

APPLICATION FOR LICENSURE/CERTIFICATION

Attach
Photo of
Applicant
No larger
than this size

LOUISIANA BEHAVIOR ANALYST BOARD
4334 S. Sherwood Forest Blvd, Suite C-150
Baton Rouge, Louisiana 70816
Telephone Number: 225-295-8413
Email address: baadmin@la.gov



Website: lababoard.org

APPLICATION TYPE AND FEE

You may be eligible for a fee waiver if you meet certain criteria. A full list of the criteria can be viewed at [LA. R.S. 37:23.4](#).

To qualify: You must receive public assistance, including supplemental nutrition assistance program, temporary assistance for needy families, Medicaid, disability insurance, or public housing; or earn less than two hundred percent of the current federal poverty guidelines established by the federal office of management and budget, unless the applicant has been in an undergraduate or graduate school full time and unable to work. Please contact the board office for a Fee Waiver Application if you meet the criteria set forth in this law.

<input type="checkbox"/> LICENSED BEHAVIOR ANALYST - \$400.00
<input type="checkbox"/> STATE CERTIFIED ASSISTANT BEHAVIOR ANALYST - \$250.00 Name of Supervisor _____
<input type="checkbox"/> I understand that I CANNOT work independently and I will need to provide the board with a proof of supervision form completed by a Louisiana licensed behavior analyst. Title 46, Part VIII. Chapter 3. §303 7. Initial _____
HAVE YOU EVER APPLIED FOR THIS LICENSE/CERTIFICATION BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO

*I hereby submit the required application fee in the form of a money order, cashier's check or certified check made payable to LBAB, or am submitting a receipt for on-line payment. (Available on our website through Paypal)
I further understand that such fees are NON-REFUNDABLE and the decision of the board is final.
§3706 (2) §3707 (2)*

Date: _____

Signature: _____

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UPDATED 02/05/24

PART I – GENERAL INFORMATION

Name: (Last, First, Middle Initial, Suffix): _____ Maiden Name/Alias: _____ Languages Spoken: _____

Social Security #: _____ DOB: _____ Gender: M ___ F ___ PREFER NOT TO ANSWER ___

Name of Business or Employer: _____ Address of Business/Employer: _____ Parish/County: _____

Home Address – City, State and Zip: _____ Parish/County: _____ Business Phone: _____ Cell Phone: _____

Email Address: _____ Place of Birth: _____ United States Citizen _____ If no, what date do you expect to become a U.S. citizen?
 _____ Yes _____ No

PART II – EDUCATION OR TRAINING

NAME ON TRANSCRIPT	UNIVERSITY OR COLLEGE	DATES ATTENDED	DEGREE	MAJOR SUBJECT

I understand a qualification for licensure is for the board to receive either by mail or email directly from the university, transcripts for my highest degree earned. A master’s degree is required for a licensure application and a bachelor’s degree is required for certification as an assistant behavior analyst. I understand I cannot submit transcripts directly to the board. §3706 (8) §3707 (8) Initial _____

PART III – NATIONAL CERTIFICATION

NATIONAL BOARD CERTIFICATION NUMBER: _____ DATE/ INITIAL CERTIFICATION: _____

NATIONAL BOARD CERTIFICATION NUMBER (ASST.): _____ DATE/ INITIAL CERTIFICATION: _____

NAME OF CREDENTIALING BOARD: _____

I understand a qualification for licensure is proof that applicant passed a nationally recognized examination administered by a nonprofit organization accredited by the National Commission for Certifying Agencies, the American National Standards Institute or a substantial equivalent to credential professional practitioners of behavior analysis related to the principles and practice of the profession of behavior analysis that is approved by the board. §3706 (5) §3707 (5) Contact board office for any questions regarding currently accepted agencies. Initial _____

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PART IV - LICENSURE

1. ARE YOU LICENSED AND/OR CERTIFIED IN ANY OTHER JURISDICTION? ___Yes ___No If yes, list all below.
Request verification from each jurisdiction be sent to the Louisiana Behavior Analyst Board.

JURISDICTION	DATE ISSUED	LICENSE/CERTIFICATION NUMBER

2. HAS ANY STATE REJECTED YOUR APPLICATION OR REVOKED YOUR PROFESSIONAL LICENSE OR CERTIFICATE? If "YES" attach a detailed explanation with any supporting documents.

YES NO

3. HAVE YOU EVER BEEN DISCIPLINED BY A LICENSING BOARD OR ETHICS COMMITTEE? If "YES" attach a detailed explanation with any supporting documents.

YES NO

4. DO YOU CURRENTLY HAVE A DISCIPLINARY ACTION PENDING AGAINST YOU IN ANY JURISDICTION? If "YES" attach a detailed explanation with any supporting documents.

YES NO

5. DO YOU HAVE A MEDICAL CONDITION INCLUDING BUT NOT LIMITED TO PHYSIOLOGICAL, MENTAL OR PSYCHOLOGICAL CONDITIONS OR DISORDERS, WHICH MAY IMPAIR OR LIMIT YOUR ABILITY TO PRACTICE APPLIED BEHAVIOR ANALYSIS WITH REASONABLE SKILL AND SAFETY TO THE PUBLIC? If "YES" please attach a detailed explanation.

YES NO

I understand a qualification for licensure is proof that the applicant conducts his professional activities in accordance with accepted standards, including the Guidelines for Responsible Conduct for Behavior Analysts and Professional Disciplinary and Ethical Standards of the Behavior Analyst Certification Board or other national professional organizations as approved by the board. §3706 (7) §3707 (7) Initial _____

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PART V – PROFESSIONAL REFERENCES

LIST THE NAMES, POSITIONS, PHYSICAL ADDRESSES AND EMAIL ADDRESSES OF THREE (3) PROFESSIONAL REFERENCES THAT ARE WELL ACQUAINTED WITH YOU AND YOUR WORK. (ex: previous supervisor, employer)
ONE REFERENCE MUST BE A BCBA OR LBA.

NAME	POSITION	PHYSICAL ADDRESS	EMAIL ADDRESS

*I understand a qualification for licensure is proof of good moral character. §3706 (3) §3707 (3)
I further understand references received by email will meet the qualification for issuance of the *Jurisprudence Exam;
however, signed mailed references must be received by our office before licensure/certification. Initial _____*

***The Jurisprudence Exam** is an open book, multiple-choice examination. You may use the Louisiana Statutes, Rules and Opinions that are found on our website at www.lababoard.org as references to assist you. This exam must be completed independently without assistance from any other persons.

PART VI – PROFESSIONAL RESPONSIBILITIES – LICENSEE APPLICANTS ONLY

If licensed, I understand my responsibilities as a supervisor of State Certified Assistant Behavior Analysts to include a written supervisory agreement, Proof of Supervision form, and to conduct supervision as set forth in Title 46, Part VIII Chapter 5. Supervision Requirements, Subchapter A. Initial _____

If licensed, I understand it is my responsibility to register with the board all line technicians under my authority and direction. It is also my responsibility to submit the completed registration paperwork along with the appropriate fee. Title 46, Part VIII Chapter §304. (A) Initial _____

If licensed, I understand it is my responsibility as a supervisor of Registered Line Technicians to conduct supervision as set forth in Title 46, Part VIII Chapter 5. Supervision Requirements, Subchapter B. Initial _____

If licensed, I understand it is my responsibility to abide by the Professional and Occupational Standards of Behavior Analysts, Title 46, Part VIII Behavior Analysts and the BACB’s Professional and Ethical Compliance Code, Title 46, Part VIII Chapter 10, adopted by the LBAB. Initial _____

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PART VI - AFFIDAVIT

HAVE YOU EVER BEEN ARRESTED, CHARGED WITH, PLED GUILTY, PLED NOLO CONTENDERE OR BEEN CONVICTED OF ANY CRIMES (INCLUDING ARRESTS, CHARGES AND CONVICTIONS THAT HAVE BEEN DISMISSED, CLOSED OR EXPUNGED)? If "YES" attach a detailed explanation with any supporting documents regarding the status of the matter.

YES NO

I understand a qualification for licensure is satisfactory completion of the criminal background check in accordance with the authority granted to the board. §3706 (4) §3707 (4) Initial _____

I have received, reviewed, signed and attached the Privacy Act Statement prior to initiating the criminal background check. Initial _____ PLEASE REMEMBER TO INCLUDE WHEN SUBMITTING YOUR APPLICATION.

Additional Information:

In accordance with LA. R.S. 37:33(A)(1), an individual convicted of a crime may request at any time that the LBAB determine whether an individual's criminal conviction disqualifies the individual from obtaining a license to engage in the practice of applied behavior analysis or a certificate to engage in the practice of applied behavior analysis under the supervision of a licensed behavior analyst. To request the Pre-Application Determination, please contact the board office.

LA. R.S. 37:33(A)(2) requires that an individual making a request shall include details of the individual's criminal conviction, including any information relevant to the factors provided in R.S. 37:2950.

In accordance with La. R.S. 37:2950(A)(2), the LBAB shall consider all of the following in determining whether a conviction directly relates to the practice of applied behavior analysis:

- (1) The nature and seriousness of the offense.
- (2) The nature of the specific duties and responsibilities for which the license is required.
- (3) The amount of time that has passed since the conviction.
- (4) Facts relevant to the circumstances of the offense, including any aggravating or mitigating circumstances or social conditions surrounding the commission of the offense.
- (5) Evidence of rehabilitation or treatment undertaken by the person since the conviction.

In accordance with La. R.S. 37:33(B)(3), a determination made pursuant to this Section is binding upon the licensing authority unless, at the time a full application for license is submitted, the applicant has been subsequently convicted of a crime, has pending criminal charges, or has previously undisclosed criminal convictions.

Signature of Applicant: _____

Date: _____

STATE OF _____ PARISH, COUNTY, OR CITY OF _____

THE UNDERSIGNED BEING SWORN, DEPOSES AND SAYS HE/SHE IS THE PERSON WHO EXECUTED THIS APPLICATION; THE STATEMENTS HEREIN ARE TRUE IN EVERY RESPECT; HE/SHE HAS NOT SUPPRESSED ANY INFORMATION THAT MIGHT AFFECT THIS APPLICATION; HE/SHE WILL CONFORM TO THE ETHICAL STANDARDS OF CONDUCT OF THE PROFESSION; AND HE/SHE HAS READ AND UNDERSTANDS THIS AFFIDAVIT.

SWORN TO BEFORE ME THIS _____ DAY OF _____, 20____.

SIGNATURE OF NOTARY: _____

NOTARY SEAL

I understand in order to be issued the Jurisprudence Exam, all the above qualifications must be satisfactorily completed. After completion of the Jurisprudence Exam, the board will review my application and supporting documents at their next scheduled meeting. §3706 (6) §3707 (6) Initial _____

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PRIVACY ACT AND ACKNOWLEDGEMENT OF RECEIPT

Privacy Act Statement Authority:

The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Social Security Account Number (SSAN):

Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

Principal Purpose:

Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses:

During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Additional Information:

The requesting agency and/or the agency conducting the application investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice in the Federal Register describing any system(s) of records in which that agency may also maintain your records, including the authorities, purposes, and routine uses for the system(s).

I hereby acknowledge receipt from the Louisiana Behavior Analyst Board of the above Privacy Act prior to initiating a criminal background check. I have reviewed and understand my rights.

Signature

Date

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UPDATED 02/05/24