

ASSISTANT BEHAVIOR ANALYST AND BEHAVIOR ANALYST APPLICATION

Instructions

Please read all instructions and review the statutes and regulations, before beginning to complete the application. The statutes and regulations may be found on our website, www.ksbsrb.ks.gov

- 1. Application:** Please answer all questions on the application completely and accurately. If you answer yes to any questions in section II, Background Information, additional information will be requested. Additionally, the approval process will take longer due to the additional review. If you have had any convictions, a background check must be sent directly to the Board office from any state in which there was a conviction.
- 2. Fee:** Instructions for paying the \$70.00 application fee may be found on **Appendix A**. FEES ARE NON-REFUNDABLE.
- 3. Official verification of certification from the Behavior Analyst Certification Board (BACB):** The BSRB staff will verify your certification online.
- 4. Transcripts:** You are required to provide transcripts covering all applicable college or university coursework, including the degree required by BACB to obtain your certification. The transcripts must be sent directly from each academic institution to the Board office. **The board cannot accept transcripts sent directly from the applicant.**
- 5. Licensed Out of State:** If you currently hold, or have ever held a certificate, registration, or license to practice in one of the behavioral or health sciences, you will need to have a verification sent directly to the board office.
- 6. Review:** It is extremely important to understand that the Board cannot determine whether you are eligible for licensure until all of the application materials have been received and reviewed.

Please allow 30 days for review of your application. **You may check the status of your application on our website www.ksbsrb.ks.gov, under “services.”**

When your application has been reviewed you will be notified of your eligibility by mail or email.

Submit at the time of application:

- The completed and signed application form.
- The application fee of \$70.00; See Appendix A

The following items shall be sent directly to the board from the BACB, college or university, or state board.

- Official verification of your BACB certification - emailed to bsrb@ks.gov.
- Official transcripts.
- Verification of certification, registration, or licensure from any state or jurisdiction where you were credentialed.

Behavioral Sciences Regulatory Board
700 SW Harrison St. Suite 420
Topeka, KS 66603-3929
David B. Fye, JD, Executive Director



Phone: 785-296-3240
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Laura Kelly, Governor

**ASSISTANT BEHAVIOR ANALYST (LaBA) AND
BEHAVIOR ANALYST (LBA)**
Application

Application Fee: \$70.00 please see Appendix A

What level of license are you applying for? (Please circle one) LaBA LBA

I. Identifying Information: (Please type or print clearly in ink)

Legal Name: _____
Last First Middle

Maiden/Other names used: _____ **Gender:** _____

Date of Birth: _____ **Social Security Number:** _____ (Note: Your social security number is required pursuant to 42 U.S.C.S. § 666(a)(13), K.S.A. 74-148 and K.S.A. 74-139, and may be used for child support enforcement purposes or provided to the Kansas director of taxation upon request.)

E-Mail Address: _____ **Preferred Mailing:** Home ___ Business ___

Home Phone: _____ **Cell Phone (optional):** _____

Home Address: _____ **Apartment Number:** _____

City: _____ **State:** _____ **Zip+4:** _____

Business Phone: _____ **Business Fax:** _____

Business Name: _____

Business Address: _____ **Suite Number:** _____

City: _____ **State:** _____ **Zip+4:** _____

Address of Record: (Note: The address of record is not required. It is a separate address that will be kept on file to be given out when requested by the public through the Kansas Open Records Act. If you do not indicate an address of record, your preferred mailing address will be used.)

Street Address: _____

City: _____ **State:** _____ **Zip+4:** _____

- A.** Are you a military servicemember (a current member of any branch of the United States armed services, United States military reserves or national guard of any state, or a former member with an honorable discharge) Yes ___ No ___
(If yes, please provide a copy of your military ID, a copy of your DD-214, or other proof of military service.)
- B.** Are you a military spouse (the spouse of a military servicemember)? Yes ___ No ___
(If yes, please provide a copy of your military ID, DD-214, or other proof of military service.)
- C.** Have you established residency in the State of Kansas? Yes ___ No ___
- D.** If no, do you intend to establish residency in the State Kansas? Yes ___ No ___
If "Yes" please explain:
- E.** Do you intend to apply under the provisions of 2021 House Bill 2066? Yes ___ No ___

II. Background Information:

Please **circle** either “yes” or “no” to the following questions. **If you answer “yes”**, please attach a detailed written explanation. Your application cannot begin the review process until the detailed written explanation is received. Additionally, if you have been convicted of a crime, a criminal background check will be required. See the instruction page for more information.

1. Have you ever been charged with or convicted of a felony or misdemeanor, other than a traffic violation?
Yes No
2. Have you ever been found guilty of or liable for fraud or deceit in connection with applied behavior analysis services rendered as a provider by a civil or criminal court of law or board of a professional organization?
Yes No
3. Have you ever had a complaint filed with a professional association or behavior analyst certifying, licensing, or registering body against you for alleged unethical behavior or unprofessional conduct?
Yes No
4. Have you used any alcohol, narcotic, barbiturate other drug affecting the central nervous system, or other drug which may cause physical or psychological dependence, either to which you were addicted or upon which you were dependent within the last 2 years?
Yes No
5. Have you been diagnosed or treated for any physical, emotional or mental illness or disease, including drug addiction or alcohol dependency, which limited your ability to practice behavioral sciences with reasonable skill and safety within the past 2 years?
Yes No
6. Have you used controlled substances which were obtained illegally or which were not obtained pursuant to a valid prescription order or which were not taken following the direction of a licensed health care provider within the past 2 years?
Yes No
7. Have you ever been found to be in violation of a professional association’s code of ethics or of a state licensing board’s rules and regulations or statutes regarding professional conduct?
Yes No
8. Has any state, jurisdiction, providence, or professional organization or association denied your application for credentials or professional membership?
Yes No
9. Have you ever resigned from a professional association, withdrawn from an undergraduate or graduate program or surrendered your license to a state licensure board while an ethical complaint was pending against you?
Yes No
11. Have you ever been sued for malpractice, or agreed to pay a settlement in a malpractice suit?
Yes No
10. Has any governmental agency ever substantiated allegations made against you for physical, mental or emotional abuse or neglect, sexual abuse, or exploitation of (1) a child, (2) a resident of an adult care home, medical care facility, psychiatric hospital or state institution for the mentally retarded, or (3) an adult?
Yes No

If you answer “yes”, to any of the above questions, please attach a detailed written explanation. Additionally, if you have been convicted of a crime, a criminal background check will be required. See the instruction page for more information. Your application cannot be reviewed until the detailed written explanation is received.

III. Certification/Licensure Information:

A. Please provide the following information regarding your BACB certification:

1. Type of BACB Certification: _____
2. Issue Date: _____ Expiration Date: _____
3. Under what name: _____

B. Do you currently hold, or have you ever held a certificate, registration or license to practice in one of the behavioral or health sciences?

Yes No If "yes", please answer the following questions:

- 1. Which credential: _____ In which state or jurisdiction: _____
2. Under what name: _____
3. Issue Date: _____ Expiration Date: _____ (please attach additional sheet if needed)

If you currently hold, or have ever held a certificate, registration, or license to practice in one of the behavioral or health sciences, you will need to have a verification of license sent directly to the board office.

IV. Educational Information:

List all educational institutions you attended beyond secondary level, their locations, the date of the degree(s) and the degree(s) granted. A transcript is also required from any college or university where additional applied behavior analysis coursework was completed.

A. Attach a separate sheet if needed.

- 1. Name of School: _____
2. Location of School: _____
3. Degree Received: _____ Date of Degree: _____
1. Name of School: _____
2. Location of School: _____
3. Degree Received: _____ Date of Degree: _____

B. Transcript: You are required to provide transcripts covering all applicable college or university coursework, including the degree required by BACB to obtain your certification. The transcripts must be sent directly from each academic institution to the Board office. The board cannot accept transcripts sent directly from the applicant.

V. Applicant's Attestation:

Please circle either "yes" or "no" to the following questions.

- 1. I have reviewed the licensure eligibility requirements prior to submitting this application. Yes No
2. I have completed the application materials and procedures honestly and in good faith. Yes No
3. I understand that the members and staff of the BSRB are compelled by law to uphold, implement, and enforce the licensure statutes and regulations as written. Yes No
4. I understand that all state records pertaining to application and licensure may be used to conduct research or program evaluation, but such research will not personally identify the applicants or licensees, either directly or indirectly. Yes No

- 5. I understand that the Board has the statutory authority to refuse to grant licensure to, or may suspend, revoke, condition, limit, qualify, or restrict the license of any individual that has knowingly made a false statement on a BSRB form required for licensure or renewal.
Yes No
- 6. I **have read** and am familiar with the statutes and regulations that govern the practice of applied behavior analysis in the state of Kansas.
Yes No
- 7. I understand that **once the Board receives my application I am bound by the statutes and regulations governing the practice of applied behavior analysis in Kansas.**
Yes No

I hereby affirm that to the best of my knowledge all my answers to the foregoing are correct. I further agree that all state records pertaining to my application and licensure may be used to conduct research or program evaluation, provided that the research does not personally identify me, directly or indirectly.

SIGNATURE OF APPLICANT DATE OF APPLICATION

NAME or ADDRESS CHANGE: It is the applicant's responsibility to notify the Board in writing of any name or address change that might occur during the application process.

Appendix A

Payment Instructions

1. Individuals wishing to submit payments to the BSRB using a credit card or electronic check should:

- a. visit the BSRB website at ksbsrb.ks.gov
- b. select the “SERVICES” drop-down tab from the top of the home screen, and
- c. click on the “Make A Payment” link. From this page, you will be asked to provide information allowing us to identify the applicant, select the item you wish to pay for, and you will be able to make a payment for that item.

For use of the secure payment platform, the state of Kansas charges a 2.5 percent processing fee for credit card payments or a \$1.50 flat fee for use of an electronic check. After completing payment, you will receive a confirmation e-mail to confirm your payment.

2. Individuals wishing to submit payments to the BSRB office using a check or money order may continue to mail payments to the Behavioral Sciences Regulatory Board, 700 SW Harrison St., Ste. 420, Topeka, KS 66603. There is no additional fee for processing checks or money orders sent to the BSRB office.

Please pay the application fee when you submit your application. The application will not be processed until the fee has been received.