

# APPLICATION FOR LICENSURE/CERTIFICATION

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Applicant  
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**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"/> <b>LICENSED BEHAVIOR ANALYST - \$400.00</b>
<input type="checkbox"/> <b>STATE CERTIFIED ASSISTANT BEHAVIOR ANALYST - \$250.00</b> 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 _____
<b>HAVE YOU EVER APPLIED FOR THIS LICENSE/CERTIFICATION BEFORE?</b> <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: \_\_\_\_\_

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 OR CERTIFICATION ISSUED UNDER THIS APPLICATION.

**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 \_\_\_\_\_ 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 OR CERTIFICATION ISSUED UNDER THIS APPLICATION.*

**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**

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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](http://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**

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*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

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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