

ATTACH PHOTO  
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**LINE TECHNICIAN REGISTRATION  
AND PROOF OF SUPERVISION**



**MAIL TO:**  
Louisiana Behavior Analyst Board  
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Baton Rouge, Louisiana 70816  
(225) 295-8413  
[baadmin@la.gov](mailto:baadmin@la.gov)

**DROP OFF INFORMATION ON BOTTOM OF PAGE 2**

**LINE TECHNICIAN REGISTRATION FEE OF \$50.00 (NO PERSONAL CHECKS OR CASH)**

I hereby submit this registration application and registration fee in the form of a **money order, cashier's or certified check** made payable to LBAB or **a Paypal receipt attached.** *Title 46, Part VIII. Chapter 3. §304. A.*

I further understand that such fees are **NOT** refundable and the decision of the Board is final. This is a registration fee **and not the same** as the background check processing fee you incurred if you went directly to LSP for the required criminal background check.

*Title 46, Part VIII. Chapter 3. §304. B and Title 37 Chapter 60 §3708. C.*

SS# \_\_\_\_\_ PARISH: \_\_\_\_\_ DOB: \_\_\_\_\_ GENDER: \_\_\_\_\_

*Title 37 Chapter 60 §3708. A.*

**I - LINE TECHNICIAN'S INFORMATION**

NAME: (Last, First, Middle Initial, Suffix)	MAIDEN NAME/ALIAS	CELL PHONE
HOME ADDRESS, CITY, STATE AND ZIP	EMAIL ADDRESS	

<input type="checkbox"/> YES ARE YOU A U.S. CITIZEN? <input type="checkbox"/> NO	IF NO, WHEN DO YOU EXPECT TO BECOME A U.S. CITIZEN? _____/_____/_____
<input type="checkbox"/> HIGH SCHOOL DIPLOMA <input type="checkbox"/> GED	DATE OBTAINED: _____/_____/_____

*Title 37 Chapter 60 §3708. A.*

**II - SUPERVISOR'S INFORMATION**

NAME: (LAST, FIRST, MIDDLE INITIAL, SUFFIX)	DEGREE:	EMAIL ADDRESS:
NAME OF BUSINESS/EMPLOYER:	ADDRESS, CITY, STATE AND ZIP	BUSINESS PHONE
LOUISIANA LICENSE NO. _____ # OF CLIENTS: _____	#OF LINE TECHNICIANS YOU SUPERVISE INCLUDING THIS APPLICANT: _____	#OF SCABAS YOU SUPERVISE INCLUDING THIS APPLICANT: _____

I hereby affirm the foregoing information, which I have supplied is true and accurate to the best of my knowledge. **I understand I have the overall responsibility for providing the necessary supervision to protect the health and welfare of the patient/client receiving treatment from a line therapist.** I affirm that if the supervision is changed in any way, I will immediately notify the LBAB. *Title 46, Part VIII. Chapter 5. Subchapter B. I also understand it is my responsibility to renew annually said registration. Title 37 Chapter 60 §3708. E.*

DATE: \_\_\_\_\_ SUPERVISOR'S ORIGINAL SIGNATURE: \_\_\_\_\_

### III. ATTESTATION

**NOTE: Any false or misleading information in, or in connection with this registration will be cause for immediate revocation.**

**In accordance with La. R.S. 37:3708(D), a line technician is registered by their supervising behavior analyst and does not hold a license with the Board. Their registration may be denied or revoked by the Board in the best interest of public safety and welfare. Because the line technician does not hold a license with the Board, they do not have a property interest in the registration by their supervisor and are not entitled to due process in the event of denial or revocation.**

**PLEASE READ CAREFULLY! The report we receive will show ANY arrests even if dismissed or not prosecuted.**

1. Has the applicant **EVER** been arrested, charged with, pled guilty, pled nolo contendere or convicted of any crimes (including arrests, charges, and convictions that have been dismissed or expunged)? If "YES", attach a detailed explanation along with documentation regarding the status of the matter. **ADDITIONALLY, the undersigned also attests he/she understands if answering NO to question 1 and report shows answer was untruthful, he/she will automatically be revoked and cannot reapply for three (3) months from the date of revocation, provided the results do not warrant a two-year revocation. Re-application does not guarantee registration.**

- YES  
 NO
- 

2. I understand that as a line technician I **MUST** be supervised by an LBA and **CANNOT** work independently.

- YES  
 NO
- 

3. I affirm I will immediately notify the Louisiana Behavior Analyst Board if the supervision agreement is changed in any way.

- YES  
 NO
- 

4. Has the **line technician** ever applied or been registered as a Line Technician with the Louisiana Behavior Analyst Board?

- YES  
 NO
- 

**The undersigned attests he/she is the person who executed this application and the statements herein contained are true in every respect; that 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 carefully read and understands this application and attestation. The undersigned attests he/she received, reviewed, signed and attached the Privacy Act Statement prior to initiating the criminal background check. **PLEASE REMEMBER TO ATTACH SIGNED PRIVACY ACT TO YOUR APPLICATION OR IT WILL BE INCOMPLETE.****

\_\_\_\_\_  
Line Technician Applicant Original Signature

\_\_\_\_\_  
Date

**APPLICATIONS MAY BE DROPPED OFF AT OUR OFFICE AS A CONVENIENCE ONLY. NO ONE IS AVAILABLE TO ASSIST YOU. THE PERSON AT THE FRONT DESK WORKS FOR A DIFFERENT BOARD. A LOCK BOX IS IN THE LOBBY. CALL YOUR SUPERVISOR/EMPLOYER WITH ANY QUESTIONS. ALL REGISTERED LINE TECHNICIANS MUST RENEW BY THE END OF EACH FISCAL YEAR REGARDLESS OF THE MONTH AND/OR DATE REGISTERED. YOUR SUPERVISOR WILL PROVIDE DETAILS AND FORMS. *Title 37 Chapter 60 §3708. E.***

Updated: 02/05/2024

## 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