

**Behavior Analyst Certification Board
Registered Behavior Technician
Request to Return from Voluntary Inactive Status**

If your RBT credential is currently on Voluntary Inactive status and less than 2 years have passed since you were granted this status, you may submit this application to return from inactive status. Complete this application and submit it along with the one-time, nonrefundable fee.

If your credential has expired, then are not eligible to request a return from Voluntary Inactive status. Instead, you must requalify for the credential under the current eligibility requirements.

Fee to Return from Voluntary Inactive Status: \$25.00 (US Dollars)

When you submit this application, you MUST include a completed *RBT Competency Assessment*, conducted no more than 45 days prior to the postmark date of this application.

SUPERVISION ATTESTATION

I, _____, attest that I will resume receiving supervision for 5% of my hours spent providing behavior-analytic services for the past year.

I understand that my name will not appear in the registry until my Responsible Certificatant emails the BACB to verify that he or she will be overseeing my supervision.

Signed: _____ **Date:** _____

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, YOUR RBT COMPETENCY ASSESSMENT, & YOUR CHECK PAYABLE TO THE BACB (DO NOT SEND CASH) TO:

BACB
7950 Shaffer Parkway
Littleton, CO 80127 USA