The University of the State of New York
The State Education Department
Office of the Professions
Division of Professional Licensing Services
www.op.nysed.gov

Applied Behavior Analysis Form 1 Application for Licensure

All applicants for licensure must complete this form and submit it with the appropriate fee (\$300 for Licensed Behavior Analyst, \$225 for Certified Behavior Analyst Assistant) directly to the Office of the Professions at the address at the end of this form. The fee is the total of the application fee (\$200 for Licensed Behavior Analyst, \$150 for Certified Behavior Analyst Assistant) plus the fee for your first registration period (\$100 for Licensed Behavior Analyst, \$75 for Certified Behavior Analyst Assistant). The application portion of the fee is not refundable. You must answer all questions in ink (pen or printer) and provide all information requested unless otherwise indicated. Failure to complete all required parts of the application will delay its review. You must sign and date the Affidavit on this form in the presence of a Notary Public.

You must sign and date the Affidavit on this form in the presence of a Notary Public.									
Che	Licensed	e applying for (check one): I Behavior Analyst Behavior Analyst Assistant	71 \$300 ER 78 \$225 ER						
1.	Social Security (Leave this blank	Number k if you do not have a U.S. Socia	l Security Number)	2.	Birth Date	Month	Day	Year	
3.	Print Name	Last							
		First				5.	Telephone/Emai	l Address	
		Middle					Daytime Phone		ss
		address, phone and email addr r home on this form for each it					Area Code	Phone	e
4.	Mailing Addres (You must not	ss Home or Busines		e cha	inges)		Email Address Home o	·· — ·	• •
	Line 1								
	Line 2								
	Line 3					6.	New York State (Driver or Non-D		ber
	City								
	State	ZIP Code					(Leave this blank i New York State D		
	Country/ Province								
7.	Name as it app	pears on degree or other cred	lentials (if different fron	n abc	ove)				
8.	Have you ever	applied for New York State I	icensure in any profess	sion?				Yes	☐ No
	If "yes", in wha	t profession(s)?							
9.	Have you ever been found guilty after trial, or pleaded guilty, no contest, or nolo contendere to a crime (felony or misdemeanor) in any court?						☐ No		
10.	Are criminal charges pending against you in any court?					Yes	☐ No		
11.	. Has any licensing or disciplinary authority refused to issue you a license or ever revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew a professional license or certificate held by you now or previously, or ever fined, censured, reprimanded or otherwise disciplined you?								
12.	. Are charges pending against you in any jurisdiction for any sort of professional misconduct?								
	3. Has any hospital, licensed facility or clinical laboratory restricted or terminated your professional training, employment, or privileges or have you ever voluntarily or involuntarily resigned or withdrawn from such association to avoid imposition of such measures?								
NOTE: If you answer "Yes" to any questions numbered 9-13, submit a letter giving a complete detailed explanation. Include copies of any court records including a Certificate of Disposition. If there are offenses in multiple courts, please provide the same for each action. In answering these questions, consider whether,									

pursuant to Executive Law § 296(16), you are required to report any arrests, criminal accusations, or dispositions of such arrests or criminal accusations. If the court can no longer provide documentation, you must request, from the court, a letter stating why they cannot provide the documents. While your application is

pending, you must notify the Division of Professional Licensing Services if the answers to any of these questions have changed.

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14.	Do	Do you now hold, or have you ever held, a license or certificate to practice any profession in any state or jurisdiction? Yes No								
	If yes, you must <i>list all</i> licenses/certificates, states or jurisdictions and provide appropriate information in the columns below or your application will be delayed. A Form 3 must be submitted for each professional license/certificate listed unless it is a license/certificate issued by the New York State Education Department. See the Applicant instructions on Form 3 for specific information about completing and submitting the form.									
	Professional Title State		State or Jurisdiction	Date License/Certific	ate License/Certificate Number	Limitations on License/Certificate				
15.	You must complete all information for all schools/colleges/universities attended or your application will be considered incomplete. If you were educated outside the U.S., you must submit a copy of your degree/diploma/certificate in the original language. High School/Secondary School or Equivalency Diploma Issuer - Please complete the section below with details about your high									
		school/secondary school or equivalency diploma issuer. Attach additional sheets if you attended multiple schools. Any missing information will be considered an incomplete application.								
	Nar	me of School								
	City		State/Province		Country					
	Nur	mber of years attended	Attendance fro			pletion date				
	mo. yr. mo. yr. mo. yr. mo. yr. Postsecondary Education - Please complete the section below with details about your postsecondary education. Use spaces below as needed and attach additional sheets if necessary. Any missing information will be considered an incomplete application.									
	a.	Name of School								
	City		State/Province	State/Province		Country				
		Major/Concentration								
		Number of years attended	Attendanc	e from yr.	to					
		Title of Degree/Diploma/Certifi		Or Still in progress						
		Date Degree/Diploma/Certifica	ate awarded							
	b.	Name of School								
		City	State/Proving	ce	Country					
		Major/Concentration								
		Number of years attended	Attendanc	e from yr.	to					
		Title of Degree/Diploma/Certifi	icate awarded (in original la	,	iiio. yi.	Or Still in progress				
		Date Degree/Diploma/Certifica								
		3 1	mo. yr.							
	c.	Name of School								
		City	State/Proving	ce	Country					
		Major/Concentration								
		Number of years attended	Attendanc	e from	to					
		Title of Degree/Diploma/Certifi	icate awarded (in original la	nguage)		Or Still in progress				
		Date Degree/Diploma/Certifica	ate awarded							
			mo. yr.	•						

16.	Child Support Obligation					
	Everyone applying for a professional license, permit, or registration, or any renewal thereof, must certify that, as of the date of the filing, she or he is, or is not, under an obligation to pay child support*. Individuals who are four months or more in arrears in child support or who have failed to comply with a summons, subpoena or warrant relating to a paternity or child support proceeding may be subject to suspension of their business, professional, drivers and/or recreational licenses and permits. The intentional submission of false written statements for the purpose of frustrating or defeating the lawful enforcement of support obligations is punishable under section 175.35 of the Penal Law.					
	You must complete this section before we can issue the credential for which you have applied. Individuals who are not in compliance with their obligation to pay child support can be issued a credential for no more than six months in order to comply with their child support obligations.					
	CHECK ONLY A OR B BELOW. If you check B, you must check one of the five statements listed below it.					
	A					
	Or					
	B					
	<u> </u>					
17.	Citizenship/Immigration Status Federal law and the Regulations of the Commissioner of Education (8 NYCRR §59.4) limit the issuance of professional licenses, registrations and limited permits to United States citizens or qualified aliens. To comply with Federal law and Commissioner's regulation, you must complete this section of this form and check the appropriate box below which indicates your citizenship/immigration status. I am:					
	A. A United States citizen or National.					
	B. An alien lawfully admitted for permanent residence in the United States.					
	C. An alien granted asylum under Section 208 of the Immigration and Nationality Act.					
	 D. A refugee granted asylum under Section 207 of the Immigration and Nationality Act. E. An alien paroled into the United States under Section 212 (d)(5) of the Immigration and Nationality Act for a period of at least 1 					
	year.					
	F. An alien whose deportation is being withheld under Section 241 (b)(3) of the Immigration and Nationality Act.					
	G. An alien granted conditional entry pursuant to Section 203 (a)(7) of the Immigration and Nationality Act as in effect prior to April 1980.					
	H. Non Immigrant (Temporarily in U.S.) Please list Visa type or immigration status or attach a copy of your passport if you are not required to have a Visa to enter the United States					
	I. I am an alien not unlawfully present in the United States pursuant to the Deferred Action for Childhood Arrivals (DACA) relief or similar relief from deportation. Please specify					
	J. I do not reside in the United States.					
If you checked any of the boxes from B-I, enter your alien registration number or control number issued by the United States Citizer and Immigration Services (USCIS): USCIS number						
	QUESTIONS ABOUT YOUR IMMIGRATION STATUS AND WHETHER OR NOT IT IS A QUALIFYING STATUS UNDER FEDERAL LAW SHOULD BE DIRECTED TO THE U.S. CITIZENSHIP AND IMMIGRATION SERVICES (USCIS) BY CALLING 1-800-375-5283, OR VISIT THE <u>USCIS WEBSITE</u> .					
18.	Are you certified in applied behavior analysis by a national certifying body?					
	If "yes", name of national certifying body					
	Certification level Certification number					
	Original certificate date Certificate expiration date mo. day yr. Certificate expiration date					
19	Child Abuse Identification and Reporting Coursework Requirement (check one)					
	I graduated from a NYS registered program and completed the child abuse identification training as part of my studies.					
	☐ I completed the child abuse coursework and have enclosed a certificate of completion from an approved provider					
	☐ I completed the child abuse coursework online and the approved provider will report that to you electronically.					
	I am filing for an exemption to the requirement and have enclosed the Certification of Exemption (Form 1CE).					

20.	Gender and Ethnicity (This item is optional) Information on gender and ethnicity is sought solely to allow the New York State Education Department to collect and analyze data concerning diversity in the licensed professions. The ethnic and gender data you provide will be used only for statistical, research, and program evaluation purposes. It will not be released to the public. This information has absolutely no bearing on your qualification for							
	licensure. Gender	Male						
	Gender	Female						
	Ethoriait.		l line and a					
	Ethnicity	☐ White (not						
		☐ Black (not I	піврапіс)					
		☐ Asian						
		☐ Hispanic	rican					
		Native Ame	encan					
21.	I give perm confidentia	I purposes of prog Professional Licer			ts to my professional school for the is authority at any time by notifying the			
22.	Affidavit wit	th Acknowledgem	ent (Notarization required)					
	Applicant							
	understand	that any false or	misleading information in, or in o		nents, are true, complete and correct. I y be cause for denial or loss of licensure of a Notary Public.			
	Applicant's	Signature			Date			
	Notary							
	State of			County of				
	On the		day of	in the year	before me, the above signed,			
	personally appeared, personally known to me or proved to me on the Applicant name							
	Applicant name of satisfactory evidence to be the individual whose name is subscribed to this application and acknowledged to me that he/she executed							
	the application and swore that the statements made by him/her in the application and all supporting materials are true, complete, and correct.							
	Notary Pub	olic's Signature						
				N	otary Stamp			
	Notary ID n	number	Expiration Date					
Pro		D Box 22063, Alba			ducation Department, Office of the ley order payable to the New York State			
				s form to: New York State Education NY 12234-1000. NO FEE IS NEED	on Department, Office of the Professions, ED FOR THIS OPTION.			

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