



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  
(617) 701-8683  
amh.board@mass.gov

## Applied Behavior Analyst Application Checklist

### I. How to Apply: You Must Apply Online

Applications are only accepted through the [ePlace](#) portal. To apply, create an account, log in, click on “Manage Licenses, Permits and Certificates,” “File an Online Application,” accept the terms, scroll down to “Board of Allied Mental Health and Human Services,” click the arrow next to it, then select “Licensed Applied Behavior Analyst Application,” click “Continue” at the bottom of the page, and follow the instructions. Please note that this is not the application for Assistant Applied Behavior Analyst, which is available [here](#).

### II. Before you apply online, you must have the following information or documents to upload:

- A head and shoulders photograph of yourself
- The date that you passed the Board Certified Behavior Analyst (BCBA) examination
- Your BCBA certification (wallet-sized card or wall certificate) from the Behavior Analyst Certification Board (BACB).
- A notarized Criminal Offender Record Information Form (appended to this checklist)
- You must use a credit card or checking account to pay the non-refundable application fee of \$117.

**You will also need to arrange for the following to be emailed (to [amh.board@mass.gov](mailto:amh.board@mass.gov)) or mailed (at the address above) to the Board:**

- Your graduate school(s) must send an official transcript of the graduate education you are submitting to meet the licensing requirements.
- If you currently hold or have previously held a professional license in another jurisdiction, regardless of its status, please arrange for an official license verification to be sent to the Board by the issuing entity. Please contact the Board for further directions in the event the entity that licensed you does not issue verifications and only offers an online license lookup. A copy of your license is not an acceptable alternative.

If you are not certified by the BACB, please contact the Board for additional information about how to apply.

**Please note that you must complete a board-approved training in domestic and sexual violence before you apply. Please see [chapter260training.org](http://chapter260training.org) to take the free online training.**

After your application is reviewed, you will be notified by email of any deficiencies in your application or with instructions to pay the \$155 license fee to get your license.

### **Important Message Regarding Application Reviews by Staff**

Board staff will review your application, and if your application is complete and you are eligible for licensure, staff will email you with instructions to pay the \$155 license fee to get your license. If your application is missing information, staff will email you to provide detailed descriptions of what is missing and will review your application again 30 days after notifying you. If any information is still missing after 30 days, your application will be closed as incomplete. You will have to pay another application fee if you wish to reapply. All verifications and transcripts should be delivered close to when you apply. Staff will review an application no more than two times and, outside of those reviews, cannot answer questions about specific applications, including whether forms have been completed correctly or if the Board has received certain documents.

Revised 2/20/20

**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:<sup>1</sup>

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:<sup>1</sup>

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

<sup>1</sup> 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).