervisor's Title: _____

(Use additional paper to list additional sites and supervisors)

AFFIDAVIT:

Pursuant to G.L. c. 119 s. 51A and G.L. c. 112, s. 1A, my signature on this application is my certification that I understand my obligation to report the abuse or neglect of children and that failure to do so may result in criminal punishment including fines and/or imprisonment.

The applicant named on this application agrees to abide by the rules and regulations for Licensed Assistant Applied Behavior Analysts and attests that all statements are truthful and are made under the pains and penalties of perjury.

_____ _____

Signature of Applicant *Date*

COURSEWORK REQUIREMENTS FORM FOR:
Applicants who completed a Bachelor's Degree Program as defined under 262 CMR 10.02 which includes a minimum of nine (9) credit hours in the following content areas

Instructions: Please review your transcript and specify the course number which corresponds to the course content area listed below. If you did not complete a Bachelor's Degree Program of 9 credit hours in these content hours, please leave this page blank and proceed to page 7.

REQUIRED CONTENT AREAS AND CREDIT HOURS

Must have fulfilled each of the following course content areas and specified credit hours:

Content Area & Amount of Credit Hours	**Course Number on Transcript**
One half (1/2) of a credit hour of *ethical considerations*	
Two (2) credit hours of *definition and characteristics and principles, processes, and concepts*	
One (1) credit hour *of behavioral assessment and selecting intervention outcomes and strategies*	
One (1) credit hour of *experimental evaluation of interventions, and measurement of behavior and displaying and interpreting behavioral data*	
Two (2) credit hours of *behavioral change procedures and systems*	
Two (2) credit hours of *discretionary coursework related to the study of behavior analysis*	

COURSEWORK REQUIREMENTS FORM FOR:
Applicants who completed a Bachelor's Degree Program as defined under 262 CMR 10.02 which includes a minimum of twelve (12) credit hours in the following content areas

Instructions: Please review your transcript and specify the course number which corresponds to the course content area listed below. Fill this page out only if you completed a Bachelor's Degree Program of 12 credit hours in the following content areas and if you did not fill out the preceding page.

REQUIRED CONTENT AREAS AND CREDIT HOURS

Must have fulfilled each of the following course content areas and specified credit hours:

Content Area & Amount of Credit Hours	**Course Number on Transcript**
One (1) credit hour in *ethical and professional conduct*	
Three (3) credit hours in *concepts and principles of behavior analysis*	
One (1) Credit hour in *research methods in behavior analysis*	
Three (3) credit hours in *fundamental elements of behavior change & specific behavior change procedures*	
Two (2) credit hours in *identification of the problem and assessment*	
One (1) credit hour consisting of *intervention & behavior change considerations, behavior change systems, and implementation, management and supervision*	

EXPERIENCE CATEGORIES

SUPERVISED INDEPENDENT FIELDWORK (1000 hours BCaBA): To qualify under this standard at the BCaBA level, supervisees must complete 1000 hours of Supervised Independent Fieldwork in behavior analysis. A supervisory period is two weeks. In order to count experience hours within any given supervisory period, supervisees must be supervised at least once during that period for no less than 5% of the total hours spent in Supervised Independent Fieldwork. For example, 20 hours of experience would include at least 1 supervised hour.

PRACTICUM (670 hours BCaBA): To qualify under this standard at the BCaBA level, supervisees must complete, with a passing grade, 670 hours of Practicum in behavior analysis within a university practicum program approved by the BACB and taken for academic credit. A supervisory period is one week. In order to count experience hours within any given supervisory period, supervisees must be supervised at least once during that period for no less than 7.5% of the total hours spent in Practicum. For example, 20 hours of experience would include at least 1.5 supervised hours.

INTENSIVE PRACTICUM (500 hours BCaBA): To qualify under this standard at the BCaBA level, supervisees must complete, with a passing grade, 500 hours of Intensive Practicum in behavior analysis within a university practicum program approved by the BACB and taken for academic credit. A supervisory period is one week. In order to count experience hours within any given supervisory period, supervisees must be supervised at least twice during that period for no less than 10% of the total hours spent in Intensive Practicum. For example, 20 hours of experience would include at least 2 supervised hours. For all three of the above options, no fewer than 10 hours but no more than 30 hours, including supervision, may be accrued per week. Supervisees may accrue experience in only one category per supervisory period (i.e., Supervised Independent Fieldwork, Practicum, or Intensive Practicum).

COMBINATION OF EXPERIENCE CATEGORIES: Supervisees may elect to accrue hours in a single category or may combine any 2 or 3 of the categories above (Supervised Independent Fieldwork, Practicum, Intensive Practicum) to meet the experience requirement, with Practicum having 1½ times the temporal value of Supervised Independent Fieldwork, and Intensive Practicum having 2 times the temporal value of Supervised Independent Fieldwork.

INDEPENDENT FIELDWORK FORM

Name of Applicant: _____

INSTRUCTIONS**: Please duplicate this form as necessary. See following page for the rules regarding Supervision within and outside of Massachusetts. *PLEASE PRINT CLEARLY OR TYPE AND SUBMIT ORIGINAL SIGNED DOCUMENT.***

MINIMUM REQUIREMENTS: **1000 hours of Independent Fieldwork in behavior analysis, 50 of which must be supervised; accrue no fewer than 10 but no more than 30 hours per week of independent fieldwork experience; and supervision at least once during two week periods for no less than 5% of the total hours spent in Independent Fieldwork during each two week period.**

Remainder of Form to be completed by Supervisor

Name of Supervisor: _____
Supervisor's Title: _____
Supervisor's License Type and Number: _____
Supervisor's phone number: _____
Name/Address of Facility: _____

Name/Address of Independent Fieldwork site:

_____

Dates of Supervision of the Applicant: From:____/____/_____To:___/____/_____(month/date/year)

The applicant worked_____hours per week for_____weeks for a total of_____behavioral analysis experience hours

Number of Supervision Hours provided during each two week period spent in Independent Fieldwork:

_____

Has any disciplinary action been taken against you by any of the following (if yes, please submit detailed explanation):

Professional Association or Organization:	**Yes: ____**	**No: ____**
Governmental Authority (e.g. Professional Licensing Board):	**Yes: ____**	**No: ____**
Third Party Insurance Carrier:	**Yes: ____**	**No: ____**
Credentialing Board:	**Yes: ____**	**No: ____**

I have read the rules regarding supervision listed in 262 CMR and/or provided on the following page and believe that I possess the qualifications of a supervisor. The undersigned states that under the pains and penalties of perjury, the above statements are true and correct.

_____

Signature of Supervisor **Date**

Supervision received in Massachusetts:

262 CMR 10.04(4)(e) Supervision received in Massachusetts:

1. prior to January 1, 2015 must be provided by a licensed applied behavior analyst or Board certified Behavior Analyst (BCBA);

2. after January 1, 2015 but prior to January 1, 2018 must be provided by a licensed applied behavior analyst or a BCBA qualified to supervise by the Behavior Analyst Certification Board (BACB); and

3. after January 1, 2018 must be provided only by a licensed applied behavior analyst who is qualified to supervise by the BACB.

262 CMR 10.04(4)(f) Supervision received outside of Massachusetts:

1. prior to January 1, 2015 must be provided by an applied behavior analyst licensed in the state where the supervision occurs, or, if the state does not provide licensure for applied behavior analysts, a BCBA; and

2. after January 1, 2015 must be provided by an applied behavior analyst licensed in the state where the supervision occurs or, if the state does not provide licensure for applied behavior analysts, a BCBA qualified to supervise by the BACB.

262 CMR 10.04(4)(g) The supervisor may not be related to, subordinate to, or employed by the supervisee during the Supervised Experience period. Provided however that this provision shall not prohibit compensation paid to the supervisor from the supervisee for supervision services.

MASSACHUSETTS SUPERVISOR: Please list which of the above describes your license:

_____ ***LICENSE/CERTIFICATE #*** _____

***OUT OF STATE SUPERVISOR*:** Please attest that you meet the qualifications for practice in Massachusetts by your signature below.

License #_____ State_____ Licensure type_____

APPLICANT'S NAME: _____

PRACTICUM FORM

Name of Applicant: _____

INSTRUCTIONS**: Please duplicate this form as necessary. See following page for the rules regarding Supervision within and outside of Massachusetts. *PLEASE PRINT CLEARLY OR TYPE AND SUBMIT ORIGINAL SIGNED DOCUMENT.***

MINIMUM REQUIREMENTS: **670 hours of Practicum experience in behavior analysis in a Recognized Educational Institution Practicum taken for graduate credit, 50 hours of which must be supervised; accrue no fewer than 10 but no more than 30 hours per week of Practicum experience and; be supervised at least once during each week for no less than 7.5% of the total hours spent in Practicum for each week.**

Remainder of Form to be completed by Supervisor

Name of Supervisor: _____
Supervisor's Title: _____
Supervisor's License Type and Number: _____
Supervisor's phone number: _____
Name/Address of Practicum Site: _____
_____

Dates of Supervision of the Applicant: From:____/____/_____To: /_____/_____(month/date/year)

The applicant worked_____hours per week for_____weeks for a total of_____behavioral analysis experience hours

Number of Supervision Hours provided during each weekly period:

_____

Has any disciplinary action been taken against you by any of the following (if yes, please submit detailed explanation):

Professional Association or Organization:	**Yes: ____**	**No: ____**
Governmental Authority (e.g. Professional Licensing Board):	**Yes: ____**	**No: ____**
Third Party Insurance Carrier:	**Yes: ____**	**No: ____**
Credentialing Board:	**Yes: ____**	**No: ____**

I have read the rules regarding supervision listed in 262 CMR and/or provided on the following page and believe that I possess the qualifications of a supervisor. The undersigned states that under the pains and penalties of perjury, the above statements are true and correct.

_____ _____ _____

Signature of Supervisor **Date**

Supervision received in Massachusetts:

262 CMR 10.04(4)(e) Supervision received in Massachusetts:

1. prior to January 1, 2015 must be provided by a licensed applied behavior analyst or Board Certified Behavior Analyst (BCBA);

2. after January 1, 2015 but prior to January 1, 2018 must be provided by a licensed applied behavior analyst or a BCBA qualified to supervise by the Behavior Analyst Certification Board (BACB); and

3. after January 1, 2018 must be provided only by a licensed applied behavior analyst who is qualified to supervise by the BACB.

262 CMR 10.04(4)(f) Supervision received outside of Massachusetts:

1. prior to January 1, 2015 must be provided by an applied behavior analyst licensed in the state where the supervision occurs, or, if the state does not provide licensure for applied behavior analysts, a BCBA; and

2. after January 1, 2015 must be provided by an applied behavior analyst licensed in the state where the supervision occurs or, if the state does not provide licensure for applied behavior analysts, a BCBA qualified to supervise by the BACB.

262 CMR 10.04(4)(g) The supervisor may not be related to, subordinate to, or employed by the supervisee during the Supervised Experience period. Provided however that this provision shall not prohibit compensation paid to the supervisor from the supervisee for supervision services.

MASSACHUSETTS SUPERVISOR: Please list which of the above describes your license:

_____ ***LICENSE/CERTIFICATE #*** _____

***OUT OF STATE SUPERVISON*:** Please attest that you meet the qualifications for practice in Massachusetts by your signature below.

License #_____State_____Licensure type_____

APPLICANT'S NAME: _____

INTENSIVE PRACTICUM FORM

Name of Applicant: _____

INSTRUCTIONS: **Please duplicate this form as necessary. See following page for the rules regarding Supervision within and outside of Massachusetts. *PLEASE PRINT CLEARLY OR TYPE AND SUBMIT ORIGINAL SIGNED DOCUMENT.***

MINIMUM REQUIREMENTS: **500 hours of Intensive Practicum experience in behavior analysis within a Recognized Educational Institution taken for graduate credit, 50 hours of which must be supervised; no fewer than 10 hours but no more than 30 hours per week of experience; and be supervised at least once during each week period for no less than 10% of the total hours spent in Intensive Practicum each week.**

Remainder of Form to be completed by Supervisor

Name of Supervisor: _____
Supervisor's Title: _____
Supervisor's License Type and Number: _____
Supervisor's phone number: _____
Name/Address of Facility: _____

Dates of Supervision of the Applicant: From:____/____/_____To: /_____/_____(month/date/year)

The applicant worked_____hours per week for_____weeks for a total of_____behavioral analysis experience hours

Number of Supervision Hours provided during each weekly period:_____

Has any disciplinary action been taken against you by any of the following (if yes, please submit detailed explanation):

Professional Association or Organization:	**Yes: ____**	**No: ____**
Governmental Authority (e.g. Professional Licensing Board):	**Yes: ____**	**No: ____**
Third Party Insurance Carrier:	**Yes: ____**	**No: ____**
Credentialing Board:	**Yes: ____**	**No: ____**

I have read the rules regarding supervision listed in 262 CMR and/or provided on the following page and believe that I possess the qualifications of a supervisor. The undersigned states that under the pains and penalties of perjury, the above statements are true and correct.

_____

Signature of Supervisor **Date**

Supervision received in Massachusetts:

262 CMR 10.04(4)(e) Supervision received in Massachusetts:

1. prior to January 1, 2015 must be provided by a licensed applied behavior analyst or Board Certified Behavior Analyst (BCBA);

2. after January 1, 2015 but prior to January 1, 2018 must be provided by a licensed applied behavior analyst or a BCBA qualified to supervise by the Behavior Analyst Certification Board (BACB); and

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262 CMR 10.04(4)(f) Supervision received outside of Massachusetts:

1. prior to January 1, 2015 must be provided by an applied behavior analyst licensed in the state where the supervision occurs, or, if the state does not provide licensure for applied behavior analysts, a BCBA; and

2. after January 1, 2015 must be provided by an applied behavior analyst licensed in the state where the supervision occurs or, if the state does not provide licensure for applied behavior analysts, a BCBA qualified to supervise by the BACB.

262 CMR 10.04(4)(g) The supervisor may not be related to, subordinate to, or employed by the supervisee during the Supervised Experience period. Provided however that this provision shall not prohibit compensation paid to the supervisor from the supervisee for supervision services.

MASSACHUSETTS SUPERVISOR: Please list which of the above describes your license:

_____ ***LICENSE/CERTIFICATE #*** _____

***OUT OF STATE SUPERVISOR*:** Please attest that you meet the qualifications for practice in Massachusetts by your signature below.

License #_____State_____Licensure type_____

APPLICANT'S NAME: _____

COMMONWEALTH OF MASSACHUSETTS
1000 Washington Street, Suite 710
Boston, MA 02118-6100

CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

The Division of Professional Licensure by itself and on behalf of boards of registration pursuant to M.G.L. c. 13, §9 [hereinafter, "Division of Professional Licensure"] is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective license applicants and current licensees.

As a license applicant or current licensee, I understand that a CORI check will be submitted for my personal information to the Department of Criminal Justice Information Services ("DCJIS"). I hereby acknowledge and provide permission to the Division of Professional Licensure to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing the Division of Professional Licensure written notice of my intent to withdraw consent to a CORI check.

FOR LICENSING PURPOSES ONLY:

I understand that the Division of Professional Licensure may conduct a subsequent CORI check within one year of the date this Form was signed by me.

By signing below, I provide my consent to an initial CORI check and a subsequent CORI check, both within one year of the date of this Form, and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

_____ _____

Signature Date

Please provide the name of the board of registration and license type for which you are applying or currently hold:

_____ _____

Board of Registration License Type

NOTE: DPL CANNOT ACCEPT THIS TWO-PAGE CORI ACKNOWLEDGMENT FORM UNLESS IT IS EITHER (1) SIGNED IN PERSON AT THE BOARD'S OFFICES IN THE PRESENCE OF A DPL EMPLOYEE WHO HAS VERIFIED THE APPLICANT'S IDENTITY THROUGH ACCEPTABLE IDENTIFICATION, OR (2) SIGNED IN THE PRESENCE OF A NOTARY PUBLIC WHO HAS LIKEWISE VERIFIED IDENTITY AND THEN MAILED OR OTHERWISE DELIVERED TO THE BOARD'S OFFICES AT THE ADDRESS SET FORTH ABOVE.

SUBJECT INFORMATION: (A red asterisk (*) denotes a required field)

_____

*Last Name *First Name Middle Name Suffix

_____

*Maiden Name (or other name(s) by which you have been known)

_____ _____

*Date of Birth Place of Birth

* Social Security Number: _____-_____-_____

Sex: _____ Height: ____ ft. ____ in. Eye Color: _____

Driver's License or ID Number: _____ State of Issue: _____

Current and Former Addresses:

_____

Street Number & Name City/Town State Zip

_____

Street Number & Name City/Town State Zip

_____

IDENTITY VERIFICATION SECTION: If this form is submitted by hand at DPL Offices, Section A must be completed. Otherwise, Section B must be completed.

SECTION A: VERIFICATION BY DPL EMPLOYEE: I hereby certify that I verified the identity of the above-referenced subject by reviewing the following form(s) of government-issued identification:[1]

☐ Passport ☐ State-issued driver's license ☐ Military identification ☐ State-issued identification card

VERIFIED BY: _____

Name of Verifying DPL Employee (Please Print)

_____

Signature of Verifying DPL Employee Date

SECTION B: VERIFICATION BY NOTARY:

On this _____ day of _____, 20____, before me, the undersigned notary public, personally appeared _____ (name of document signer), and proved to me through satisfactory evidence of identification, which was the following:[1]

☐ Passport ☐ State-issued driver's license ☐ Military identification ☐ State-issued identification card

to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

_____

Notary Public: Notary Commission Expires On

[1] If a subject does not have an acceptable government-issued identification, his or her identity shall be verified by other forms of documentation as determined by DCJIS. 803 CMR 2.09(2).

Assistant Applied Behavior Analyst Application Checklist
(Be sure to include this with your completed application)

Prior to submitting an application, please make sure the following information is included and / or documented:

__Completed notarized application w/ photo

__Check/Money Order for non-refundable application fee $117.00
Additional licensure fee of **$155** will be assessed when all requirements have been met.

__If currently or previously licensed in another State, official letter of verification from that State in sealed envelope

__Official, sealed Transcript(s)

__Date you passed the BCaBA examination (if applying through reciprocity, leave this blank)

__Completed Independent Fieldwork, Practicum, and/or Intensive Practicum Forms (Originals only -- photocopies are not accepted)

__Completed Criminal Offender Record Information Request Form

For BCaBAs only:
__A copy of your BCaBA certification (wallet-sized or wall certificate acceptable)

MANDATORY

My social security number is:

☐☐☐-☐☐-☐☐☐☐ Pursuant to G.L. c. 62C, § 47A, the Division of Professional Licensure is required to obtain your social security number and forward it to the Department of Revenue. The Department of Revenue will use your social security number to ascertain whether you comply with the tax laws of the Commonwealth.