

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.**

Check what you are applying for (check one):

Licensed Behavior Analyst

71	\$300	ER
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Certified Behavior Analyst Assistant

78	\$225	ER
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1. Social Security Number

(Leave this blank if you do not have a U.S. Social Security Number)

2. Birth Date

Month

Day

Year

3. Print Name Last

First

Middle

5. Telephone/Email Address

Daytime Phone

Home or Business

Area Code

Phone

Email Address (please print clearly)

Home or Business

4. Mailing Address Home or Business

(You must notify the Department promptly of any address or name changes)

Line 1

Line 2

Line 3

City

State

ZIP Code

Country/
Province

6. New York State DMV ID Number
(Driver or Non-Driver ID)

*(Leave this blank if you do not have a
New York State DMV ID Number)*

7. Name as it appears on degree or other credentials (if different from above) _____

8. Have you ever applied for New York State licensure in any profession? Yes No

If "yes", in what 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? Yes 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? Yes No

12. Are charges pending against you in any jurisdiction for any sort of professional misconduct? Yes No

13. 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? Yes No

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.

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
- Female

- Ethnicity White (not Hispanic)
- Black (not Hispanic)
- Asian
- Hispanic
- Native American

21. Education Program Review

I give permission to the New York State Education Department to release my examination results to my professional school for the confidential purposes of program review and institution research and planning. I may rescind this authority at any time by notifying the Division of Professional Licensing Services in writing.

- Yes No Please initial _____

22. Affidavit with Acknowledgement **(Notarization required)**

Applicant

I declare and affirm that the statements made in this application, including accompanying documents, are true, complete and correct. I understand that any false or misleading information in, or in connection with, my application may be cause for denial or loss of licensure and may result in criminal prosecution. **This form must be signed and dated in the presence 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 basis 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 Public's Signature

Notary Stamp

Notary ID number Expiration Date

If you are submitting an initial Form 1, mail this form and appropriate fee to: New York State Education Department, Office of the Professions, PO Box 22063, Albany, NY 12201, U.S.A.. **DO NOT SEND CASH.** Make check or money order payable to the New York State Education Department.

If the Department has requested an updated Form 1, mail this form to: New York State Education Department, Office of the Professions, Applied Behavior Analysis Unit, 89 Washington Avenue, Albany, NY 12234-1000. **NO FEE IS NEEDED FOR THIS OPTION.**