

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Robert R. Neall, Secretary

February 11, 2019

Behavior Analyst Advisory Committee

Notice of Vacancies

The Board is accepting applications for the following vacancies on the Behavior Analyst Advisory Committee (BAAC):

- 1 Licensed Behavior Analyst Member and
- 1 Consumer Member

What is the BAAC?

The BAAC is a committee within the Maryland State Board of Professional Counselors and Therapists (the "Board").

The BAAC consist of five members appointed by the Board as follows:

- 4 licensed behavior analysts who:
 - a. Are certified by the Behavior Analyst Certification Board; and
 - b. Have a minimum of 5 years of clinical experience; and
- 1 consumer member who is receiving services, has received services, or has a child who is receiving services for a behavioral disorder including an autism spectrum disorder.

Members of the BAAC serve for a term of 4 years. More information can be found at §17-6A of the Annotated Code of Maryland.

Requirements for the Consumer Member:

The consumer member of the BAAC:

- (1) Shall be a member of the general public;
- (2) May not be or ever have been a behavior analyst or in training to become a behavior analyst;
- (3) May not have a household member who is a behavior analyst or in training to become a behavior analyst;

- (4) May not participate or ever have participated in a commercial or professional field related to behavior analysis;
- (5) May not have a household member who participates in a commercial or professional field related to behavior analysis; and
- (6) May not have had within 2 years before appointment a substantial financial interest in a person regulated by the Board.

Interested persons should complete the attached application and mail or email to:

Kimberly B. Link, J.D.
Executive Director
4201 Patterson Ave., Suite 300
Baltimore, MD 21215
Kimberly.link@maryland.gov

Please contact Ms. Tawana Brown at (410) 764-4875 or Tawana.brown@maryland.gov.

[The application begins on the next page].



Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Robert R. Neall, Secretary

APPLICATION for BEHAVIOR ANALYST ADVISORY COMMITTEE

Please type or print all information.

Name:					
Last		Fi	rst A	AI M	aiden
Home Phone:	We	ork:	Cell:	Email:	
Home Address:					
	Street	City	State	Zi_{j}	p
Mailing Address: _					
(If different than above)	Street	City	State	Zi_{j}	p
Business:					
Name		Street	City	State	Zip
III. Employment	Education: Employment Experience: Professional Licenses:				
V. Previous App	Previous Appointments:				
VI. Professional	Professional References (3):				
VII. For Licensed	Behavior A	nalyst Membe	r applicants <i>only</i> :		
A. Are y	•	certified (BCI on Board (BA	BA or BCBA-D) thro CB)?	□ Vos □	-

	B. Are you in good standing with BACB?	□ Yes □ No
	C. Do you have a minimum of 5 years of clinical experience as analyst?	a licensed behavior □ Yes □ No
VIII.	For Consumer Member applicants only:	
	A. Are you or have you ever been a behavior analyst or in training analyst? □ Yes □ No?	g to become a behavior
	B. Do you have a household member who is a behavior analyst or a behavior analyst? □ Yes □ No	in training to become
	C. Have you participated in a commercial or professional field relanalysis? □ Yes □ No	ated to behavior
	D. Do you have a household member who participates in a comme	ercial or professional
	field related to behavior analysis? ☐ Yes ☐ No	
	E. Have you had, within the past 2 years, a substantial financial in	nterest in a person
	regulated by the Board? □ Yes □ No	
IX.	Vetting:	
	A. Business/Lobbying: Describe any business relationship, dealin transaction which you have had during the last five years, when behalf of a client, or acting as an agent which you believe may appearance of impropriety or could result in a potential conflict position to which you want to be appointed. If none, please start	ther for yourself, on constitute an t of interest in the
	B. Are you or have you at any time, been a registered lobbyist? If yes, please provide the name of the organization(s) for which	
	C. Have you ever been cited for a breach of ethics for unprofession named in a complaint to any court, administrative agency, regular professional association, disciplinary committee, or other professional association in No. If yes, please provide a detailed explanation.	ılatory body,

D.	Convictions: Have you pled guilty, nolo contender, or been convicted of, received probation before judgment or had a conviction set aside for any criminal act (excluding minor traffic violations)? Yes No If yes, please provide a detailed explanation.		
E.	Are you now under charges for any violation of law? □ Yes □ No If yes, please provide a detailed explanation.		
F.	Opposition / Associations: Do you have any expectations of any group or individual voicing concern about your possible appointment? Yes No If yes, please provide a detailed explanation.		
G.	Delinquencies: Are you delinquent on any federal, state, or local debt? (Include delinquencies for income, property, or other taxes, governmental loans, overpayment of benefits, required payments into or under governmental programs, and other debts or required payments to the government plus any defaults on or under loans which are or where guaranteed, insured, or subsidized by any unit of government.) □ Yes □ No If yes, please provide a detailed explanation.		
H.	Issues: In the last five years, have you been publicly identified, in person or by organizational membership, with a particularly controversial national, state or local issue? \Box Yes \Box No If yes, please provide a detailed explanation.		
I.	Submission of Views: In the last five years, have you submitted oral or written views to any governmental authority, whether executive or legislative, or to the news media on any particularly controversial issue other than in an official governmental capacity? Yes No If yes, please provide a detailed explanation.		
J.	Agency Proceedings / Civil Litigation: In the last five years, have you been, or are you presently a party of interest in any administrative agency proceeding or civil litigation, including any action regarding a professional license? No		

If yes, please provide a detailed explanation.

K.	Civil Litigation of Affiliates and Family: In the last five years, has any business in which you, your spouse or partner, any member of your household or other close family members or business associate are or were any officer, director or partner been a party to any administrative agency proceeding or civil litigation relevant to the position to which you have been appointed? (With respect to this question, you need only consider proceedings and litigation that occurred while you, your spouse, close family member or business associate were an officer of that business). □ Yes □ No If yes, please provide a detailed explanation.
L.	Legal Proceedings: Have you ever been a party or otherwise involved in any legal proceedings - civil or criminal? Include all legal proceedings in which you were a party of interest, a material witness, the subject of a complaint, were named as a coconspirator or co-respondent, and any grand jury investigation in which you figured as a subject, or in which you appeared as a witness. Do not list proceedings in which you were merely a nominal party where no allegations of wrongdoing were alleged against you. □ Yes □ No If yes, please provide a detailed explanation.
M.	Charges / Associates: Has a criminal charge been brought against any firm or organization during your affiliation with it? □ Yes □ No If yes, please provide a detailed explanation.
N.	Discrimination: Has a complaint of discrimination on the basis of sex, race, religion, national origin, age or handicap ever been filed against you or against any firm or organization during your affiliation with it. \Box Yes \Box No If yes, please provide a detailed explanation.
O.	Credit History: Have you ever experienced credit difficulties? Have you ever filed for bankruptcy, or encountered other severe financial difficulties? Yes No If yes, please provide a detailed explanation.

P.		personal or professional life that would cause uring a public review of your service as a
	☐ Yes ☐ No If yes, please provide a detailed explan	ation.
Q.	. Affiliations: Please list each organization have been a member of, in the past five	on, club, association, or group that you are, or e years.
	clude a statement as to why you would li Advisory Committee.	ke to become a member of the Behavior
affirm that you is true	t it contains no willful misrepresentation o	o a preliminary background check, and you r falsifications and that this information given by ge and belief. You should be aware that a false aw by fine or imprisonment or both.
Signature	Date	 d