

AFFIDAVIT

NOTE: Any false or misleading information in, or in connection with this application may be cause for denial or cause for suspension or revocation of any license issued under this application.

1. ARE YOU LICENSED OR CERTIFIED IN ANY OTHER JURISDICTION? If you answer "YES" list all jurisdictions to the right, and request verification from each jurisdiction to be sent to Louisiana Behavior Analyst Board. <input type="checkbox"/> YES <input type="checkbox"/> NO	JURISDICTION	DATE ISSUED	LICENSE/CERTIFICATE NO.
2. HAS ANY STATE REJECTED YOUR APPLICATION OR REVOKED YOUR PROFESSIONAL LICENSE OR CERIFICATE? If "YES" attach explanation. <input type="checkbox"/> YES <input type="checkbox"/> NO			
3. HAVE YOU EVER BEEN DISCIPLINED BY A LICENSING BOARD OR ETHICS COMMITTEE? If "YES" attach explanation. <input type="checkbox"/> YES <input type="checkbox"/> NO			
4. DO YOU CURRENTLY HAVE A DISCIPLINARY ACTION PENDING AGAINST YOU IN ANY JURISDICTION? If "YES" attach explanation. <input type="checkbox"/> YES <input type="checkbox"/> NO			
5. DO YOU HAVE A MEDICAL CONDITION INCLUDING BUT NOT LIMITED TO PSYCHOLOGICAL, 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" attach explanation. <input type="checkbox"/> YES <input type="checkbox"/> NO			
6. HAVE YOU BEEN ARRESTED, CHARGED WITH, PLED GUILTY, PLED NOLO CONTENDERE OR CONVICTED OF ANY CRIMES (INCLUDING ARRESTS, CHARGES AND CONVICTIONS THAT HAVE BEEN EXPUNGED)? If "YES", attach a detailed explanation along <u>with documentation</u> regarding the status of the matter. <input type="checkbox"/> YES <input type="checkbox"/> NO			

SIGNATURE OF APPLICANT _____

DATE _____

STATE OF _____ PARISH, COUNTY, OR CITY OF _____

The undersigned begin sworn, deposes, and says that he/she is the person who executed this application: that the statements herein contained are true in every respect; that he/she has not suppressed any information that might affect this application; that he/she will conform to the ethical standards of conduct of the profession; and that he/she has read and understands this affidavit.

SWORN TO BEFORE ME THIS _____ DAY OF _____ 20 _____

SIGNATURE OF NOTARY _____

NOTARY
SEAL