

FOR OFFICE USE ONLY

Checklist

- App. & Fee
Date: _____ Check _____
- Proof of BACB Certification
- Background Check (BCI)
- Lic. Verification from other States

- Psychologists ONLY:
- Curriculum Summary Form
- Transcript



**Rhode Island
Applied Behavior Analyst
Licensing Board**

Room 104
3 Capitol Hill
Providence, RI 02908-5097

FOR OFFICE USE ONLY

License Number:
Issue Date:
Approved for Licensure:
Signature of Board Member
Signature of Board Administrator
ID#:
Receipt #:

**Instructions and Application For
License As A**

- Applied Behavioral Analyst (LBA)
- Applied Behavioral Assistant Analyst (LABA)

Obtained By:

BACB Certification

RI Psychologist

RI License Number: _____

License # _____

Name _____

MILITARY STATUS ELIGIBILITY

*(Documentation Required)
see next page for instructions*

Please check ONE of the following criteria for expedited application:

- I am in active military duty or a reservist
- I am a military veteran with honorable discharge
- I am the spouse of someone in active military duty or the spouse of a reservist

Applicant - Print Name

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LAST NAME

FIRST NAME

MI

Phone: (401) 222-2828

TTY/TDD: (800) 745-5555

Fax: (401) 222-1272

APPLICATION INFORMATION

Checklist for Obtained By BACB Certification

- Completed Application with Cover Page - Applications are valid for 1 year from the day they are received at RIDOH. If you are not licensed within the year you must submit a new application.
- Check or money order (preferred), made payable (in U.S. funds only) to the RI General Treasurer in the amount of **\$150.00** and attached to the upper left-hand corner of the first (Top) page of the application.
THIS APPLICATION FEE IS NONREFUNDABLE
- Proof of Behavior Analyst Certification from BACB (Behavioral Analyst Certification Board)
- BCI - (Criminal Background Check) An original BCI obtained within the previous 6 months of application. You must apply to the Department of the Attorney General. For information please visit their website at:
<http://www.riag.ri.gov/BCI>
- If you have ever been licensed in another state, license verification(s) must be sent directly from the state(s) in which you hold or have held a license. (Interstate Verification Form included in this application can be used for that purpose)

Checklist for Obtained By RI Psychologist

- Completed, Notarized Application with Cover Page - Applications are valid for 1 year from the day they are received at RIDOH. If you are not licensed within the year you must submit a new application.
- Check or money order (preferred), made payable (in U.S. funds only) to the RI General Treasurer in the amount of **\$150.00** and attached to the upper left-hand corner of the first (Top) page of the application.
THIS APPLICATION FEE IS NONREFUNDABLE
- Active Rhode Island Psychologist License
- Official Transcript sent directly from the accredited school sent directly to the Board. No student copies will be accepted.
- BCI - (Criminal Background Check) An original BCI obtained within the previous 6 months of application. You must apply to the Department of the Attorney General. For information please visit their website at:
<http://www.riag.ri.gov/BCI>
- If you have ever been licensed in another state, license verification(s) must be sent directly from the state(s) in which you hold or have held a license. (Interstate Verification Form included in this application can be used for that purpose)
- Curriculum Summary Form, provided in this application.

Note: If applying for expedited military status you must include one of the following: Leave Earning Statement (LES), Letter from Command, Copy of Orders or DD-214 showing honorable discharge.

Licensure Information

Please visit the RIDOH website at <http://www.health.ri.gov/licenses> to Verify your license, download Rules and Regulations/Laws for your profession, download change of address forms, other licensing forms or obtain our contact information.

HEALTH will not, for any reason, accelerate the processing of one applicant at the expense of others.

License Certificates

RIDOH will be providing wallet license cards ONLY on issuance of licenses. If you wish to receive a license certificate, suitable for framing, please check the box below and attach a separate check in the amount of \$30.00 made payable to RI General Treasurer.

- I would like to receive a license certificate. I have enclosed a separate check in the amount of \$30.00



State of Rhode Island and Providence Plantations Applied Behavior Analyst Licensing Board

Refer to the Application Instructions when completing these forms. Type or block print only. Do not use felt-tip pens.

1. Name(s)

This is the name that will be printed on your License/Permit/Certificate and reported to those who inquire about your License/Permit/Certificate. Do not use nicknames, etc.

NOTE:
It is your responsibility to notify the Department of Health Board of any name changes.

Title (i.e., Mr., Mrs., Ms., etc.)

First Name

Middle Name

Surname, (Last Name)

Suffix (i.e., Jr., Sr., II, III)

Maiden Name, if applicable

Name(s) under which originally licensed in another state, if different from above (First, Middle, Last).

2. Social Security Number

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U.S. Social Security Number

"Pursuant to Title 5, Chapter 76, of the Rhode Island General Laws, as amended, I attest that I have filed all applicable tax returns and paid all taxes owed to the State of Rhode Island, and I understand that my Social Security Number (SSN) will be transmitted to the Division of Taxation to verify that no taxes are owed to the State."

3. Gender

 Male Female

4. Date of Birth

 / /

Month

Day

Year

5. Home Address

It is your responsibility to notify the board of all address changes.

No professional licensee's address (residence or business/employment) will be posted on the Department's Web site.

1st Line Address (Apartment/Suite/Room Number, etc.)

2nd Line Address (Number and Street)

City

State

 -

Zip Code

Country, if NOT U.S.

Postal Code, if NOT U.S.

 -

Home Phone

 -

Home Fax

Email Address (Format for email address is Username@domain e.g. applicant@isp.com)

6. Business Address (ONLY if it is RELATED to your license.)

It is your responsibility to notify the board of all address changes.

This address will appear on the Department of Health web site.

Name of Business/Work Location

1st Line Address (Department/Suite/Room Number, etc.)

Second Line Address (Number and Street)

City

State

 -

Zip Code

Country, if NOT U.S.

Postal Code, if NOT U.S.

 -

Business Phone

Extension

 -

Business Fax

12. Disciplinary Questions

Check either Yes or No for each question.

1. Has any Health Professional license, certificate, registration, or permit you hold or have held, been disciplined or are any formal charges pending? Yes No
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2. Have you ever been denied a license, certificate, registration or permit in any state? Yes No

Note: If you answer "Yes" to any question, you are **required** to furnish complete details, including date, place, reason and disposition of the matter. You may use the space below or, if needed, on a separate sheet of paper.

13. Affidavit of Applicant

Complete this section and sign.

Make sure that you have completed all components accurately and completely.

I, _____, being first duly sworn, depose and say that I am the person referred to in the foregoing application and supporting documents.

I have read carefully the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of my license to practice as an Applied Behavior Analyst/Assistant in the State of Rhode Island.

I understand that this is a continuing application and that I have an affirmative duty to inform the Rhode Island Applied Behavior Analyst Licensing Board of any change in the answers to these questions after this application and this affidavit is signed.

Signature of Applicant

Date of Signature (MM/DD/YY)



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INTERSTATE VERIFICATION FORM - OTHER STATE LICENSE(S) (One form for each state)

I am applying for a license to practice as an Applied Behavior Analyst in the State of Rhode Island. The Rhode Island Applied Behavior Analyst Licensing Board requires that the following form be completed by the jurisdiction(s) in which I hold or have held a license. This constitutes authority for you to release all information in your files, favorable or otherwise, directly to the Rhode Island Applied Behavior Analyst Licensing Board at the above address.

Print/Type Full Name _____ Signature _____ Date _____

Previous Names Used _____ Social Security Number _____ Date of Birth _____

License Number _____ Date Issued _____

THIS SECTION TO BE COMPLETED BY THE LICENSING AUTHORITY

Directions for State Board: Please complete and return this form to the address above. *Please verify requirements met in your state:*

Applicant is BACB Certified? <input type="checkbox"/> Yes <input type="checkbox"/> No	License Status: <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Lapsed	Original Date Issued:	Expiration Date:
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Questions:

- Has this licensee ever been investigated by your Board? Yes No
- Has this licensee incurred any disciplinary proceedings in your state, or is any action pending? Yes No
- Has the applicant's license ever been denied, surrendered, reprimanded, suspended, revoked or placed on probation? Yes No
- Do you know of any information that may discredit this person? Yes No

If you answer "Yes" to questions 1-4, please provide a written explanation below, and attach a copy of all supporting documentation (e.g., Board order, complaint, etc.).

Certification:

Signature _____ Date _____

Type or Print Name _____

Title _____

Full Name and State of Licensing Board _____



Please return directly to the Board at the above address. Thank you for your prompt cooperation.



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Substitute forms are not acceptable
Copy this form as needed.

CURRICULUM SUMMARY FORM (RI PSYCHOLOGISTS ONLY)

Applicant: Please complete this form which provides a brief summary of your credentials and file it with your application.

Print/Type Full Name	Signature	Date
Previous Names Used	Social Security Number	Date of Birth

1. Doctoral Degree (Check one):

Ph.D Psy.D EdD Other (Specify)

2. Major field of concentration as indicated on official transcript being filed

3. Date doctoral requirements were satisfied, including successful defense of dissertation as indicated on transcript:

4. If major field was in clinical, counseling, school or industrial/organizational psychology, was the program an APA approved one? Yes No

5. Dates in which full-time graduate study was pursued:

6. Title of courses in which credits were earned that satisfy the following basic requirements:

(a) Ethical and Professional Conduct

(b) Concepts and Principles of Behavior Analysis:

(c) Research Methods in Behavior Analysis:

(d) Applied Behavior Analysis, Behavior Change Systems

7. Courses that satisfy the following core requirements:

(a) Fundamental Elements of Behavior Change and Specific Behavior Change Procedures:

(b) Identification of the Problem and Assessment:

(c) Intervention and Behavior Change Considerations:

(d) Implementation Management and Supervision