



# MARYLAND Department of Health

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

## **Behavior Analyst License Application**

**License Requirements:** The applicant shall:

- (1) Have a current certification by the Behavior Analyst Certification Board (BCBA or BCBA-D) or its successor organization; and
- (2) Have received a master's degree or higher at the time of certification by the Behavior Analyst Certification Board or its successor organization.

**Renewal:** Every two years; applicant must be in good standing with BACB, maintain BCBA or BCBA-D certification, and pay the renewal fee.

**Instructions:**

1. Please type or print all information. Provide your name the way you would like it to appear on your license.
2. Please make sure your application is complete and includes all relevant documentation.
3. Application fee: \$200 payable by check or money order to The Board of Professional Counselors and Therapists. Fees are **non-refundable and non-transferable.**
4. **\*\*NEW\*\*** To expedite the processing of applications, the Board has implemented a new procedure regarding the timing of criminal history records checks (CHRC). All applicants must obtain a CHRC as a condition of licensure.

You should obtain a CHRC **before** submitting this application to the Board. The instructions for obtaining a CHRC and the required form are attached to the application. Include a **copy** of the receipt from the CHRC with the application. The CHRC report will be sent directly to the Board from the Criminal Justice Information System.

5. If you are approved for licensure, you will be notified to remit a license fee of \$150.

**Checklist:** Does your application include the following?

- a. Your signature and photo;
  - b. Notary;
  - c. Official transcript(s) in sealed envelope(s);
  - d. Copy of certification;
  - e. Copy of receipt from CHRC; and a
  - f. Check or money order payable to the Board in the amount of \$200.
6. Applications **may not** be submitted via fax or email. Please mail to:

***Board of Professional Counselors and Therapists***  
**Attn: Tawana Brown, Alcohol and Drug Trainee Coordinator**  
**4201 Patterson Avenue, Suite 316**  
**Baltimore, MD 21215**



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## LICENSED BEHAVIOR ANALYST

(LBA)

### APPLICATION

*Please type or print all information.*

#### **I. VETERANS AND SPOUSAL PREFERENCE**

Are you an active service member or the spouse of any active service member?  Yes  No

Are you a veteran or the spouse of a veteran who was discharged from active duty under circumstances other than dishonorable within one year of filing this application?  Yes  No

#### **II. DEMOGRAPHIC INFORMATION**

Name: \_\_\_\_\_  
*Last First MI Maiden*

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_  
*Street City State Zip*

Prior address: \_\_\_\_\_  
*(If less than 3 years at current address) Street City State Zip*

Mailing Address: \_\_\_\_\_  
*(If different than above) Street City State Zip*

Business: \_\_\_\_\_  
*Name Street City State Zip*

Gender and Ethnicity: *This information is optional and may be used for statistical purposes by authorized personnel.*

Gender:  Male  Female

Ethnicity: Are you of Hispanic or Latino origin?  Yes  No

*Check all that apply:*

American Indian or Alaska Native  Asian  White

Black or African American  Native Hawaiian or Pacific Islander

### III. INFORMATION REGARDING BACKGROUND

Please answer Yes or No to each question.

YES NO

1. Has any state licensing or disciplinary board ever taken any disciplinary action against your license or certification, including, but not limited to, charges, admonishment, reprimand, revocation, or suspension?

*If yes, attach a separate page with a complete explanation of each occurrence (include date, time, location, disposition, etc.) and a copy of the disciplinary/court document from the issuing agency, if applicable.*

2. Have you pled guilty, nolo contendere, or been convicted of, received probation before judgment or had a conviction set aside for any criminal act (excluding traffic violations)?

*If yes, attach a separate page with a complete explanation of each occurrence (include date, time, location, disposition, etc.) and a copy of the disciplinary/court document from the issuing agency, if applicable. The failure to include this information will result in processing delays.*

3. Are you currently licensed or certified by another *Maryland* board in mental health counseling or other health occupation? *If so, specify license/certificate (Ex: LCSW-C, Psychologist, Registered Nurse, etc.) \_\_\_\_\_.*

**IV. EDUCATION:** List colleges or universities attended to satisfy academic requirements for licensure or certification. Do not list degrees unrelated to counseling. Please list the most recent colleges/universities first and provide **official** transcripts. Attach additional sheets, if necessary.

A. \_\_\_\_\_  
*Name of School* \_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_  
 Dates attended: From (mo./yr.) \_\_\_\_\_ To (mo./yr.) \_\_\_\_\_  
 Degree awarded: \_\_\_\_\_ Date awarded: \_\_\_\_\_  
 Major field of study: \_\_\_\_\_

B. \_\_\_\_\_  
*Name of School* \_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_  
 Dates attended: From (mo./yr.) \_\_\_\_\_ To (mo./yr.) \_\_\_\_\_  
 Degree awarded: \_\_\_\_\_ Date awarded: \_\_\_\_\_  
 Major field of study: \_\_\_\_\_

C. \_\_\_\_\_  
*Name of School* \_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_  
 Dates attended: From (mo./yr.) \_\_\_\_\_ To (mo./yr.) \_\_\_\_\_  
 Degree awarded: \_\_\_\_\_ Date awarded: \_\_\_\_\_  
 Major field of study: \_\_\_\_\_

**V. CERTIFICATON:**

- A. Are you currently certified (BCBA or BCBA-D) through the Behavior Analyst Certification Board (BACD)?     Yes    Certification No.: \_\_\_\_\_ Expires: \_\_\_\_\_  
*Please attach a copy of certification.*  
 No
  
- B. Were you certified on or before December 31, 2014?     Yes     No
  
- C. Are you in good standing with BACD?     Yes     No

**VI. PROFESSIONAL REFERENCES (3)**

A. Name of Reference: \_\_\_\_\_  
Degree: \_\_\_\_\_ Certification/License: \_\_\_\_\_  
Position: \_\_\_\_\_ Business Name: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Business Phone: \_\_\_\_\_

B. Name of Reference: \_\_\_\_\_  
Degree: \_\_\_\_\_ Certification/License: \_\_\_\_\_  
Position: \_\_\_\_\_ Business Name: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Business Phone: \_\_\_\_\_

C. Name of Reference: \_\_\_\_\_  
Degree: \_\_\_\_\_ Certification/License: \_\_\_\_\_  
Position: \_\_\_\_\_ Business Name: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Business Phone: \_\_\_\_\_

- VII. NOTIFICATION:** Preferred method of notification from the Board regarding this application:
- Email - I authorize the Board to contact me regarding this application by email at the following email address: \_\_\_\_\_.
  - United States Postal Service

**VIII. AFFIDAVIT**

In making this application to the Maryland Board of Professional Counselors and Therapists (the "Board") for the issuance of a Licensed Behavior Analyst credential:

- I agree to abide by the rules and regulations of the Board and to take all examinations necessary for the processing of my application;
- I understand that the fee submitted with this application is **NON-REFUNDABLE**;
- I agree to hold the Board, its members, officers, agents, and examiners free from any damage or claim of damage or complaint by reason of any action taken in connection with this application, the attendant examination, the grades with respect to any examination, and/or the failure or refusal of the Board to issue me a license or certificate.
- I grant permission to the Board to seek any information or references it deems appropriate or necessary in verifying my credentials as it pertains to this application.
- I understand, by law, it is my responsibility to notify the Board, in writing, of any change of contact information including address, phone number, and/or email address.

I do hereby affirm that all of the statements made herein are true and correct to the best of my knowledge and belief. I voluntarily consent to a thorough review of the information in this application and other activities for the purpose of verifying my qualifications for certification

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

ATTACH APPLICANT  
PHOTO

(Recent 2"x2")

NOTARY REQUIRED

**NOTARY**

State of \_\_\_\_\_

City/County of \_\_\_\_\_

I HEREBY CERTIFY that on this \_\_\_\_\_ day of \_\_\_\_\_, before me, a Notary Public of the

State and City/County aforesaid, personally appeared \_\_\_\_\_ and

made oath in due form that the contents of the foregoing Affidavit are true.

Notary Public: \_\_\_\_\_

Commission Expires \_\_\_\_\_



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## NOTICE OF CRIMINAL HISTORY RECORDS CHECK

Effective January 1, 2014, the Maryland Board of Professional Counselors and Therapists (the "Board") requires that all applicants for licensure, certification, and trainee status complete a criminal history records check in accordance with §§17-501 and 17-501.1 of the Health Occupations Article, Annotated Code of Maryland.

A Criminal History Records Check includes a national and state criminal history background search. The criminal history records check requires you to be fingerprinted. In order to be fingerprinted, you will need to complete and present the LiveScan Pre-Registration Form. (Attached).

You must present this form to the fingerprinting site because it provides the Criminal Justice Information System (CJIS) authorization number #**1300005490** and the FBI ORI number #**MD920512Z** assigned specifically to the Board.

This allows the information to be forwarded directly to the Board.

For additional information contact CJIS at 410-764-4501. For current listings of fingerprinting providers please go to <http://www.dpscs.maryland.gov/publicservs/fingerprint.shtml>.

### FOR FAST AND ACCURATE SERVICE

1. When requesting a criminal history records check for licensing purposes you must have an agency name and authorization number (Listed above).
2. Your background check is being sent to the Board.
3. You must bring a valid form of government identification. (Examples: driver's license, Certificate of Naturalization, passport, Alien Registration Card, or Military Identification).
4. Complete the LiveScan Pre-registration Application and bring it to any fingerprinting center/provider.
5. Bring payment as indicated above. The Board will receive the results from the criminal history records check directly from CJIS within 5-7 business days. The Board will contact you if it has any questions regarding the report. Please do not contact the Board to check if the report has been received.
6. Please do not send the LiveScan Pre-registration Application to the Board. You must present it at the fingerprint center/provider location.



**STATE OF MARYLAND**  
**DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES**  
**CRIMINAL JUSTICE INFORMATION SYSTEMS - CENTRAL REPOSITORY**

**LIVESCAN PRE-REGISTRATION APPLICATION**

**APPLICANT INFORMATION** (PLEASE TYPE OR PRINT CLEARLY)

|  |                |  |             |
|--|----------------|--|-------------|
| Name:  |                |  |             |
| Date of birth:   | SSN:           | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female (Please check) |             |
| Height: ft. inches   | Weight: lbs.   | Eye Color:   | Hair Color: |
| Race: <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Other (Please check) |                |  |             |
| Place of Birth:  |                | Citizenship:   |             |
| Current address:   |                |  |             |
| City:  |                | State:   | ZIP Code: - |
| Daytime Phone:   | Evening Phone: | Driver's License #:  |             |

**AGENCY INFORMATION**

|  |   |
|--|---|
| Agency Authorization #: 1300005490             |   |
| ORI # (if required): MD920512Z                 | Reason fingerprinted? License/Cert.                                       |
| Position Applied for: N/A                      |   |
| Request Type: (Choose one ONLY)                |   |
| <input type="checkbox"/> Adult Dependent Care  | <input checked="" type="checkbox"/> Government Licensing or Certification |
| <input type="checkbox"/> Attorney/Client       | <input type="checkbox"/> Immigration/VISA                                 |
| <input type="checkbox"/> Child care            | <input type="checkbox"/> Individual Challenge                             |
| <input type="checkbox"/> Criminal Justice      | <input type="checkbox"/> Individual Review                                |
| <input type="checkbox"/> Gold Seal/ Adoption   | <input type="checkbox"/> MSP Licensing                                    |
| <input type="checkbox"/> Gold Seal/Letter/VISA | <input type="checkbox"/> Private Party Petition                           |
| <input type="checkbox"/> Government Employment | <input type="checkbox"/> Public Housing                                   |

**Mail Response to:**

(Mailing option only available for Visa Gold Seal and/or Individual Review)

|                        |       |
|------------------------|-------|
| Name:                  | _____ |
| Address:               | _____ |
| City, State, Zip code: | _____ |