

## **BACB APPLICATION FOR INACTIVE STATUS BCaBA**

**If you are current with your continuing education (CE) requirements and supervision requirement (BCaBA) (pro-rated for the month), you may elect inactive status at any time.**

Please complete this form and return it to the address indicated along with the **non-refundable**, one-time fee of \$50.

**1. Certification Type:**  BCaBA ONLY – use BCBA form if you are not a BCaBA  
(You will be required to comply with all current rules for certification. Rules and standards have likely changed since you were certified. Read and review these carefully.)

**2. Certificate No:** \_\_\_\_\_

**3. Date Issued:** \_\_\_\_\_ **AND** **Most Recent Expiration Date:** \_\_\_\_\_

(These are the dates that appeared on your most recent certificate.)

**4. Legal Name:** \_\_\_\_\_

√ here for name change: \_\_\_\_\_ Former Name: \_\_\_\_\_  
(You must include documentation such as a copy of a marriage license.)

**5. Mailing Address:** \_\_\_\_\_

√ here for address change: \_\_\_\_\_

**6. Email Address:** \_\_\_\_\_

**(PRINT CLEARLY)** Use "Ø" to distinguish from the letter O, capitalize L and I to distinguish from 1.)

**7. Telephone Numbers:** Work (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ext \_\_\_\_\_

Home (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax :(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Record your Check Information Here:

Check	Amount	\$ _____	
Check Number	_____		
Check Date	_____		

**Keep a copy of this application for your records.**

**Do not send continuing education documentation with this application.** You must retain documentation (certificates, course outlines, grade reports, etc.) of the continuing education units you claim, pro-rated, prior to inactive status. You must also maintain documentation of the 8 hours of CE required in the 12-month period prior to reactivation (for inactive periods of more than 2 years).

Inactive certificants will not be charged an annual renewal fee during the inactive period. Inactive status will remove the requirement for supervision for BCaBAs during the period of inactivity.

**RESTRICTIONS:** Individuals who have inactive status will be listed in the Certificant Registry as inactive and will not be verified as having active BACB certification. These individuals may refer to their credential as follows: BCBA-D (Inactive) - BCBA (Inactive) - BCaBA (Inactive)

An inactive certificant is strictly prohibited from practicing or billing as a BCBA, BCBA-D or BCaBA.

An individual undergoing disciplinary review will not be permitted to elect inactive status unless approved, in advance, by the BACB's CEO.

**IMPORTANT:** A certificant may only stay on inactive status for a maximum of 4 years at a time. Certificants may not again apply for inactive status until at least one full certification cycle has been completed. Reactivation requires submission of a reactivation application and fee (equivalent to the certificant's annual renewal fee); the reactivation fee is not required for inactive periods of less than 1 year. For inactive periods of more than 2 years, the certificant must provide proof of 8 hours of CE in the 12-month period prior to reactivation. When the individual becomes active again, the certification cycle will continue.

### **EXPIRED – REINSTATEMENT PERIOD**

This process replaces the reentry option previously available. Expired – reinstatement period certificants are individuals who have failed to renew or recertify or apply for reactivation (inactive certificants). Anyone in this category will have 90 days in which to reinstate their certification following the procedures described below. After the 90-day grace period, certification will expire and the individual must reapply under then-existing standards.

#### Failure to Transition from Expired – Reactivation Period to Active Status

- Submission of a reactivation application
- Payment of reactivation and late fees
- For inactive periods of more than 2 years, the certificant must provide proof of 8 hours of CE in the 12-month period prior to reactivation

Failure to Renew

- Fulfillment of all renewal requirements
- Payment of renewal and late fees

Failure to Recertify

- Fulfillment of all recertification requirements
- Payment of recertification and late fees

Failure to Reactivate

- Fulfillment of all reactivation requirements
- Payment of reactivation fee and late fee

**MANDATORY QUESTIONS AND ATTESTATION:** You must complete **ALL 3** questions.

1. Have you read, are you in compliance with, and do you agree to continued compliance with all Behavior Analyst Certification Board (“BACB”) rules and regulations, as may be revised, including, but not limited to the BACB educational and experiential requirements, disciplinary (professional conduct) rules, fees and application requirements?

YES \_\_\_\_\_ NO \_\_\_\_\_ “NO” responses will not be processed.

2. Do you have a physical or mental condition or addiction to any substance that could impair competent and objective professional performance of behavior analysis services and/or jeopardize public health and safety?

YES \_\_\_\_\_ NO \_\_\_\_\_ Attach an explanation & documentation for “YES” responses.

3. Have you been subject to an investigation or disciplinary action by a health care organization, professional association, governmental entity or regulatory or licensing agency/authority, and/or have you ever been convicted, found, or entered a plea of guilty, or are you presently being investigated or charged with any felony or misdemeanor directly relating to behavior analysis services or public health and safety?

YES \_\_\_\_\_ NO \_\_\_\_\_ Attach an explanation & documentation for “YES” responses.

**You must identify ALL investigations, allegations, charges and the outcomes thereof. Attach documentation if available. DO NOT INCLUDE CONFIDENTIAL (IDENTIFYING) CLIENT INFORMATION. If you currently are incarcerated, on probation or parole, or a case is under appeal, BACB may deny certification or recertification until three (3) years following the exhaustion of your appeal, completion of probation or parole, or final release from incarceration; whichever is later. YOU ALWAYS MUST NOTIFY THE BACB IMMEDIATELY IF ANY CIRCUMSTANCES ARISE THAT WOULD MODIFY A RESPONSE YOU HAVE PROVIDED ON THIS APPLICATION.**

**ATTESTATION:** By signing, you acknowledge and affirm that you:

- (1) have carefully read and understand the BACB rules and requirements;
- (2) agree to abide by these terms and the terms of the contract you originally signed in your initial application for certification;
- 3) have provided information in this application and in the attached documentation that is true and correct to the best of your knowledge.

**If I am a BCaBA signing this application, I acknowledge that I have received notice of and agree to abide by the January 1, 2009 implementation of the title change to Board Certified Assistant Behavior Analyst and to the January 1, 2009 supervision documentation requirements.**

PRINTED NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**MAIL THIS APPLICATION & YOUR CHECK PAYABLE TO THE BACB (DO NOT SEND CASH) TO:**

BACB  
7950 Shaffer Parkway  
Littleton, Colorado 80127 USA

**Behavior Analyst Certification Board®  
BCaBA Annual Supervision Verification Form**

This form must be submitted to the BACB annually at the time of renewal or recertification of your BCaBA certification. Please use multiple forms if you have had multiple supervisors.

BCaBA's Name: \_\_\_\_\_

BCaBA's certificate number: \_\_\_\_\_

BCBA Supervisor's Name: \_\_\_\_\_

BCBA Supervisor's certificate number: \_\_\_\_\_

I confirm that I supervised \_\_\_\_\_, BCaBA, for the required amount of  
time per the current supervision policy from \_\_\_\_\_ until  
\_\_\_\_\_  
(Beginning Date)  
(Ending Date)

**Number of supervision hours accumulated:** \_\_\_\_\_  
(Since last renewal/recertification)

By signing below, I affirm that I provided supervision to the above-named BCaBA and that supervision was in compliance with all of the BACB's requirements for supervision of BCaBAs. I also acknowledge that, as with any documentation required by the BACB, submission of inaccurate information on this form may be grounds for sanctions against my certification status, as provided in the BACB Professional Disciplinary Standards.

\_\_\_\_\_  
BCBA Supervisor's Signature

\_\_\_\_\_  
Date