



The Commonwealth of Massachusetts  
**Department of Public Health**  
Board of Allied Mental Health and Human Services Professions  
250 Washington Street  
Boston, MA 02108  
(617) 624-6199  
amh.board@mass.gov

# Licensed Assistant Applied Behavior Analyst Application Checklist

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

Applications are only accepted through the [Massachusetts Department of Public Health Health Professions Licensing System](#). Information on how to apply is available [here](#).

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

## II. Application Documents

Before applying online, all applicants must have the following to upload:

- A head and shoulders photograph of yourself
- A notarized [Criminal Offender Record Information Form](#)
- You must use a credit card or checking account to pay the non-refundable application fee of \$117.
- At least one of the following:** Independent Fieldwork Form, Practicum Form, Intensive Practicum Form (forms appended to this checklist)
- One** Coursework Requirements Form (forms appended to this checklist)
- Your BCaBA certification (wallet-sized card or wall certificate) from the Behavior Analyst Certification Board (BACB). If you are not certified by the BACB, please contact the Board for additional information about how to apply.

You also must arrange for the following to be emailed or mailed to the Board:

- 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.
- Arrange for your school(s) to send an official transcript of the education you are submitting to meet the licensing requirements to amh.board@mass.gov or to the mailing address above.

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.

**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.

**REQUIRED CONTENT AREAS AND CREDIT HOURS**

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

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

**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.

**REQUIRED CONTENT AREAS AND CREDIT HOURS**

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

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

## 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.**

**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):

<u>Professional Association or Organization:</u>	Yes: ___	No: ___
<u>Governmental Authority (e.g. Professional Licensing Board):</u>	Yes: ___	No: ___
<u>Third Party Insurance Carrier:</u>	Yes: ___	No: ___
<u>Credentialing Board:</u>	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. on or 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. on or 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. on or 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:

<p>_____ <i>LICENSE/CERTIFICATE #</i> _____</p>
---

***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.**

**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):

<u>Professional Association or Organization:</u>	Yes: ___	No: ___
<u>Governmental Authority (e.g. Professional Licensing Board):</u>	Yes: ___	No: ___
<u>Third Party Insurance Carrier:</u>	Yes: ___	No: ___
<u>Credentialing Board:</u>	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. on or 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. on or 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. on or 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:

<p>_____ <i>LICENSE/CERTIFICATE #</i> _____</p>
---

***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: \_\_\_\_\_

---



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.**

**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):

<u>Professional Association or Organization:</u>	Yes: ___	No: ___
<u>Governmental Authority (e.g. Professional Licensing Board):</u>	Yes: ___	No: ___
<u>Third Party Insurance Carrier:</u>	Yes: ___	No: ___
<u>Credentialing Board:</u>	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. on or 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. on or 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. on or 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:

<p>_____ <i>LICENSE/CERTIFICATE #</i> _____</p>
---

***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: \_\_\_\_\_

---