

**Behavior Analyst Certification Board
Registered Behavior Technician
Application for Voluntary Inactive Status**

Complete this application and submit it along with a one-time, non-refundable fee. You may remain inactive for a period of 2 years, and will not be required to submit renewals or updated RBT Competency Assessments during that time. At the end of this period, or when you wish to reinstate your credential, you will need to submit an application for return from inactive status. If you fail to return from inactive status, your credential will expire and you may only become credentialed again by requalifying under the then-current requirements.

Inactive Fee: \$25.00 (US Dollars)

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 RBT eligibility and supervision 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 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 no contest, 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 for “YES” responses.**

If yes, was the investigation or matter timely reported to your supervisor?

List name of supervisor receiving report _____

List date of report and outcome _____

You must identify ALL investigations, allegations, charges and the outcomes thereof. YOU ALWAYS MUST NOTIFY YOUR SUPERVISOR IMMEDIATELY IF ANY CIRCUMSTANCES ARISE THAT WOULD MODIFY YOUR CRIMINAL BACKGROUND CHECK OR APPLICATION TO THE BACB.

ATTESTATION: By typing your name below, you acknowledge and affirm: (1) that you will not practice as an RBT while under voluntary inactive status; (2) that you have carefully read and understand the BACB rules and requirements; (3) that you agree to abide by these terms; and (4) that the information you have provided in this application and in the attached documentation is true and correct to the best of your knowledge.

NAME: _____

DATE: _____

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

BACB
7950 Shaffer Parkway
Littleton, CO 80127 USA